



Clontarf Hospital

# Annual Report 2023

# 2023

[www.ioh.ie](http://www.ioh.ie)



## HOSPITAL BACKGROUND

Dr Robert Lafayette Swan founded the Incorporated Orthopaedic Hospital of Ireland (IOH) in 1876. The original hospital was located at 11 Usher's Island on Dublin's quays and specialised in paediatric orthopaedic surgery. In 1883, due to increasing demands on the service, the hospital moved to two buildings in Great Brunswick Street, formerly known as Hood's Hotel and the hospital's capacity increased from 6 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 on Castle Avenue, Clontarf on 29 June 1942, where the bed complement rose to 120. In 1972, the hospital changed from paediatric orthopaedics to adult orthopaedic rehabilitation with 104 beds. In the early 1990s, plans were put in place to move the wards from the main house to a state-of-the-art hospital facility. The new hospital building was completed in 2009.

The hospital was incorporated on 29 April 1899 as the Incorporated Orthopaedic Hospital of Ireland and in July 2011 began trading as Clontarf Hospital. This is to reflect the changes in the healthcare services being delivered which are centred on providing post-acute rehabilitation treatment. The entrance is on Blackheath Park, off Castle Avenue, and leads into landscaped gardens. There are now 5 wards with a total complement of 160 beds. It is with pride that the Board, Management and Staff continue the long tradition delivering a safe quality driven health care service to the populations we serve.



# CLONTARF HOSPITAL

## PRESIDENT

The Hon. T.C. Smyth SC  
*retired 20/06/23*

The Hon. Maurice Collins  
*appointed 20/06/23*

## BOARD OF GOVERNORS - 2023

Mr Aidan Gleeson  
*Chairperson*

Mr Anthony O'Connor  
*Deputy Chairperson*

Ms Eimear Christian  
*appointed 01/11/23*

Ms Patricia Egan

Ms Pauline Harrison  
*retired 20/06/23*

Ms Emma Horgan

Ms Ann Jackson  
*appointed 01/11/23*

Mr Ken Jordan

Ms Celine McGillicuddy  
*appointed 28/02/23*

Ms Sinead Murray

Mr Ian O'Keefe  
*retired 31/03/23*

Ms Geraldine Regan

Ms Ailish Sherlin

Mr Desmond Stark

Mr William Whitford  
*appointed 01/11/23*

## SENIOR HOSPITAL STAFF

*Chief Executive Officer*

Ms Michelle Fanning  
*Chief Operating Officer*

Ms Bernadette Saunders  
*Chief Finance Officer*

Mr Billy Mulcahy  
*Consultant Radiologist*

Professor Martina Morrin

*Consultant Microbiologist*

Professor Edmond Smyth

*Attending Consultants*

Dr Eva Gaynor

Dr Carmel Curran

Dr Filipa Aguiar

Dr Sanja Malosevac

Dr Roisin Purcell

*Attending Registrars*

Dr Azharul Omar

Dr Conall Kavanagh

Dr Stuart Lee

Dr Mohammed Taha

Dr Dimitra Khalil

*Director of Nursing*

Ms Ciara Dowling

*Assistant Directors of Nursing*

Ms Elaine Hannigan

Mr Rajesh Sharma

Ms Olive Doyle

*(appointed 01/12/23)*

*Physiotherapy Managers*

Ms Grainne O'Hara

*(resigned 25/05/23)*

Ms Claire Fagan

*(appointed 01/06/23)*

*Occupational Therapy Manager*

Ms Monica Devine

*Dietetic Manager*

Ms Sinead Shanley

*Principal Medical Social Worker*

Ms Mary Duffy

*Chief Pharmacist II*

Ms Linda Murnane

*Senior Speech & Language Therapists*

Ms Sheelagh Jennings

Ms Orla Gilheaney

*Senior Radiographers*

Ms Roma English

Ms Michelle O'Regan

*Quality Improvement Manager*

Ms Bernadette Conolly

*Risk Managers*

Ms Milcent Chinyemba

Ms Breedha Mangan

*Health & Safety Manager*

Ms Helen Kieran

*Human Resources Manager*

Ms Jennifer Rafferty

*Catering Manager*

Ms Gillian McKeown

*General Services Manager*

Mr Will Judge

*Pastoral Care*

Ms Miriam Molan

Rev Leslie Robinson

Fr John O'Brien

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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:

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

## CHAIRMAN'S STATEMENT

It is a great privilege to be Chairperson of the Board of Governors of Clontarf Hospital and to be working alongside a dedicated Board committed to providing essential oversight in offering the best care possible. Our role is made easier by the enthusiastic and hardworking staff at the Hospital for which we, as a Board, are very grateful. I will also add in the Board's sincere appreciation to the Chief Executive Officer (CEO) and the Executive Management Team for their hard work and endeavours during the year.

The Board of Governors is proud of the Hospital's long tradition as a secular, voluntary institution (Section 38) 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. The Board of Governors delegates authority to the CEO to manage the Hospital's activities and affairs on a day-to-day basis, while retaining reserved powers in subjects specified in the Code of Governance.

### HOSPITAL SERVICES

The Board remained focused during the year on achieving our strategic goals to build on current strengths, expand services to meet patient care needs, and ensure the highest quality of care to patients while remaining a voluntary independent organisation.

The Board remained fully supportive of the Hospital's Management and Clinical Teams and to this end was pleased to receive detailed staff presentations on areas for service development, workforce planning, and service costs. This keeps the Board informed regarding areas of service delivery and development, as well as emerging healthcare service needs. Having received two Project Team Presentations during the year, the Board is supportive of their reports subject to the appropriate resources being in place.

The Board recognises that the Hospital operates within a changing healthcare environment and significant changes have been confirmed by the Health Service Executive

(HSE) for 2024, regarding new healthcare structures known as Regional Healthcare Areas (RHAs). These RHAs will replace the current Hospital Groups and Community Healthcare Organisations, to facilitate the Programme for Government and implementing Sláintecare policies.

It is uncertain how these changes will affect the Hospital, but the Board remains confident that Management will navigate the changes so that it can meet the expected rise in healthcare service demands in the coming years.

### HOSPITAL BOARD

In line with the Articles of the Association and good governance, the Board met eight times during the year and the Board Subcommittees provided oversight in areas such as, finance, governance, internal audits, ethics, and quality and risk. The annual Board evaluation was completed and areas for improvement were addressed, and actions completed during the year. The Board of Governors completed three visits to the Hospital during the year and met with staff and patients as part of their remit to understand the services provided, as well as to observe first-hand the quality of care.

There were quite a few changes to the Board itself in 2023. President of the Association, Mr T.C. Smyth, announced his retirement at the Annual General Meeting in June, just shy of his seven-year tenure. Mr Smyth has had a long association with the Hospital going back to 1989, when he was first elected to the Board. He saw many changes over the years and indeed, as Chair of the Board, led out on the new hospital building between 2008 and 2010, to the benefit of all our patients. The Board thanks Mr Smyth for his hard work and commitment, on a voluntary basis, to the Hospital and wishes him well for the future. Following Mr Smyth's retirement, Mr Justice Maurice Collins was elected as the new President of the Association. We welcome Mr Collins and look forward to working collaboratively with him over the coming years. It would be remiss of me not to thank those who retired from the Board during the year, so I wish to acknowledge

and offer sincere thanks for the hard work and expertise given so willingly by Professor Regina Connolly, Mr Ian O’Keeffe and Ms Pauline Harrison during their time on the Board, and I wish them well in their future endeavours. As with all Boards, following retirements new members are elected. We were delighted to welcome Ms Celine McGillicuddy, Dr Mairead Phillips and Mr William Whitford to the Board, and we look forward to working with them over the coming years.

It was with sadness that we heard of the passing of our former Board member Mr Les Sibbald, whose involvement in many areas of the Hospital’s activities went as far back as the 1970s. We pass on our sincere condolences to his family and friends.

#### **PLANS FOR 2024**

The Board will continue its work in directing hospital services and to this end will consider a new Strategic Plan in the coming year. This will be in line with government policy of a universal health service for all, providing the **right** care in the **right** place at the **right** time. In collaboration with all our stakeholders, the Hospital is well placed to provide this care. I look forward to working with the Board and staff in directing hospital services into the future. It is indeed an honour.

*Mr Aidan Gleeson*

**Chairman of the Board**



*Aidan Gleeson*



## ATTENDANCE SCHEDULE FOR EACH BOARD MEMBER 2023

Surname	First Name	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	ATTENDANCE		
														Attended	Possible	%
Christian	Eimear	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	✓	n/a	1	1	100%
Egan	Patricia	✗	✓	✓	n/a	✗	✓	n/a	n/a	✓	✗	✓	n/a	5	8	63%
Gleeson	Aidan	✓	✓	✗	n/a	✓	✓	n/a	n/a	✓	✓	✓	n/a	7	8	88%
Harrison	Pauline	✓	✓	✗	n/a	✗	✗	n/a	n/a	n/a	n/a	n/a	n/a	2	5	40%
Horgan	Emma	✓	✓	✓	n/a	✓	✓	n/a	n/a	✗	✓	✓	n/a	7	8	88%
Jackson	Ann	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	✓	n/a	1	1	100%
Jordan	Ken	✓	✓	✓	n/a	✓	✓	n/a	n/a	✓	✓	✓	n/a	8	8	100%
McGillycuddy	Celine	n/a	n/a	✓	n/a	✓	✓	n/a	n/a	✓	✓	✓	n/a	6	6	100%
Murray	Sinead	✓	✗	✗	n/a	✓	✓	n/a	n/a	✗	✓	✗	n/a	4	8	50%
O'Connor	Anthony	✓	✓	✓	n/a	✓	✓	n/a	n/a	✓	✓	✓	n/a	8	8	100%
O'Keeffe	Ian	✓	✓	✗	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2	3	67%
Phillips	Mairead	n/a	n/a	n/a	n/a	n/a	✓	n/a	n/a	✓	✓	✗	n/a	3	4	75%
Regan	Geraldine	✓	✓	✓	n/a	✓	✓	n/a	n/a	✗	✓	✓	n/a	7	8	88%
Sherlin	Ailish	✓	✓	✓	n/a	✓	✓	n/a	n/a	✗	✓	✓	n/a	7	8	88%
Stark	Desmond	✓	✓	✓	n/a	✓	✓	n/a	n/a	✓	✓	✗	n/a	7	8	88%
Whitford	William	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	✓	n/a	1	1	100%

# CHIEF EXECUTIVE'S REPORT

## Welcome to the 2023 Annual Report

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### INTRODUCTION

I am delighted to introduce the Clontarf Hospital Annual Report 2023, which provides an excellent opportunity to reflect on the team's achievements during the year as well as some of the challenges faced.

### REHABILITATION SERVICES

It is estimated that, globally, 2.4 billion people are living with health conditions that benefit from rehabilitation treatment and this need for rehabilitation is predicted to increase. Rehabilitation itself is a complex set of coordinated processes involving many professional disciplines working together as a team. The aim of the team is to improve the quality of life for people living with life-altering conditions, so that they can live their lives to their fullest potential.

Here in the Hospital we see the rising demand for rehabilitation services, as well as an increase in the complexity of rehabilitation treatment needed as the population ages and acute care improves. The Hospital is experienced in responding and in configuring services to meet the changing demands for rehabilitation treatment for patients referred from our acute hospitals and from the integrated care programme for older people. We now have three main pathways for admission, namely: orthopaedic rehabilitation, older persons' rehabilitation, and specialised rehabilitation. Importantly, through these pathways, we relieve pressure on our frontline services and acute hospital beds.

### HOSPITAL ACTIVITY

We know that early access to rehabilitation brings better patient outcomes. During the year the team at the Hospital worked tirelessly to maximise capacity and early patient access to services. Their work, together with a lifting of some of the COVID-19 restrictions, resulted in a significant increase in overall hospital activity. We saw a 33.7% increase in admissions, an 11.4% increase in occupancy levels on 2022, and a reduction in the average

length of stay. As you read through the Annual Report 2023 you will find more information on departmental activity and services. Appendix 1 also provides further figures on activity levels during the year.

### STRATEGIC OBJECTIVES

#### Service Development

Work continued during the year in implementing our Strategic Objectives, as outlined by the Chair in his report. To this end, our three project teams, established in 2022, completed their projects in defining service development and resources needed to successfully develop our rehabilitation services. The results of these projects were used to engage with our external stakeholders in expanding services to meet patient demands and maintain high standards of patient care. The areas of engagement remained in line with 2022 and included post-acute trauma rehabilitation, older people's rehabilitation, and more specialised rehabilitation. Our service is very much in line with the national service plan "Sláintecare", which aims to "provide the right care at the right time in the right place". It is our plan to continue to work closely with our funders and external stakeholders to develop services to meet emerging rehabilitation healthcare demands.

We continued to make progress in our economic, social and governance obligations, as well as in areas for improvement identified in our Energy Audit (2021). Our plans were somewhat delayed during the pandemic years, but I am delighted to report that we are well on our way to meeting our 2030 targets set at a 50% reduction in energy consumption for publicly funded organisations. To date we have achieved a 35.5% reduction in our energy consumption. The Estates and Maintenance Department has worked hard to achieve this reduction, and other energy saving projects are being considered for 2024.

There was a lot of focus on staff wellbeing during the year and the Board was happy to sponsor a new Staff Wellbeing Room, which was launched in April by the Chairman of the Board of Governors. The Hospital's Social Club worked hard and organised many fun activities including a bowling night, hikes, karaoke, and lots of Christmas festivities. There was a strong focus on staff development, with the Hospital supporting staff undertaking further education and training courses. This support will continue into 2024, where staff education will focus on managerial and leadership skills. We were also pleased to see the introduction of the first Equality, Diversity and Inclusion Policy by the HR Department, which will ensure that all staff in the Hospital are valued equally.

### **Quality Care Provision**

It's no surprise that ensuring the highest quality of care to patients is a key Strategic Objective of the Hospital and a priority for all. Our clinical teams and our support staff remained focused on providing excellence in clinical care and our annual Patient Satisfaction Surveys score exceptionally well year on year.

During the year we had two Health Information and Quality Authority (HIQA) inspections, which provided us with an external independent opinion on the quality of care received by patients in the Hospital. The first HIQA report on radiation safety (the Report of the Assessment of Compliance with Medical Exposure to Ionising Radiation Regulation, March 2023) found that of the 12 areas inspected we were fully compliant in 11 and substantially compliant in 1. The substantially compliant area has since been addressed and brought into compliance.

The second HIQA inspection, in July, was an inspection against the National Standards for Safer Better Healthcare (2012) and included Leadership, Governance and Management, Workforce, Person-Centred Care, Effective Care and Support, and Safe Care and Support. We look forward to the final published report as I write this year's Annual Report, but initial feedback indicated that there are no areas of high concern.

As we moved towards the end of 2023 the Health Service Executive (HSE) was expecting another challenging winter and was concerned around increasing pressure on our frontline services and acute bed capacity. In late December the HSE asked Management at the Hospital to increase bed capacity for active older people's rehabilitation, to improve patient access and relieve demands on our local frontline services. As on

previous occasions, the Hospital responded promptly and positively and prepared to open additional beds. This was due to the willingness of staff to do additional shifts, by working closely with our colleagues in the acute hospitals, and with support from our colleagues in Community Healthcare Organisation (CHO) 9. The Hospital welcomes the prospect of working collaboratively with all our stakeholders in delivering services.

### **FUNDING**

As always, funding remains a challenge for the Hospital as the cost of delivering services increases, mainly due to increasing patient complexity, inflation and regulation. (Appendix 2 provides a summary of the annual financial accounts for 2023).

### **CONCLUSION**

The Annual Report provides me with the ideal opportunity to formally thank all our staff, our Board of Governors and our volunteers for their collective hard work, dedication and compassion throughout the year, and for which I am very grateful. I look forward to working with all in 2024.

*Michelle Fanning*

**Chief Executive Officer**



*Michelle Fanning*  
Chief Executive Officer



## SECTION 2

# DEPARTMENT REPORTS



## MEDICAL DEPARTMENT

### INTRODUCTION

The Medical Department aims to provide the highest standards of clinical care in an integrated, effective and timely manner in a community-based in-patient setting. While managing the ongoing challenges of Covid-19 the department continued to adapt and deliver high-quality post-acute rehabilitation care to all our patients. The medical team provided rehabilitation and medical treatment for patients including older people, orthopaedic, neurological and limb-absence patients.

The older peoples rehabilitation service delivered comprehensive geriatric assessments and interdisciplinary rehabilitation team reviews to all older people admitted throughout the year. Completing these assessments in a timely manner is essential for ensuring that older people are in hospital for the least possible time and achieve the best outcomes. In addition, we aimed to improve discharge planning in order to minimise the likelihood of readmission; to provide adequate support for independent living following completion of hospital care; and to promote access to appropriately supported safe discharge home. We also aimed to include patients in their own discharge planning to ensure that their will and preferences were always respected.

In 2021 a 16 bedded specialised level-2 rehabilitation service, aimed at delivering local high quality care for moderately complex neurological and limb absence rehabilitation patients opened for patients referred from Beaumont Hospital. During the year the medical team provided care to 107 patients transitioning from acute care to home, by addressing rehabilitation treatment for various conditions including stroke, central nervous system neurosurgeries, neurodegenerative disorders, traumatic brain injuries, intensive care unit neuropathies and lower limb amputations. This represents a notable 24% increase compared to 2022. To do this the medical team collaborated closely with the multidisciplinary team and coordinated care to maximise functional independence and improve cognition to enable a safe discharge home.

The orthopaedic rehabilitation service was busy throughout the year with elective joint replacement rehabilitation as well as trauma orthopaedic rehabilitation. The service is focused on skeletal disorders to restore function in individuals with skeletal disability and provides individualised rehabilitation programmes aimed at restoring function, alleviating pain and addressing other comorbidities that affect patients who are admitted for rehabilitation so that they can be discharged home to live as independently as possible.

In addition, we continued to contribute to all aspects of clinical governance with a particular focus on risk management and clinical audit, so as to promote and ensure safe clinical practices in delivering high-quality care to patients. We also aimed to promote further medical education and learning opportunities for all doctors and medical students in the department.



### ACHIEVEMENTS

To follow is a list of some of our achievements for the year in review:

- We continued to practice evidence-based medicine, focusing on rehabilitation of older adults, post-acute hospitalisation, with various medical conditions, such as frailty, fractures, cognitive impairment, and other complex medical issues associated with ageing.

- We continued to embed the Integrated Care Programme for Older People's pathway during the year. The programme is aimed to support suitable frail, older adults from the Emergency Department in the Mater Hospital and directly from the community, thereby avoiding acute hospital admissions in line with the vision outlined in the Enhanced Community Care Programme and Sláintecare.
- We led and actively participated in local committees, including the Dementia Care Committee, the Drugs and Therapeutics Committee, the Falls Committee, the Frailty Committee, and the Delirium Working Group.
- We undertook various audits throughout the year with a focus on falls, delirium, surgical site wound infection, medication safety and prescribing, bone health, and venous thromboembolism prophylaxis.
- The weekly Journal Club/Teaching Presentation continued throughout the year to help doctors disseminate knowledge, keeping up to date with important evolving areas in medicine, and ultimately improve patient outcomes.

we are always looking for further opportunities to develop and expand our services, to further improve patient accessibility and quality of care.

We would like to offer our sincere gratitude to all our NCHDs, nursing and multidisciplinary team members, support staff in general services, catering, maintenance and administration, who continued to work tirelessly to deliver high-quality care to all our patients throughout the year. Their commitment and hard work are greatly appreciated. We look forward to the opportunities that 2024 will bring for the department.

*Eva Gaynor, Roisin Purcell, Carmel Curran,  
Filipa Aguiar, Sanja Malosevac*

**Consultant Medical Team**



## CONCLUSIONS

The department continues to work according to the highest standards, as set out in the National Clinical Programmes for Older Peoples Care and Rehabilitation Medical Care. We hold ourselves accountable and strive for operational and clinical excellence. As a department

# NURSING DEPARTMENT

## INTRODUCTION

I would like to start this year's Annual Report by acknowledging and thanking all members of our Nursing Team for the hard work, dedication and empathy that they show every day throughout the year.

Our nurses are fundamental to the patient's experience at Clontarf Hospital as they provide 24/7 care. The department also has responsibility for patient flow and infection prevention and control. We do all this by working closely and collaboratively with all our colleagues.

## PATIENT FLOW DEPARTMENT

Patients are referred for rehabilitation treatment primarily from the Mater Misericordiae University Hospital (MMUH) and Beaumont Hospital, Cappagh Orthopaedic Hospital and, to a lesser extent, other acute hospitals in the Greater Dublin Area.

There are three main rehabilitation pathways:

- The Orthopaedic Rehabilitation Pathway.
- The Specialist Rehabilitation Beaumont Hospital Pathway.
- The Integrated Care of the Older Person (linked to the MMUH, Beaumont Hospital and the Mater Hospital Integrated Care Programme for Older People (MICPOP)).

In 2023 a total of 1,407 patients were admitted to the Hospital, an increase of 32% on 2022. The increase in admission rate was due primarily to the relaxation of infection prevention and control public health restrictions,

which made referrals slightly less complex and allowed for an increase in elective orthopaedic surgery in referring hospitals.

With the development of the MICPOP pathway, patients are now also being admitted directly from the Mater Hospital Emergency Department and directly from the community Frailty Intervention Team. We also extended admissions to the MMUH over seven days. The extension of these services is to increase patients' access to rehabilitation, reduce admissions to acute hospital beds, and reduce attendance at Emergency Departments. Importantly, this provides prompt access to specialist geriatric and rehabilitation patient care; providing the right care, at the right time in the right place, in line with government healthcare policy.

The overall average length of stay in 2023 was 32.7 days across the Hospital. This has been an area of much focus and there was an improvement of 12% on the previous year.

## PATIENT PROFILE PER PATHWAY OF CARE

Our patients are predominantly older adults, with 79% of all admissions being over the age of 70. See Figure 1 below. The younger cohort of patients were admitted through the Specialist Rehabilitation Beaumont Pathway.

During 2023 a total of 107 patients were admitted to the service through the Specialist Rehabilitation Pathway, with 28% requiring rehabilitation following a recent cerebral vascular accident. A further breakdown of rehabilitation requirements is outlined in Figures 2-6, below.

Figure 1: Age Profile of All Admissions to the Hospital.

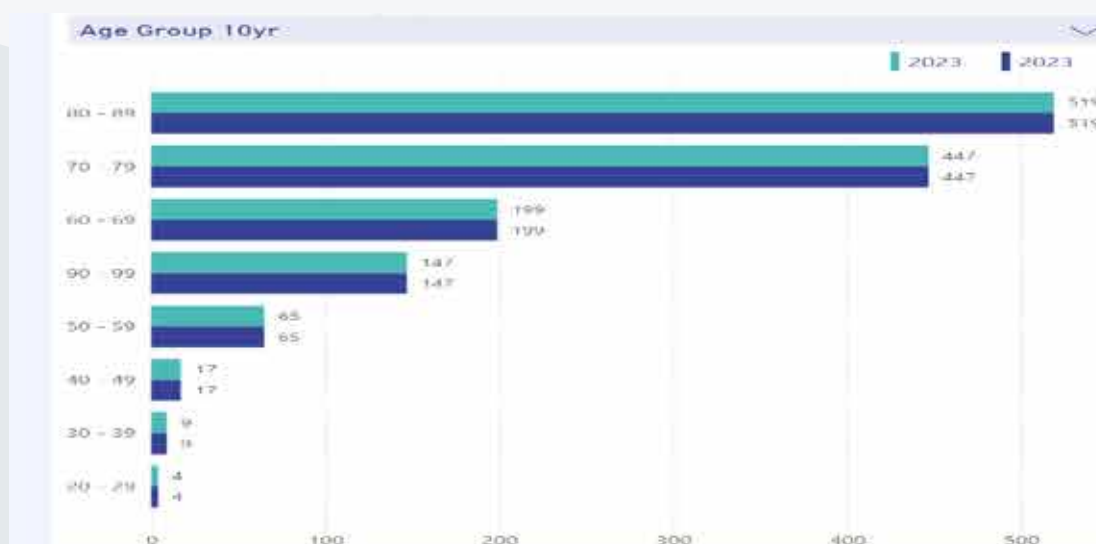


Figure 2: Admission Diagnosis of Patients Admitted to the Specialist Rehabilitation Pathway.



Figure 3: Admission Diagnosis of Patients Admitted to the Orthopaedic Pathway.



Figure 4: Admission Diagnosis of Patients Admitted to the Active Rehabilitation Pathway Mater (MARU).

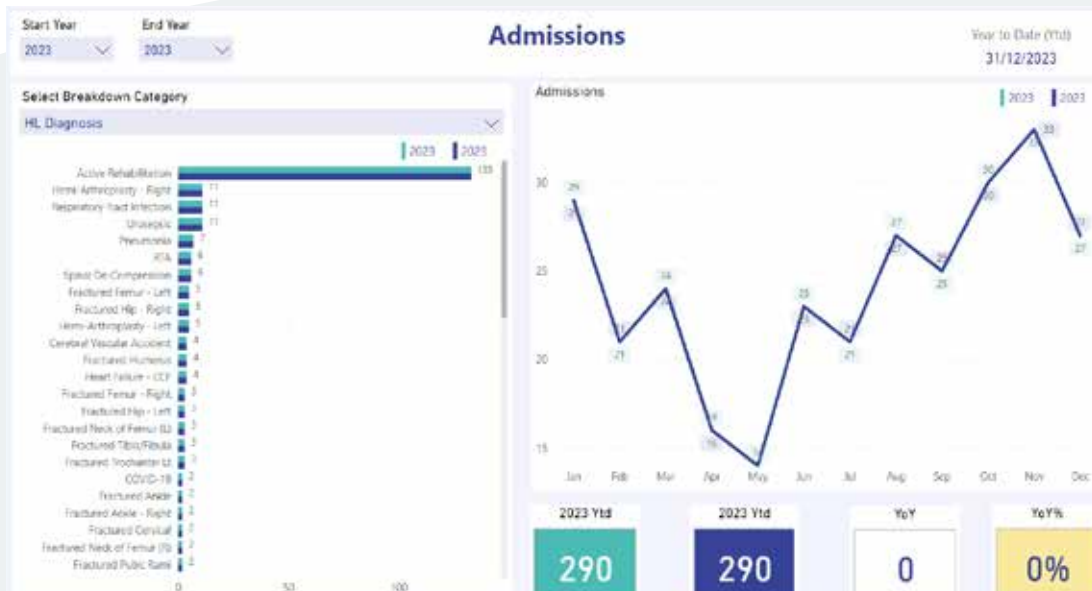




Figure 5: Admission Diagnosis of Patients Admitted to the Integrated Care of Older Persons Pathway Mater (MICPOP).



Figure 6: Admission Diagnosis of Patients Admitted to the Active Rehabilitation Pathway Beaumont (BARU).

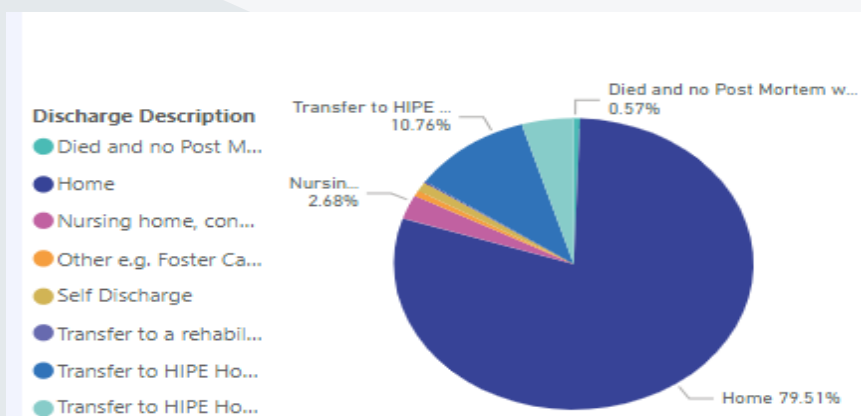


## OUTCOMES FOR PATIENTS DISCHARGED FROM THE HOSPITAL

In 2023, a total of 1,357 patients were discharged from the Hospital, with 79.51% being discharged home, 2.68%

being discharged to a long-term residential setting, and 10% returning to an acute hospital.

Image 1: Discharges by Discharge Description



## NURSING OUTCOMES

### Nursing and Midwifery Quality Care Metrics (QCM)

Nursing and midwifery quality care metrics (QCM) indicate the quality of the fundamentals of nursing and midwifery care. As Director of Nursing, it is of key importance for me to be able to measure the quality of the nursing care undertaken by the Nursing Team here in the Hospital.

QCM provides the framework to identify gaps in care delivery, enabling action planning for quality improvement and providing a mechanism by which nurses can be

accountable for the quality of their care delivery. It helps to monitor and assess the nursing care performance against evidence-based standards and highlights exceptional care and areas of risk that require immediate attention.

Congratulations to the Nursing Team, which achieved an overall "Green Zone" in the monthly total on the audits. The metrics are conducted monthly using the HSE Test Your Care Tool.

Image 2: HSE Test Your Care Tool.

All Group All Locations	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023
Patient Monitoring and Surveillance	98% ➔	97% ⬇	89% ⬇	92% ⬆	91% ⬇	96% ⬆	96% ➔	95% ⬇	97% ⬆	96% ⬇	100% ⬆	98% ⬇
Healthcare Associated Infection Prevention & Control	97% ➔	100% ⬆	94% ⬇	94% ➔	91% ⬇	93% ⬆	92% ⬇	82% ⬇	91% ⬆	99% ⬆	98% ⬇	96% ⬇
Pain Assessment and Management	91% ➔	96% ⬆	97% ⬆	86% ⬇	95% ⬆	84% ⬇	91% ⬆	92% ⬆	98% ⬆	97% ⬇	96% ⬇	94% ⬇
Nutrition and Hydration	97% ➔	98% ⬆	96% ⬇	98% ⬆	97% ⬇	99% ⬆	99% ➔	100% ⬆	98% ⬇	98% ➔	100% ⬆	97% ⬇
Continence Assessment and Management	95% ➔	100% ⬆	91% ⬇	97% ⬆	96% ⬇	92% ⬇	98% ⬆	100% ⬆	96% ⬇	93% ⬇	95% ⬆	97% ⬆
Care Plan Development and Evaluation	95% ➔	99% ⬆	96% ⬇	96% ➔	99% ⬆	96% ⬇	97% ⬆	99% ⬆	98% ⬇	98% ➔	97% ⬇	99% ⬆
Care Plan NMBI Guidance	98% ➔	98% ➔	98% ➔	95% ⬇	98% ⬆	99% ⬆	97% ⬇	98% ⬆	98% ➔	99% ⬆	99% ➔	97% ⬇
Medication Safety	99% ➔	99% ➔	100% ⬆	99% ⬇	100% ⬆	99% ⬇	99% ➔	99% ➔	99% ➔	100% ⬆	98% ⬇	99% ⬆
Medication Storage and custody	100% ➔	100% ➔	100% ➔	99% ⬇	100% ⬆	100% ➔	100% ➔	100% ➔	100% ➔	100% ➔	100% ➔	100% ➔
Falls and Injury Management	100% ➔	98% ⬇	99% ⬆	99% ➔	99% ➔	93% ⬇	97% ⬆	98% ⬆	97% ⬇	94% ⬇	100% ⬆	100% ➔
Wound Care Management	95% ➔	100% ⬆	100% ➔	93% ⬇	100% ⬆	95% ⬇	100% ⬆	100% ➔	100% ➔	100% ➔	100% ➔	100% ➔
Pressure Ulcer Prevention and Management	98% ➔	100% ⬆	95% ⬇	99% ⬆	99% ➔	98% ⬇	98% ➔	100% ⬆	100% ➔	98% ⬇	100% ⬆	98% ⬇
TOTAL	97% ➔	99% ⬆	97% ⬇	96% ⬆	98% ⬆	96% ⬇	97% ⬆	98% ⬆	98% ➔	98% ➔	98% ➔	98% ➔

## PRESSURE ULCERS

In 2023 the rate of hospital acquired pressure ulcers was 0.7%. The rate of community acquired pressure ulcers increased by 23% in comparison to 2022. Reviewing the outcomes and wound healing across all categories

Figure 7: Number of Hospital Acquired Pressure Ulcers and Community Acquired Pressures per Quarter 2023.

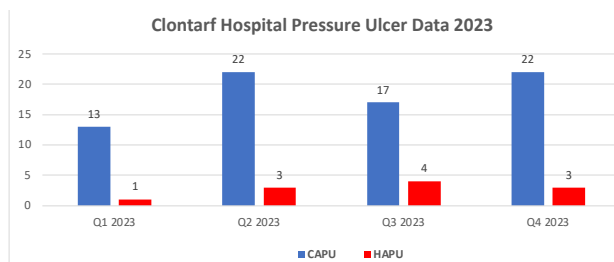


Figure 8: Diagram Demonstrating the Pressure Ulcer Rate 2019-2023.

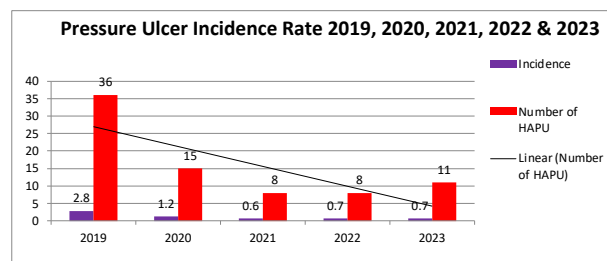
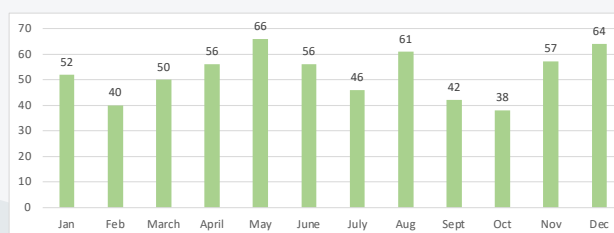


Figure 9: Patients Reviewed Monthly by Tissue Viability Clinical Nurse Specialist 2023.



of wounds, inclusive of surgical wounds, pressure ulcers, leg ulcers and skin tears, we found that a total of 70% of the wounds with which patients were admitted were fully healed on discharge and a further 10% noted to be improving and healing on discharge.

The Tissue Viability Nurse (TVN) provided 628 reviews in 2023. This is an overall increase of 35% on 2022. Alongside direct patient care, the TVN provided 660 training sessions to staff. There is currently a 0.8 whole-time equivalent (WTE) at Clinical Nurse Specialist (CNS) level allocated to the service. We see the positive effects of this training in the low rate of pressure ulcer development at the hospital.

## INFECTION PREVENTION AND CONTROL (IPC)

Infection prevention and control (IPC) must be front and centre in staff practice to ensure that patients and staff are safe, and that quality care is always delivered to patients.

The IPC Team (IPCT) includes Professor Edmond Smyth, Consultant Microbiologist, Ms Ann Gaffney, Infection Prevention and Control Clinical Nurse Specialist, and Ms Ciara Dowling, Director of Nursing and Chair of the Infection Prevention & Control Committee, who supports and assists with programme development and implementation.

There was a reduced focus on COVID-19 in 2023, with the removal of mandatory mask use in clinical settings. However, due to the age profile and vulnerability of the patients admitted to the Hospital, a risk assessment was conducted, and it was agreed to continue carrying out antigen testing at the time of admission on all patients for COVID-19 if they had not recently been infected. This process proved beneficial, with 25 cases being detected in this way, and which contributed to preventing and minimising further outbreaks in the Hospital.

Due to the importance of infection prevention and control in hospitals, the IPCT introduced several new quality improvement initiatives to manage emerging and current areas of concern. These included: "The Introduction of Sepsis Boxes to Clinical Areas" and "Are you Bare Below the Elbow?"

We know that surveillance for infectious diseases is one of the cornerstones of IPC and it plays a significant role in controlling the spread of infection at the Hospital. During the year, the IPCT continued surveillance of several infectious conditions that can occur in high levels.

## HAI'S SUMMARY 2023

Figure 10: Demonstrates the Number of Hospital Acquired Infections (HAIs) at the Hospital.

Hospital Acquired Infections	2023	Clontarf Hospital Acquired	Known on Transfer	Admission Screen	Other
Covid-19 Positive	91	58		25	8
Influenza	6	6			
RSV	4	4			
PARAINFLUENZA	4	4			
CPE	11		5	6	
CPE CONTACT	30	29	1		
CRE	2		2		
VRE	45		43	1	1
MRSA	35		12	23	
ESBL	23	5	10	1	7
C-DIFF	4	3			1
NOROVIRUS	1	1			
Resistant Entero-bacter	1				1
SHINGLES	2				2
VTAC E coli	1				1
TOTAL	259	81(+29 CPE contacts)	73	56	21

Figure 11: Results of Hand Hygiene and Bare Below the Elbow Audits across All Ward Areas.

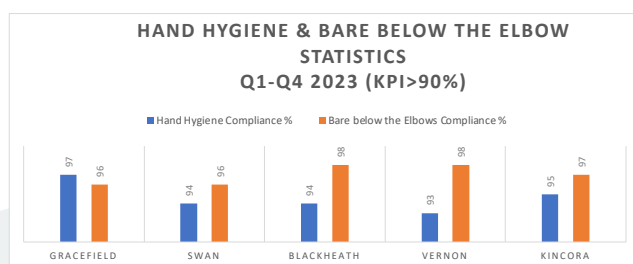
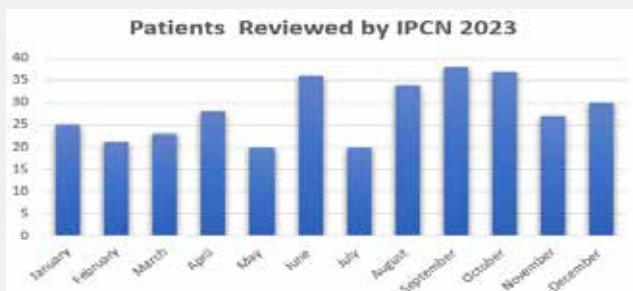


Figure 12: Number of Patients Reviewed per Month.



There is currently a 1.0 whole time equivalent at CNS level allocated to the service. A total of 339 patients were reviewed by IPCN in 2023. Another cornerstone for the prevention and control of infection in hospitals is IPC education and audit. The Nursing Department plays a large role in continuing education and IPC audits in the Hospital. This remains a priority to keep awareness high on the agenda for all staff. Where audits identified areas for improvement, action plans were put in place to ensure that improvements were made.

A goal of the IPCT is to continue to develop the IPC programme and maintain a safe environment for patients, visitors and staff.

## NURSING ACHIEVEMENTS

Quality Improvement Projects undertaken in 2023 are as follows:

- Introduction of Nursing and HCA Orientation Education Day.
- Electronic Dashboard Development for Patient Flow Operations and Nursing Outcomes.
- Introduction of Wound Care Chart.
- Surgical Site Infection Project.
- Staff Wellbeing Day focused on self-care, menopause and bone health.
- Upskilling - ECG Skills.
- Revision of the Multifactorial Falls Risk Assessment and Introduction of Occupancy (Falls) Mats.

## CONFERENCES

In 2023 members of the department presented at the following conferences:

- 10th Anniversary Lean Symposium, The Mater Lean Academy.
- Irish Gerontological Society Annual Conference.
- IPC Ireland Annual Conference.
- Continence Care Roadshow HSE.
- Sepsis Summit 2023.

## POSTGRADUATE EDUCATION

All nurses are supported and encouraged to develop their knowledge, skills and an ethos of lifelong learning. I would like to thank the Nursing and Midwifery Planning and Development Unit (NMPDU) at the Health Service Executive (HSE) Dublin North for their continued support and for funding several staff members in undertaking the following postgraduate courses (2022-2023):



- Postgraduate Diploma in Gerontological Nursing.
- Postgraduate Diploma in Advanced Leadership.
- Master of Science (MSc) in Nursing.
- Postgraduate Diploma in Respiratory Nursing.

We see the positive effects of this ongoing nurse education in the quality of care that is provided at the hospital and as reported in the patient satisfaction survey and the large number of patient compliments received during the year.

### HEALTHCARE AWARDS

The Hospital's first Dublin Healthcare Assistant HCA Conference was shortlisted for the Irish Healthcare Awards 2023. Several members of the Nursing and HCA Teams who were involved in arranging, presenting and delivering the conference attended the award ceremony on the night. Unfortunately, they lost but were delighted to have been shortlisted.

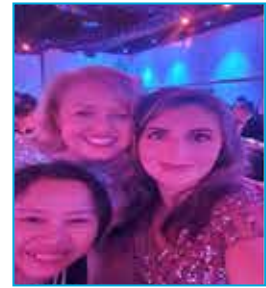
### RETIREMENTS

I would like to take this opportunity to offer congratulations to Sandra Power and Patricia O'Neill on their retirement during the year.

### CONCLUSION

Finally, our Pet Therapists! A word of thanks to Snoopy and Hugo who, along with Tara their owner, at lunchtime every Tuesday brightened up the day for patients and staff alike. My thanks to staff who volunteered to accompany them on each visit. A most popular visit indeed! Also, thanks to PEATA Therapy for continuing to support this initiative.

*Ciara Dowling*  
Director of Nursing



# PHYSIOTHERAPY DEPARTMENT

## INTRODUCTION

The Physiotherapy Department is committed to achieving excellence in patient care in an environment of mutual respect and continuing education. We strive to deliver a service that is dynamic, effective and patient-centred, and which enables patients to achieve their optimum level of independence, health and wellbeing. An evidence-based approach is central to our service delivery through promoting and supporting continuing professional development (CPD) and research in the department.

## STAFFING

Our long-serving and highly esteemed Physiotherapy Manager, Grainne O'Hara, stepped away from her post in May after 17 years at the helm. Grainne was instrumental in growing and developing the department during her tenure and worked tirelessly to promote a culture of high-quality, safe, effective patient care while also fostering a nurturing and supportive work environment for staff. Grainne is very much missed by all the Physiotherapy Team and we wish her well in her next chapter.

The School of Physiotherapy, Royal College of Surgeons Ireland (RCSI), continued to fund a 0.4 whole-time equivalent (WTE) Clinical Tutor post to support undergraduate physiotherapy placements. We facilitated two students per placement throughout the year and feedback from all stakeholders remained very positive.

The department continues to advocate for additional posts so that we can align ourselves with staffing guidelines recommended by the National Clinical Care Programme for Older People (NCPPOP) and the National Clinical Programme for Rehabilitation Medicine (NCPRM).

## ACTIVITY

A blanket referral system remains in place for physiotherapy. All patients admitted to the Hospital are assessed by a physiotherapist and a treatment plan is initiated that is tailored to their individual needs.

Physiotherapy activity continued to grow in 2023 with an annual growth rate of 6% for total physiotherapy time spent on patient care and 32% for new patient referrals.

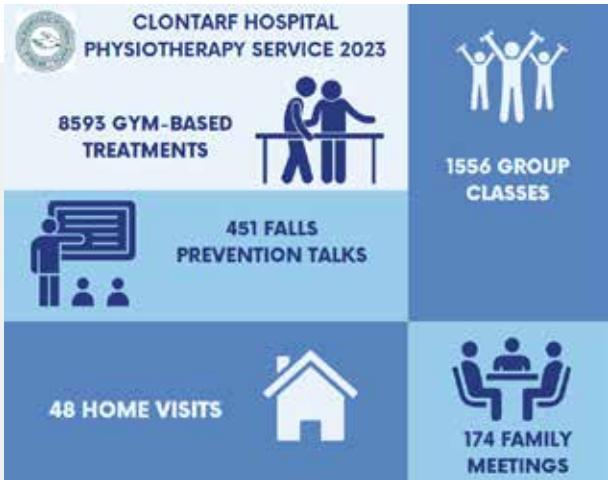
Gym capacity was increased to 50 patient sessions per day and group-based exercise classes were cautiously increased, while still complying with infection prevention and control safety standards. We are very grateful to the porters who ensured a regular and safe flow of patients to the gym throughout the day.

In addition to providing direct clinical care, physiotherapists remained actively involved on hospital committees and quality-improvement initiatives throughout the year.

Table 1: Physiotherapy Activity 2022/2023

Physiotherapy Activity	2022	2023
Number of New Patient Referrals	1,059	1,396
Total Number of Physiotherapy Treatment Sessions	25,660	26,401
Total Physiotherapy Time (Units of 15 Minutes) minutes)	66,271	70,185

Figure 1: Physiotherapy Activity Overview 2023



## SERVICE UPDATES

### Vestibular Service

The Vestibular Rehabilitation Service is now up and running with referrals for vestibular assessment being accepted from all wards. Vestibular assessments and treatments are carried out by Senior Physiotherapist Sophie Finlay for conditions such as Benign Paroxysmal Positional Vertigo (BPPV) and Ménière's Disease, which are more prevalent as we age. Physiotherapy treatment for these conditions can improve quality of life and help to reduce the risk of falls. Sophie Finlay is a member of the Association of Chartered Physiotherapists in Vestibular Rehabilitation (ACPVR) and attended the first International Vestibular Conference in Dublin in June.

### Group Exercise Classes

Physiotherapist Eva Marie Elliott successfully led a project in conjunction with physiotherapy and occupational therapy colleagues to introduce a new group exercise class for patients identified with neurological upper limb weakness. The class is based on graded, repetitive, arm, supplementary programme (GRASP) rehabilitation principles, and further staff training is planned on outcome measures used in the programme.

Senior Physiotherapist Sophie Keddle designed and implemented a new group exercise class for patients with Parkinson's Disease and intends to further develop this service in 2024 on completion of LSVT BIG® certification.



### Physiotherapy Outcomes

A battery of physiotherapy outcome measures is completed for all patients on admission and discharge. The department successfully transitioned to the new hospital data system in September. Patient admission and discharge outcome measure scores are now inputted onto this dashboard and the plan is to further develop the data analysis aspect so that information can be readily available on patient outcomes and the effectiveness of physiotherapy treatment across all rehabilitation streams. This information will facilitate more focused service development and quality improvement in the future.

### Hip Fracture Data Collection Working Group

The Hip Fracture Data Collection Working Group, led by Senior Physiotherapists Anne Marie Seddon and Sinéad Kiernan, continued to collect data on patients admitted to the Hospital post hip fracture. Outcome measures for these patients are completed on admission, at day 30 and on discharge. The group submits day 30 data to the Irish Hip Fracture Database for analysis and publication as part of their annual report for the National Office of Clinical Audit (NOCA). In 2023 the group collaborated closely with the Mater Hospital to support data collection for the HipFORGE Project. As a result, two posters entitled "Long-Term Hip Fracture Outcomes: A Multicentre Retrospective Observational Study" were developed. One of the posters was presented at the Irish Society of





Chartered Physiotherapists (ISCP) Conference 2023 and the other was submitted to NOCA as a quality initiative.

## QUALITY IMPROVEMENT

### Physiotherapy Quality Improvement Initiatives

In January, the department engaged in a very informative and innovative service-planning workshop that identified key quality improvement priorities for the year ahead. Several project groups were subsequently established in the department with contribution from all team members.

#### 1. Falls Education Group

The Falls Education Group undertook a project entitled "Falls Education and Improvement in Falls Health Literacy Across a Spectrum of Cognitive Function". The project introduced a tiered system of falls education appropriate to all service users. Patients without cognitive, visual or hearing impairments continue to be referred to a group falls talk (Tier 1), whereas patients identified as having such deficits are given individual 1:1 education highlighting important messages appropriate to their particular falls risk factors (Tier 2). The delivery of falls education to all patients is a key performance indicator within the department and is audited on a quarterly basis.

#### 2. Equipment Project Group

The Equipment Project Group undertook an equipment needs analysis within the department. Additional equipment for resistance and balance training was sourced to allow more intensive and targeted exercise therapy and to facilitate additional group exercise classes.

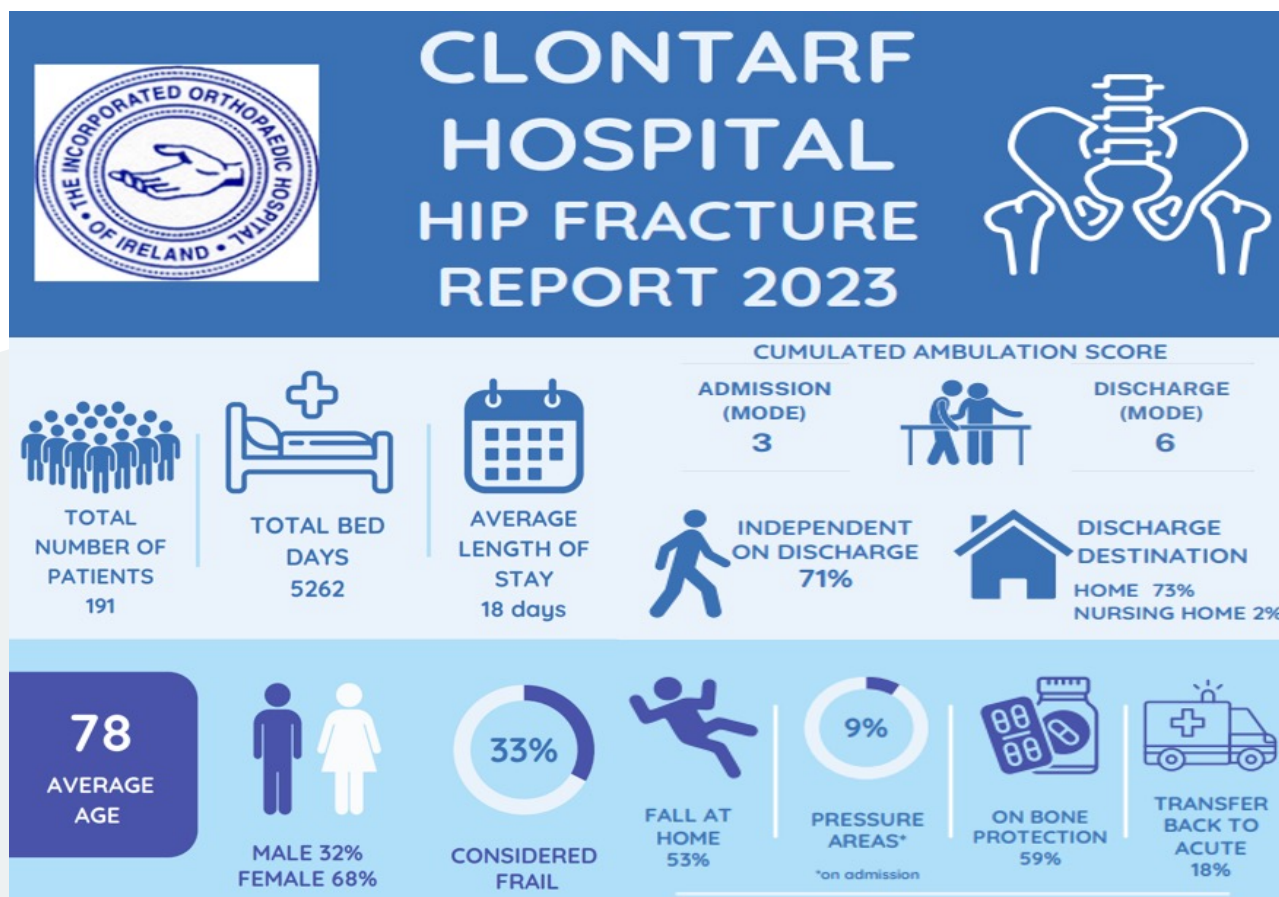
#### 3. Gym Utilisation Project Group

The Gym Utilisation Project Group reviewed factors influencing gym attendance rates and implemented strategies to increase gym-based treatment sessions. As a result, timetables were adjusted to facilitate more equal access to the gym from across all wards. This has led to greater collaboration between wards to maximise the daily use of available portering slots. A gym utilisation target has been established and is tracked monthly on the departmental quality board.

#### 4. Professional Development Programme (PDP)/In-service Training Group

The PDP Group undertook a review of professional development and in-service training programmes within the department. The project team implemented a number

Figure 2: Clontarf Hospital Hip Fracture Report 2023.





of key initiatives over the course of the year including the roll-out of a paired mentoring programme for senior physiotherapists, the development of individual PDP folders for all physiotherapy staff, and the inclusion of regular guest speakers on the departmental weekly in-service schedule.

### **Lean MDT Project group**

Grainne O'Hara and Claire Fagan (Physiotherapy), along with Monica Devine (Occupational Therapy) and Michelle Millar (Procurement), successfully completed a Lean Methodology Quality Improvement Project for the Hospital focused on improving the efficiency of the weekly Multidisciplinary Team (MDT) meetings. The project introduced several new measures to the MDT meeting on Gracefield Ward including a revised meeting template, target finish times, and triage of patients for weekly discussion. The hope is to share the learnings from this project with the other wards.

### **Creative Therapy Pilot Project**

Senior Physiotherapist Caroline Daly jointly led a project with Emma Cullen Gill (Tissue Viability Nurse) and Philomena Anthony (CNM II) to pilot a patient activities group on Swan Ward. There is a wealth of research and anecdotal evidence to show that the arts can have a positive effect on health outcomes and that creative therapy can improve communication, mood and general engagement in people with dementia. The pilot ran for 12 weeks and was supported by staff from multiple departments. In total, 70 patients participated in the pilot and engaged in activities such as knitting, crochet, colouring, painting by numbers, table golf and doing word searches. Patient feedback was very encouraging, and the Project Group has recommended that a dedicated Patient Activities Coordinator be appointed to continue this worthwhile service.

### **STAFF WELLNESS**

Our Wellness Champions (Sinéad Kiernan, Katie O'Keeffe and Sophie Finlay) organised quarterly events for the department ranging from "Crocheting Valentine Hearts" and "Tea and Tai Chi" to an outdoor meditation session in the lush green hospital gardens on a fortuitously sunny morning. The wellness activities were very much enjoyed and appreciated by the team and this initiative will be continued on a quarterly basis in 2024.

### **CONTINUING PROFESSIONAL DEVELOPMENT (CPD)**

In March, the Physiotherapy Practice Education Team from the RCSI delivered a "Practice Education Training for Clinician Educators" workshop in the department. The workshop focused on teaching and assessment during placement, feedback skills and managing student performance. Plans are in place to run another workshop in 2024.

The department hosted two mentoring workshops in July and September to support senior staff engaged in the recently launched mentoring programme. The workshops provided theoretical and practical training in the core skills and knowledge needed for participants to feel confident in entering a mentoring relationship. The workshops were engaging and thought-provoking and were well received by all staff who attended.

Senior Physiotherapists Aoife Crowe and Caroline Daly undertook a commitment to train as National Frailty Facilitators registered with the NCPOP as part of the National Frailty Education Programme. Frailty education training for hospital staff is a key priority for 2024.

Physiotherapist Felix Moon is currently studying for a Master's in Gerontology and Neurology and is at the finishing stages of his thesis, "A Cross-Section Study to Evaluate Physiotherapy Management of Frail Older Adults with Hip Fracture in a Post-Acute setting".

Mandatory training was ongoing in the department throughout the year and the team continued to organise and attend weekly in-service training sessions as part of their commitment to CPD.

### **CONCLUSION**

It is a pleasure to work alongside such a dedicated, enthusiastic, caring and innovative team, whose members strive each day to help patients achieve their best possible level of function and wellbeing. I would like to thank each and every one of our Physiotherapy Team for their support and hard work throughout the year and for their unwavering commitment to ongoing service improvement.

Support from our co-workers across the Hospital was crucial again this year. I would like to sincerely thank our hospital leadership and our colleagues across the MDT, Administration and Support teams for their continued assistance, guidance and understanding.

The department remains committed to providing safe, effective and compassionate patient care of the highest possible standard and to working collaboratively to support both individual and team performance and wellbeing. We look forward to continued growth and success in the year ahead.

*Claire Fagan*  
**Physiotherapy Manager**



# OCCUPATIONAL THERAPY DEPARTMENT

## INTRODUCTION

The Occupational Therapy (OT) service is a key part of the Rehabilitation Team providing beneficial OT treatment for all patients. With our support, patients are encouraged to regain their independence in all areas of self-care, productivity and leisure, and they are supported in maintaining and improving their memory. They are also provided with advice and assistance around adapting their home environment to meet their new needs.

Staffing in the OT Department in 2023 consisted of:

- Two whole-time equivalent (WTE) Occupational Therapist Managers.
- Five WTE Senior Occupational Therapists.
- Five WTE Staff Grade Occupational Therapists.
- Two WTE Occupational Therapy Assistants.

We maintained a 92% recruitment rate across a difficult recruitment climate in 2023 and are very thankful to have a very high retention rate in the OT team.

## SERVICE DELIVERY

In 2023 we provided improvements in four key areas:

### 1. Maintaining access times (how quickly a patient is seen by an OT)

The OT Department uses a priority-based blanket referral system. Within this system all Priority 1 (P1) patients are

seen and assessed by an OT within one working day and all Priority 2 (P2) patients are seen within this time frame when capacity allows.

We are pleased to report that all 1,407 patients admitted to the Clontarf Hospital in 2023 were seen and assessed by an OT within one working day.

### 2. Improving session delivery (how often a patient is seen by an OT and targeting who needs to be seen most often)

The OT Department focused on maximising the number of patient sessions they could offer per month throughout the year. An additional **2,484** patient sessions were delivered in 2023 compared to 2022. This demonstrates a 17% increase in session delivery compared to 2022 (and an increase of 40% session delivery in 2023 in comparison to 2020). To achieve this patient benefit we maintained team efficiency practices including our daily 8am cross-cover OT meeting and ongoing service delivery audits.

### Targeting Session Delivery in 2023

Our OT-to-patient ratio levels remain lower than those recommended nationally. We therefore target our service delivery towards patients who require the most occupational therapy during their admission. Our rehabilitation services have an average OT-to-patient ratio as follows: Specialist Rehabilitation 1:7 (ours is 1:13), Older Person Rehabilitation 1:10 (ours is 1:20), Orthopaedic Rehabilitation 1:15 (ours is 1:24).

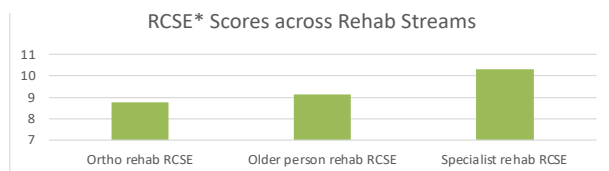
We delivered our highest proportion of OT services to our specialist rehabilitation stream, followed by our older person rehabilitation stream and then to our orthopaedic rehabilitation stream (allowing for variance for more complex cases).

Table 1: Number of OT Patient Sessions per Month.

Month	Number of OT sessions 2020	Number of OT sessions 2022	Number of OT sessions 2023
January	793	1,367	1,242
February	976	1,344	1,151
March	824	1,312	1,538
April	697	1,156	1,338
May	938	1,081	1,664
June	1118	1,224	1,422
July	1156	1,084	1,413
August	1024	1,267	1,368
September	1085	1,228	1,220
October	1180	1,243	1,428
November	1160	1,209	1,770
December	1148	990	1,455
<b>Total sessions PA</b>	<b>12,099 sessions</b>	<b>14,525 sessions</b>	<b>17,009 sessions</b>

Increase of 2,484 sessions delivered in 2023 compared to 2022 (17% increase in service delivery)

*Image 1: Rehab Complexity Scale Extended Version – Indicating High Multidisciplinary Team (MDT) Rehab Needs across Our Rehab Stream.*



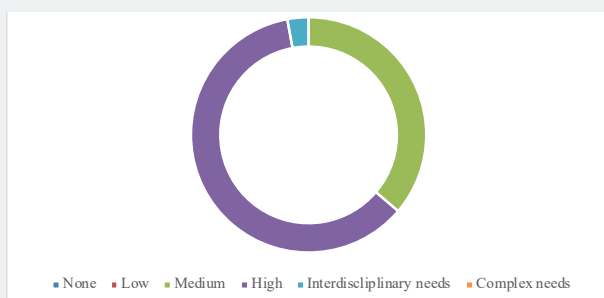
### SPECIALIST REHABILITATION UNIT

In 2023 we continued to deliver specialised OT treatments. These streams include patients needing amputee rehabilitation, brain injury rehabilitation and neurological rehabilitation.

The types of specialised OT treatment here include upper limb rehabilitation, cognitive rehabilitation, perceptual rehabilitation, complex wheelchair/equipment prescriptions, wheelchair training skills, community reintegration, on-site caregiver training, and complex home assessment/joint home visits with community colleagues such as early supported discharge (ESD) teams, primary care OTs, and care agencies. For our amputee stream our OTs have a new role in major home modifications and we are working closely with local councils and primary care OTs to enable this process.

In 2023 this patient stream received an average of 21 OT sessions and an average of 15.7 hours of direct OT clinical time per patient over an average length of stay (LOS) of 42.1 days. The average extended Rehabilitation Complexity Scale RCS-E score for this stream in 2023 was 10.31, which indicates specialised rehabilitation needs for this patient group.

*Image 2: OT Therapy Dependency Scale for Our Specialist Rehabilitation Stream – Identifies Which Patients Require the Most OT.*

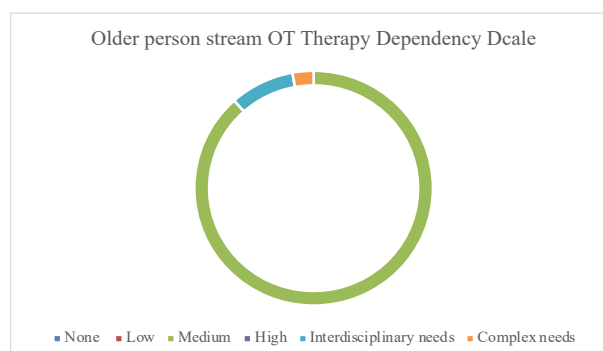


### OLDER PERSON REHABILITATION UNITS

We continued to deliver our core OT treatments to our patients in the geriatric rehabilitation streams admitted to us from Beaumont Hospital, the Mater Hospital and Connolly Hospital for rehabilitation prior to discharge home. The types of core OT treatments here include seating and pressure-care assessment; functional rehabilitation for all activities of daily living, including washing, dressing, meal preparation; cognitive and perceptual assessment, home assessment; equipment assessment and provision and discharge planning.

In 2023 this patient stream received an average of 15 OT sessions and an average of 9.4 hours of direct OT clinical time per patient over an average LOS of 37.4 days. The average RCS-E score for this stream in 2023 was 9.14, which indicates high rehabilitation needs for this patient group.

*Image 3: OT Therapy Dependency Scale (TDS) for Our Older Person Rehabilitation Stream.*



### ORTHOPAEDIC REHABILITATION UNITS

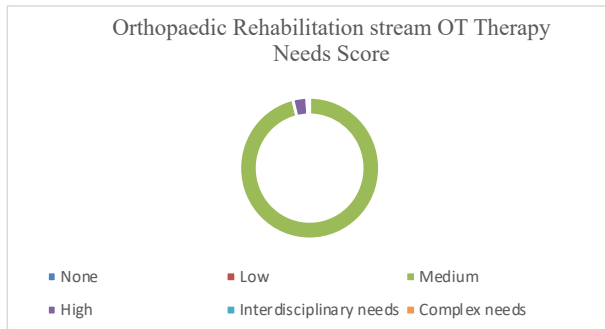
We also continued to deliver our core OT treatments for our patients in the orthopaedic rehabilitation streams prior to discharge home. The types of core OT treatments here include seating and pressure care assessment, functional rehabilitation for all activities of daily living including washing, dressing, meal preparation, cognitive and perceptual assessment, home assessment, equipment assessment provision and discharge planning.

In 2023 this patient stream received an average of 9 OT sessions and an average of 5.8 hours direct OT clinical time per patient over an average LOS of 24.4 days.



Average RCS-E score for this stream in 2023 was 8.76, which indicates high rehabilitation needs for this patient group.

*Image 4: OT Therapy Dependency Scale (TDS) for Our Orthopaedic Rehabilitation Stream.*



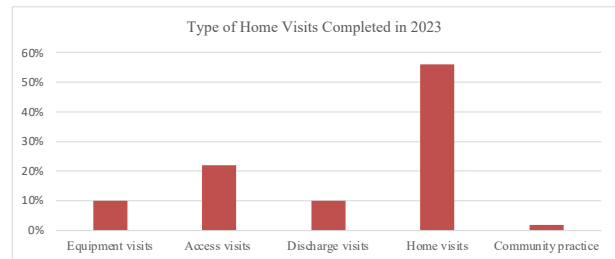
*Table 2: OT Sessions & Treatment Time per Each Specialised Patient Stream in 2023.*

OT Sessions & Treatment Time	Specialist Rehabilitation	Older persons Rehabilitation	Orthopaedic Rehabilitation
Average Number of OT Sessions	21 sessions	15 sessions	8.9 sessions
Average Duration of OT Treatment Time per Admission	15.7 hours	9.4 hours	5.8 hours
Average LOS	42.1 days	37.4 days	24.4 days

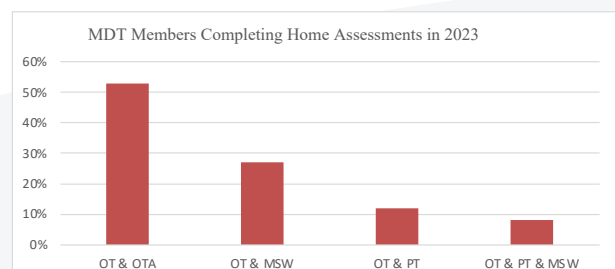
### 3. Home Visit Assessments

There are three types of home visit assessments, home assessments, access/equipment visits and discharge home assessments. These are an essential part of the rehabilitation process, and a priority system is in place to ensure that those patients who benefit most from home assessments are offered them. In 2023 we saw an increase in a new type of home assessment called Community Access, where we support our patients in being assessed in the community environment, such as the supermarket, to ease their transition home. This type of visit is particularly useful in our neurorehabilitation stream.

There were **156** in-person home visit assessments completed in 2023. This is an increase of 12% compared to 2022. Of these visits, 88 (56%) were home assessments, 50 (32%) were access/equipment visits, and 18 (12%) were discharge visits/community access.



Depending on patient needs, these home assessments are completed either by OT alone or as interdisciplinary visits with Medical Social workers (MSW) and/or Physiotherapists (PT). In the case of enhanced discharge planning for more complex patients our community colleagues are invited to join the visit – Primary Care OT, Public Health Nurses, Care Agency Managers and Carers.



### Virtual home assessments

We continued our practice of virtual home assessments, implemented during COVID-19 restrictions. These virtual home assessments are very effective and efficient procedures for assessing the home environment, either instead of, or prior to, an in-person assessment. They offer four different ways in which a patient can give more information to an OT, who can begin to assess their home environment from the Hospital to enhance discharge planning.

These four ways involve:

- A home heights form (where the caregiver gives detailed descriptions around common environmental details: bed and chair heights, steps, front door access, etc.)
- Photographs of the home environment.
- A video of the home environment.
- A walk-around video call of the home environment with the caregiver, where the OT can ask detailed questions about the physical environment and any trip hazards, etc.

We completed an average of 25 virtual home assessments a month in 2023 and this practice is now consolidated into our service. It has helped us to identify, early in admission, any potential barriers to discharge, resulting in these issues being actioned sooner, thereby reducing LOS, in for example equipment orders or installation of environmental modifications.

#### **4. Service Developments and Quality Improvements in 2023**

##### **Home Safety Patient and Family Groups**

2023 brought a welcome return of our evening time Home Safety Groups that we had to stop during the pandemic. The group has been running fortnightly since March 2023 with two members of the Occupational Therapy Team facilitating the sessions. The group was set up to support both patients and family members with falls education and recommendations for home modifications to maintain safety within the home on discharge. It assists patients and family members in preparing for the transition from the Hospital to home as safely as possible.

There have been 174 patients who have attended our Home Safety Group in 2023 with their family members. Feedback surveys from the group have been positive from both patients and family members. Patients have reported the group as being “very helpful”, “very good” and an “excellent session”. Overall, patients self-scored as competent or higher with regard to accessing information for falls management, how to support a family member post fall, and their understanding of factors contributing to falls improved after attending the Home Safety Group.

##### **Wellbeing Group**

The Wellbeing Group is a joint initiative between the OT and Social Work Departments. The first Wellbeing Education Session was held in April and a total of 63 patients attended throughout the year. It is held on a fortnightly basis and offers education to patients across the Hospital on wellbeing concepts, stress management and relaxation. The group members intend to resume additional Relaxation Sessions in 2024 to run concurrently with the Wellbeing Education Sessions. Feedback from patients is collected through the completion of an evaluation form post attendance and the results are analysed regularly by the facilitators. Common themes

in the feedback from the participants are the benefit of peer support, reduction in stress levels and the incorporation of Wellbeing Strategies into daily life.

##### **Hospital-wide Data Collection Working Group**

In 2023 the working group (chaired by OT) used a shared excel analytic database to include common patient demographics, activity levels and rehabilitation complexity scores, as well as discipline-specific patient clinical descriptors, sessions and treatment times per patient. The working group members include medics, nursing staff, physiotherapists, OTs, medical social workers, speech & language therapists, and individuals from dietetics, radiography and pharmacy. In 2023 this group was led by the Director of Nursing (DON) and the Chief Executive Officer (CEO) to outsource the data analytics, and since the end of 2023 the Hospital has an established dashboard. The data is providing valuable information on service delivery as well as inputs and outputs by each department. This helps us to guide practice and develop business cases for valuable resources based on real data specific to the hospital and patient care needs.



##### **Dementia Care Committee (DCC)**

The OT Department continued to lead out on dementia care with our MDT colleagues through the Dementia Care Committee (DCC), holding dedicated bi-monthly meetings throughout the year. Dementia and delirium awareness training also occurred every two months and was presented by OT and the clinical educator Clinical Nurse Manager (CNM). It was well attended across all departments.

Resources were purchased for an activity cart for the Hospital. This contains a variety of evidence-based sensory equipment for familiar and fun activities that can be used to provide a cognitively stimulating environment for dementia patients. The contents aim to facilitate meaningful conversations and reminiscence, as well as providing sensory stimulation and comfort. OT students from Trinity College Dublin (TCD) have been facilitating the use of the carts across the wards to engage patients in 1:1 meaningful activity. The feedback from patients and their families has been very positive. The DCC is planning to purchase supplies so that there will be one cart per ward.

An Alzheimer's Awareness Day was held in September. It provided education for staff, patients and visitors on the risk factors for dementia, protective strategies against dementia, and pathways to accessing local resources and supports. There was also a Brainteaser Challenge and a Quiz.

An All-hospital Education Session was held on 22 November from the North Dublin Dementia Adviser Service, part of the Alzheimer Society of Ireland. The Dementia Advisers discussed their roles and the supports they can offer to people and their carers living in the community with dementia. They aim to empower the person living with dementia to access the information they need, promoting self-help, wellbeing, choice and control; they also provide timely education and support to family carers.

#### **Pressure Ulcer to Zero (PUTZ) Committee**

In 2023 the OT department continued in rolling out ward based pressure care education alongside our colleague in the nursing department Emma Cullen Gill (TVN). Attendance at this training has been primarily Nursing and HCA staff and it has also been well attended by OT, Physiotherapists, MSW and Dieticians. The new ward-based format and alternating settings has enabled the training to be more accessible to all staff. The committee continue to facilitate the "STOP the Pressure Day" which raises awareness for all hospital staff and patients on the importance of pressure care.

#### **Delirium Committee**

The OT Department continued to work with our MDT colleagues on the DCC, who met quarterly throughout

the year. The group continued to provide ongoing accessible education on the condition and to highlight the prevalence of delirium and its prevention and management in the hospital environment. OT compiled the most recent newsletter, which included a collaborative case study with input from all MDT members for a vignette based on a frequently observed condition among patients in the Hospital.

#### **Falls Committee**

The OT Department was actively involved in the Falls Committee with MDT members facilitating all staff members to undertake education and training in hospital policies, our multifactorial falls risk assessments, and Falls Prevention Strategies. It also supported the Quality and Risk Department in drafting the new Falls Prevention and Management Hospital Policy and Falls Prevention Strategy for 2023 and helped to launch this during the Falls Awareness Day in June. The OT Department also supported the trialling of sensor mats as a Falls Prevention Strategy and is currently piloting these on two hospital wards. Furthermore, it helped with recommendations regarding environmental adaptations for our wards and toileting/bathing facilities for the future redesigns of the Hospital.

#### **Frailty Working Group**

The OT Department continued its active involvement in the Frailty Working Group alongside its MDT colleagues. The goal of the working group is to promote early identification of frailty among patients and to provide timely MDT input for this cohort. The working group members are completing their training to become Frailty Education Facilitators, which will allow the Hospital become an affiliated site for providing the National Frailty Education Programme, which is due to start in February 2024. This affiliation marks a significant milestone for the Hospital and highlights our commitment to providing the highest standards of care to our patients, particularly those who are frail.



## PATIENT COMPLIMENTS

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**"Thank you to all the staff for looking after Brendan so kindly over the past four months. Dad went from being independent to dependent over night and the care and attention he received in his nearly three months in your care has been wonderful. He has been truly spoilt by everyone's care and kindness. A sign of that is his sadness on leaving you all. We, his family, hugely appreciate the care he has received. He is a man that knows his own mind (to say the least) and we know that wasn't always easy. Our sincere thanks to you all. He couldn't have been luckier with where he ended up after his fall."**

**"Thank you so much for the wonderful care and attention I have received since my arrival here."**

**"Thank you for your patience and kindness towards me throughout my time in Clontarf Hospital and for making my experience so enjoyable."**

**"Thank you so much for all your help, I cannot believe how well I have progressed since I came in two weeks ago, all thanks to you and the nursing staff. You have been amazing and I will never forget your kindness to me. I will be forever grateful."**

**"Thanks for everything. It was a pleasure to be cared by you all."**

**"We will never be able to really thank you for your amazing care of Ide. You are all such a credit to your profession."**



**"From the moment I arrived, I was made to feel at home in every way possible. The nursing staff were very caring and attentive, as were the support staff. I was started on physiotherapy immediately and they went above and beyond in working with me. I was shown understanding and care, while giving constant support and encouragement. At every stage I felt confident that I was receiving the best care possible and everything was communicated fully to my family allowing for my discharge into their care on 19 December so I could spend Christmas with them. I've improved significantly since then and I'm now living at home and self-sufficient which is very important to me."**

**"Thank you to all the lovely and cheery and kind kitchen and catering staff who looked after me so well, so appreciative."**

**"Thank you so much for the care and kindness shown to our dad while staying with you. It was much appreciated and his recovery has been remarkable due to your care."**

**"On behalf of the Murray family we want to offer our sincerest thanks. The care, attention, professionalism and kindness you have shown towards my mum has been fantastic. Our mum has considered you as her friends and will miss you all!! From the bottom of the Murray family hearts we want to say thank you!!"**

**"Thank you for all the wonderful care and kindness you have shown me during my stay. I couldn't have done it without you all!"**

## EDUCATION AND NETWORKING

The OT Department was successful in securing hospital funding for interdisciplinary training in the Functional Assessment Measure (FIM+FAM) rehabilitation outcome measure. Training in this key outcome measure across our MDT will improve patient care, our data collection and team working. We are very thankful to the Hospital for its support in this. The training is due to take place in April 2024.

The department was pleased to be able to facilitate undergraduate student OT placements for Trinity College Dublin (TCD) and University College Galway (UCG) and plans to continue this practice in 2024.

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

## CONCLUSION

I would like to express gratitude to all members of the OT Team, whose commitment, motivation, enthusiasm and flexibility over the past year continued to ensure excellent standards of service provision and patient-centred care.

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

*Monica Devine*

**Occupational Therapist Manager**



# PHARMACY DEPARTMENT

## INTRODUCTION

In the Pharmacy Department we provide pharmaceutical care for patients at Clontarf Hospital, promoting the safe, economic and appropriate use of medicines.

## DISPENSARY

We are responsible for the purchase and safe storage and distribution of medicines within the Hospital. The total number of items dispensed by the pharmacy department increased by 10% in 2023. Medicine shortages continue to be a global issue and this affected Ireland with an impact on patient care and total healthcare costs. Approved alternate medicines or unlicensed products must be identified and sourced to fill the gap. The use of high-tech medicines increased again in 2023 resulting in cost implications to the Hospital. High-tech medicines are typically expensive new drugs with significant new therapeutic uses, and can only be prescribed by a consultant in a hospital setting.

## CLINICAL SERVICE

**Pharmacy clinical activity includes:**

### Medicines reconciliation

Medication reconciliation is a patient safety process creating and maintaining the most accurate list possible of all medications a person is taking – including drug name, dosage, frequency and route. Medication reconciliation aims to provide patients and service users with the correct medications at all points of transfer within and between health and social care services.

We carry out medicines reconciliations in the Hospital as follows:

- A pre-admission prescription check is carried out on day of admission, when the patient's prescription is reviewed. This facilitates any variances to be resolved before the patient leaves the referring hospital. Non-stock items are supplied to the ward so that medicines are available when the patient arrives at the Hospital. In 2023 a total of 95% (97% in 2022) of prescriptions were checked prior to admission.
- A post-admission medicines reconciliation is carried out once the prescription and administration record (MPAR) has been written up, to ensure that all medicines are correctly transcribed. In 2023 a total of 88% (95% in 2022) of prescription were reconciled on admission.
- A medicines reconciliation is carried out on discharge prescriptions, to ensure that the patient is discharged on the correct list of medication. In 2023 a total of 74% (64% in 2022) of prescription were reconciled on discharge.

### Medicines Information

Information on medicines is provided to clinical staff as well as patients. New Non-Consultant Hospital Doctors (NCHDs) attended the Department as part of their induction training to the Hospital. This provided the Chief Pharmacist II with an opportunity to explain the Hospital's pharmacy services and the procedures in place for the safe prescribing of medications.

A Medication Safety Day was held on the 17 September 2023, aligned with the World Health Organisation (WHO) World Patient Safety Day and for World Pharmacist Day which fell on the 25 September 2023. Information was available on medication safety for all staff to maintain awareness around medicine and medication usage.



### **MEDICATION SAFETY COMMITTEE (MSC)**

The MSC includes members from the Medical, Nursing and Pharmacy Departments and reports to the Drug and Therapeutics Committee. This group monitors, reviews and audits medication incidents that occur in the Hospital. In 2023 the MSC met 10 times. All staff are encouraged to report medication incidents as analysis and feedback of medication incidents can prevent the occurrence of future incidents. The year 2023 saw an improvement in the number of medication incidents reported. Higher levels of reporting are welcomed and encouraged as detailed and timely reports are used to influence changes in practice and to prevent similar incidents from occurring.

Medication incidents arising onsite accounted for 76% of all reports; 24% of reports related to issues arising offsite. No incidents required escalation as a Serious Reportable Event. After medication incident review, shared learning notices were circulated to clinical staff. Medication safety newsletters/shared learning included the following titles:

- *What's in a Name? Named-Patient Medication Supplies.*
- *To err is human, to DOUBLE-CHECK is divine!*
- *Staying on TOP of it: Ensure the 10 Rights for ALL Medications.*

**DRUG AND THERAPEUTICS COMMITTEE(DTC)**

Work of the DTC included development and/or updating of the following policies:

- Use of IV PPIs in emergency awaiting an ambulance.
- Development of Insulin sliding scale.
- Development of Blood Glucose Monitoring sheet.
- Access to Electronic medicines compendium.

**AUDIT**

In October 2022 a study was undertaken to demonstrate the pharmaceutical care needs and medication safety risks of patients within the Hospital. The average number of medications per patient was 15.5 (11.5 regular and 4 as required), with 88% of patients prescribed one or more high-alert medications. All the patients reviewed met the criteria for polypharmacy (5 or more medications prescribed). In 2023 this study was repeated with the following results.

Audit Table	2022	2023
Average med per patient	15.5	15
% of patients on a High Alert Medication	88%	86%

**CONTINUING PROFESSIONAL DEVELOPMENT (CPD)**

As part of registration as a pharmacist with the Pharmaceutical Society of Ireland (PSI) each pharmacist in the department submitted details of their professional development with the Irish Institute of Pharmacy (IIOP) Team.

I took up the post of Chief Pharmacist in the Hospital in early 2024. So, I am writing this Annual Report on behalf of Linda Murnane who retired this year after 24 years working at the Hospital. Linda leaves behind a legacy of dedicated patient centred pharmacy care within a well organised and smooth-running pharmacy department. I look forward to continuing Linda’s good work in coming years alongside all my new colleagues.

*Justin O’Sullivan*  
**Chief Pharmacist**



# MEDICAL SOCIAL WORK DEPARTMENT

## INTRODUCTION

Medical Social Workers (MSWs) act as a liaison between the patient, family, and members of the Multidisciplinary Team (MDT).

The MSW Team works with patients to address the personal, social and environmental challenges that come with ageing and disability. Follow-up work may also involve information-sharing around bereavement support counselling, addiction services, carer support and information on supporting emotional wellbeing and mental health. The interventions of the Medical Social Work (MSW) Department are directed at enhancing dignity, self-determination and quality of life.

The department provides a wide range of services to patients and their families under the care of Clontarf Hospital. Services include completing psychosocial assessments, assisting patients in adjusting to their illness, and exploring the impact of this on their future life and the lives of their family.

The psychosocial assessment addresses the patient's situation in the Hospital, at home and in their community. It explores the patient's experience in Hospital, their views, their goals for rehabilitation and their home situation. It also identifies the need for care supports and other community services.

MSWs identify any risks to discharge including areas such as addiction, mental health, safeguarding concerns and domestic violence. Part of the role of MSWs is discharge planning, negotiating supports, facilitating care-planning meetings, applying 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.

## CONTINUING IMPACT OF COVID-19

We continue to see an impact on patient health and wellbeing due to COVID-19. Sadness, anxiety, anger, changes in mental health, fear of engaging back into society, loneliness, lack of confidence and tiredness are some of the emotions expressed by patients.

The ongoing impact of COVID-19 in 2023 continued with increased working time spent with patients discussing life-changing situations and the impact on their future. Social complexity including hoarding, homelessness, capacity, and mental health issues are all on the increase, and for MSWs to work effectively they have to build trust and engage with patients over time.

Another ongoing impact of the pandemic is the challenge of recruiting staff, both in the Hospital and among the various care-provider agencies. This is now a national issue. Staff shortages and disruption to services remain a challenge for the teams working with the patients.

2023 saw an increase in applications to long-term care, particularly for those without immediate family and for those socially isolated. This may be attributed to several reasons including the social isolation experienced during COVID-19, and patients feeling unwell or unsafe alone, with low confidence, because of long periods spent alone with a lack of formal and informal supports when most needed. Patients now accessing services require home supports, an increase in supports, or when left unsupported for a longer time, with increased needs, some now require long-term care.

Social issues were more magnified and towards the second half of 2023 MSWs experienced more demanding requests for support, with higher expectations from patients and families. The need for psychological support for patients in a rehabilitation setting has been highlighted and will become essential in the future.

## ACTIVITY

MSWs work on a referral basis accepting referrals at the multidisciplinary meetings and direct from patients/relatives. In 2023 we received 1,048 new referrals, including 28 long-term care applications, which was a slight increase on the previous year; additionally, we received 17 safeguarding referrals. MSWs and occupational therapists (OT's) co-worked and completed home assessments visits with MSWs attending 50% of these visits. The MSW liaised with the family on the visit, ensuring that there was support for the patient when they returned home. Any risks were assessed and identified that may have

prevented discharge home and alternative options were discussed with the patients/families.

As noted earlier, the nature and complexity of the patients' needs also changed. The indirect hours of MSWs increased with complexity levels included in assessments. Statistics for the MSWs Data Collection was inputted into the hospital's data analytic system which included the number of direct and indirect hours spent on each patient. Early indications show that the total hours for specialised rehabilitation patients are the highest. This group includes under-65s with stroke, acquired brain injuries and amputees. These patients required more intensive MSW interventions, with time spent on negotiating services, reassuring patients and psychological and behavioural aspects. The needs of this cohort of patients (mainly under 65 years of age), who suddenly found themselves with a life-altering disability were understandably emotionally and mentally complex. MSW interventions included providing emotional support and managing anger and low mood. Navigating the services for this group is more complicated.

The coordination of home-care packages and community supports remained a primary provision of the service in 2023. The MSW Team has established good working relationships with HSE Managers of Older Person's Services and is in regular contact with community support services.

One of the main challenges in 2023 faced by the department is ensuring that funding for home-care packages is approved in a timely manner and enables a timely discharge. Funding for home supports is vital to ensuring a safe discharge home for the patients in the Hospital, along with access to appropriately trained carers.

There was also a high level of support provided to the increasing number of patients identified as needing long-term care. The MSWs continued to support patients and their families through this process: they planned several meetings and corresponded with the families involved to discuss the practical aspects around the Nursing Home Support Scheme. From a delayed discharge perspective in 2023, given the complexity of some of the financial concerns raised for patients and families, the process took longer to resolve. Highly complex issues were identified around the legal aspects of Fair Deal.

Capacity concerns, legal issues and complicated financial affairs also contributed to patients being delayed. The

introduction of the Assisted Decision-Making (Capacity) Act 2015, which commenced in April 2023, focused on the patients' legal right to make their own decisions about their lives, and the law now focuses on how a person can be facilitated to decide. Patients may need help to make important decisions about their finances, where they live following rehabilitation, or about their health care. The support we provide can involve providing the patient with information relevant to their decision and their options in a way that they can easily understand. Assistance may be provided around helping the person to communicate their decision, and further support can be accessed through the Decision Support Office, which offers patients and families information about advanced healthcare directives, enduring power of attorney, decision making agreements, and consent.

The MSW Team worked well in continuing to liaise with the Nursing Home Support Office, legal teams, and the designated nursing homes involved. It also supported the patients and families throughout this stressful process.



## NATIONAL POLICIES

The department is committed to adhering to all hospital and national policies and procedures including:

- The National Safeguarding Vulnerable Persons at Risk Policy and the National Policy & Procedures 2014.
- The Children First Act 2015.
- The Assisted Decision-Making (Capacity) Act, which came into effect in April 2023.

## SAFEGUARDING

The 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 (2014).

A total of 17 referrals were received for 2023 and followed up by the MSWs. The team worked sensitively engaging with the vulnerable patient/s in discussing allegations of abuse and referring on to the appropriate agencies. Preliminary screenings were completed by the MSWs, as well as devising safeguarding care plans. Most of the referrals highlighted financial abuse as the main type of abuse, along with emotional and verbal abuse. Referrals were also received for physical abuse and neglect. The department continues to work closely with the CHO9 Safeguarding Team. In 2023, five members of staff were trained as Designated Officers in the Hospital: three MSWs and two Clinical Nurse Managers. In November the department held an Awareness Morning for staff regarding safeguarding concerns.

## EDUCATION AND TRAINING

In 2023 MSWs continued to work jointly with the OTs in delivering the Wellbeing & Relaxation Group Work for patients. They plan to continue this in 2024.

The department welcomed two third-year students from Trinity College Dublin (TCD) for 14 weeks between September and December 2023. Two MSWs acted as practice teachers and provided the students with a good environment in which to learn and develop their skills. Both students gained experience of the MSW role and had their own caseload after a few weeks of mentoring. One student had an average of eight cases and co-worked cases with the MSW. Students were given weekly supervision and attended all MDT and MSW meetings. They were successful student placements with both students passing their placements and saying that they really enjoyed the experience and working with the MDTs.

MSWs continue to adhere to CORU regulations upholding their professional standards. The team attended webinars, zoom meetings, team meetings and 1:1 supervision throughout the year.

## CHALLENGES AND PLANS FOR 2024

Funding and resources will continue to be a challenge in 2024, along with the changing needs of both older and younger patients. Staff recruitment will continue to be a challenge in healthcare settings. Plans for 2024 include:

- Continuing with the Wellbeing & Relaxation Group Work.
- Having representation on several committees, such as the Delirium, Frailty and Dementia Committees.
- Continuing to represent the MSW Department in 2024.
- Reviewing the department's Standard Operating Procedures.
- Advocating strongly for patients.
- Promoting the positive aspects of working with older and younger people with disabilities in a hospital setting.
- Continuing to ensure that patient needs are identified at the early stage of their admission to the hospital.
- Engaging with the patients throughout their rehabilitation journey.

## CONCLUSION

Finally, I would like to take this opportunity to thank all the clinical and support staff with whom we have worked closely in the care of the patients in 2023.

*Mary Duffy*

**Principal Medical Social Worker**

# NUTRITION AND DIETETICS DEPARTMENT

## INTRODUCTION

The Department of Nutrition and Dietetics works as part of the wider Multidisciplinary Team (MDT) to create a hospital culture in which evidenced-based nutritional care is central to quality care.

Nationally, an estimated 145,000 hospital and community patients are malnourished, with associated annual healthcare costs estimated at over €1.4 billion, exceeding that of obesity. Once admitted to hospital, patients identified as “at risk” of malnutrition are found to have:

- 3 x a greater risk of surgical site infection
- 5 x a greater risk of catheter-associated urinary tract infection.
- 2-3.8 x a greater risk of developing pressure ulcers.
- A higher risk of readmission to hospital within 45 days.
- 2-3 x a greater risk of dying (according to age).

On admission to Clontarf Hospital all patients are screened for malnutrition risk using a malnutrition universal screening tool (MUST). Our 2023 MUST audit shows 100% screening compliance with 83% Body Mass Index (BMI) recorded and 70% weight loss percentage calculated. Onsite dietetic lead MUST training for the Nursing Department was completed in November 2023. MUST score data collection began in early 2023, showing that 21% of admissions had a MUST score of 1 or above, thus indicating “malnutrition” risk. The Nutrition and Dietetics Department received referrals for 51% of hospital admission during the year, with 48% of patients receiving nutritional intervention and a treatment pathway to their point of discharge.

## STAFFING

In October the department was very fortunate to appoint its first Dietitian Manager to provide strategic, clinical and professional leadership in the continued delivery of its high-quality dietetic service. The current team, at full complement, comprises 1 x Manager whole-time equivalent (WTE) and 2 further WTE posts of 1 Senior, and 1 Staff Grade Dietitian. The department carried significant staff vacancies until the final quarter of 2023, which impacted on initial assessment time for patients. In the third quarter of 2023 we revised our prioritisation pathway to improve waiting times for priority one (P1) patients.

97% of P1 patients were seen during admission and within 48-72hrs of admission. In addition, all patients were offered referral to an appropriate dietetic community or hospital outpatient service. While the level of dietetic staffing remains significantly below the rate recommended for post-acute rehabilitation services, the prioritisation system and use of dietetic assistant roles for new graduates has helped to ensure that service development progresses in line with the Hospital’s Strategic Goals. The department continues to provide a hospital-wide service to the areas of Older Persons’ Rehabilitation, Specialist Neurorehabilitation, and Orthopaedic Rehabilitation.

## SERVICE DELIVERY

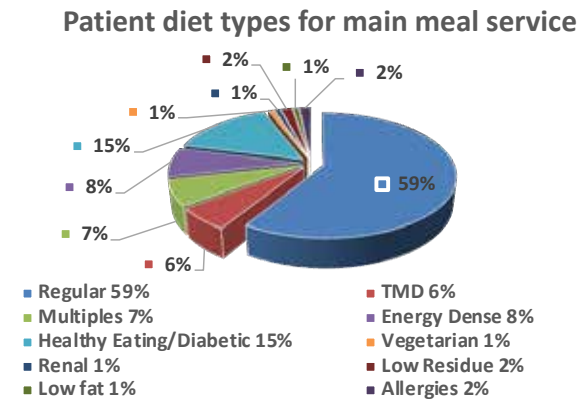
The number of patient consultations per month increased significantly in the final quarter of 2023, by 29% to 396, compared with 306 in 2022. Despite this, department referral rates remained relatively similar year to year, reflecting the increase in therapy dependency, complexity and the number of review consultations required. These patients often present with complex comorbidities requiring specialist dietetic management in areas such as neurology, endocrinology, gastrointestinal and renal disease.

In turn, the catering provision experienced a marked increase in therapeutic and texture modified diet (TMD) dietary requirements (see Figure 1). This represents the diversity of dietary types at a typical lunchtime service across all five wards. The Catering, Nutrition and Dietetics, and Speech and Language Therapy Departments worked collaboratively to prioritise the following:

- An audit of TMD.
- Subsequent SLT lead International Dysphagia Diet Standard Initiative (IDDSI) training for all staff.
- Menu Cycle Analysis in line with the Food, Nutrition & Hydration Policy, 2018 and the International Dysphagia Diet Standardisation Initiative (IDDSI). (The IDDSI aims to improve the lives of people with dysphagia by standardising the description and classification of food and liquid diets.)



Figure 1: Patient Diet Types for Main Meal Service



### HIGHLIGHTS IN SERVICE DEVELOPMENTS

Highlights of departmental improvements in 2023 are as follows:

- In November the Dietitian Manager was appointed to chair the Multidisciplinary Nutrition and Hydration Subcommittee (NHSC) alongside the Director of Nursing. A review of the Terms of Reference (TOR) and restructuring of working streams was proposed for 2024.
- The Dietitian Manager represents the Hospital as part of a quarterly rehabilitation network group of dietitian managers.
- On 9 November the department lead a unique hospital-wide, data collection survey as part of a National Malnutrition Survey. The results will give us vital information on the scale of malnutrition in Ireland and changes in the last decade.
- Departmental data collection was initiated as part of the hospital-wide Healthcare Analytics Database.
- Audit and training of the agreed NHSC hospital audits (FEDS, MUST, Patient and Staff Food Satisfaction Survey for 2024) was completed.

### CLINICAL EDUCATION

The year in review offered three Dietetic Assistant positions for students from the University College Dublin (UCD) MSc in Clinical Nutrition & Dietetics, prior to registration.

### CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Essential continuing professional development (CPD) continued in many areas of dietetics. This included the:

- IrSPEN 2023, Fit to Function: A New Focus on Ageing and Disease, March 2023.

- Irish Nutrition & Dietetic Institute (INDI) lead, Behaviour Change Skills Training Level 2, September 2023.



### FUTURE PLANS

The securing of a Dietitian Management position for the department has created a foundation on which to build a progressive, experienced and educated team of committed dietitians. We have continued to diversify our approach to recruitment during a prolonged national crisis in staffing and to prioritise the development of existing staff. We aim to broaden our data collection categories and progress further with a Catering Service Project Team in 2024.

As a small department our successes could not be achieved without the commitment and contribution of all hospital department staffing. We will continue to prioritise the needs of our most vulnerable patients and ensure that this remains the core focus of our evidenced-based best practice.

*Sinead Shanley*  
Dietitian Manager

# SPEECH AND LANGUAGE THERAPY DEPARTMENT

## INTRODUCTION

The aim of the Speech and Language Therapy (SLT) Department in Clontarf Hospital is to provide evidence-based rehabilitation for patients with speech, language, communication, voice, and eating/drinking/swallowing difficulties, in order to support them in living well and achieving their full potential, within the context of their own unique strengths and needs.

## STAFFING

The department staffing levels throughout 2023 once again did not meet the levels recommended in the National Clinical Care Programmes. As a result, the department faced intermittent challenges in effectively and efficiently meeting the full clinical needs of the in-patient population. As outlined in both national and international rehabilitation guidelines, appropriate SLT staffing levels contribute favourably to reductions in length of stay, health care costs, hospital readmission rates, and morbidity and mortality, while also positively impacting health-related quality of life and wellbeing. If staffing levels were increased accordingly, risks to patient recovery and wellbeing could be mitigated, with the provision of secondary positive impacts for quality of care, bed-flow, and a reduction of pressure on both acute and primary-care settings.

## SERVICE DELIVERY

Referrals were received across the Hospital (see Figure 1: Ward Breakdown) and patients seen by speech and language therapists (SLTs) were primarily admitted with medical concerns (see Figure 2: Breakdown of Diagnosis). The average age of patients seen was 77.9 years of age (range: 23-99 years of age). The overall SLT caseload averaged 31.75 patients per month (range: 22-40). In total, SLTs had contact with 381 patients in 2023, representing a 41.9% increase on 2022 figures. New referrals increased by 33.49% in 2023, as compared to 2022.

Due to the low level of SLTs in the Hospital, all referrals to SLT were prioritised according to risk to ensure safe SLT care. This was done using triage and prioritisation scales that were adapted from established to evidence-based tools in use in other regional rehabilitative settings. Despite staffing challenges, the average wait time from referral to triage was 0.9 working days (range 0-3 days),

with SLTs meeting wait-time key performance indicators (KPIs) in 92.5% of cases.

Figure 1: Ward Breakdown.

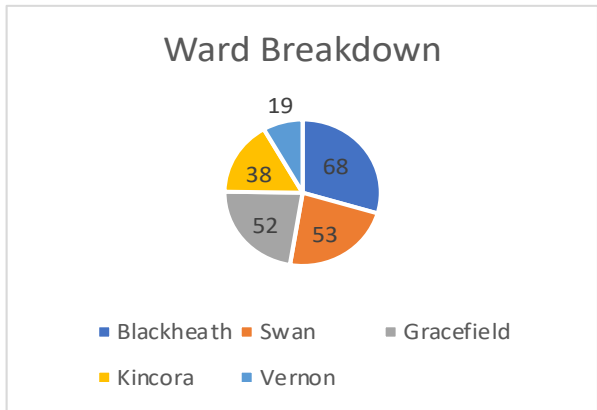
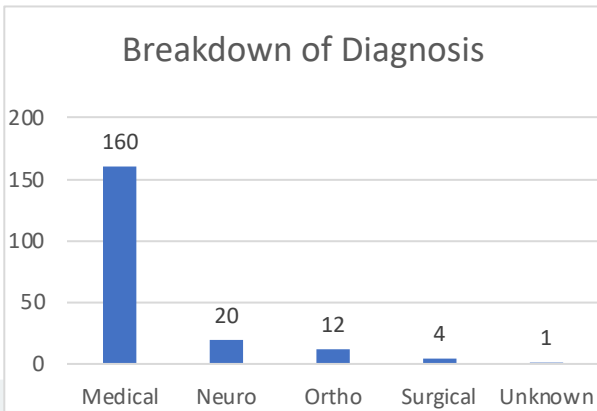


Figure 2: Breakdown of Diagnosis.

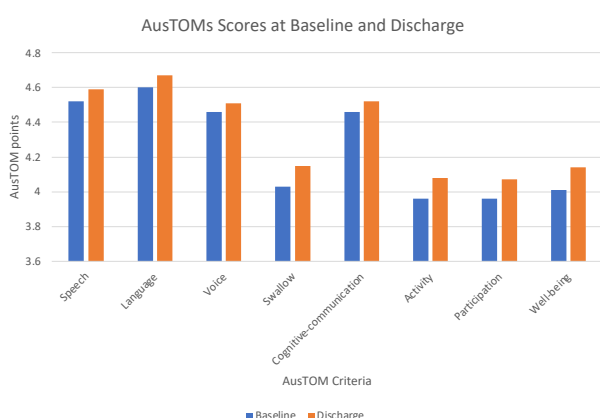


A total of 2,003 SLT sessions were provided in 2023 (average per month: 166.91; average per patient: 5.23 sessions), with a total of 2,290.75 hours spent with patients (average per patient: 6.12 hours per month).

Swallowing impairments (dysphagia) were the primary SLT need for these patients (74.7%) and 11 video fluoroscopic exams were facilitated with support from our SLT colleagues in Beaumont Hospital and the Mater Misericordiae University Hospital (MMUH). Additionally, 37.39% of patients experienced communication impairments. A notable cohort (14.78%) experienced both swallowing and communication rehabilitation needs, which increased their dependency levels accordingly.

Following SLT intervention, the average scores across all patient AustOMS outcome measurement categories increased, with the biggest increases across “swallowing”, “activity”, and “wellbeing” (see Figure 3: 2023 AustOMS Scores at Baseline and Discharge).

*Figure 3: 2023 AustOMS Scores at Baseline and Discharge.*



## SERVICE DEVELOPMENTS

Despite the many challenges the SLT Department achieved significant service developments, as shown in the following sections.

### Education and training

The SLT Department provided extensive training for nursing staff, healthcare assistants (HCAs) and pantry staff, focusing on increasing dysphagia awareness and mealtime management. Twenty-two 40-minute sessions were provided to nursing and HCA staff and four 40-minute sessions to pantry staff. In total, 28% of nursing and HCA staff and approximately 80% of pantry staff completed the training. Further training sessions will be provided in 2024 with a target of 70% + nursing and HCA staff to complete the training.

A range of continuing professional development (CPD) courses were also completed by SLTs in 2023, with a focus on the evidence-based rehabilitation of speech, language and swallowing needs among adult patients. Courses were selected based on the clinical needs of patients referred to the SLT Department and involved SLTs upskilling in the instrumental assessment of adults living with dysphagia, the management of communication problems in adults living with Parkinson’s Disease, and the evidence-based management of neurogenic dysphagia, among other topics. Additionally, the SLT Department initiated a regular CPD

session in which learning from these courses was relayed to other team members to promote collaborative learning. Finally, 2023 saw the SLT Department complete training in practice education and formalised its undergraduate practice education relationship with Trinity College Dublin (TCD). The department is now committed to facilitating both undergraduate and MSc SLT placements, in line with the its fluctuant staffing and capacity levels.

### Quality Improvement, Audit, and Research

The SLT Department participated in several quality improvement, audit and research initiatives during the year. An audit of the International Dysphagia Diet Standardisation Initiative (IDDSI) 2019 compliance of the Texture Modified Diets (TMDs) was completed in December. This included extensive work throughout the year with the Nutrition and Dietetics and Catering Departments, part of which was to increase IDDSI compliance to improve patient safety. The audit result was 55% IDDSI compliance in TMDs, which is an increase 37% from the 2022 audit. Ongoing joint work with the Nutrition and Dietetics and Catering Departments will target a further increase in levels of compliance.

Audits were also conducted regarding the accuracy, extent and timeliness of information provided in clinical handovers, as well as the appropriateness of referrals received by the SLT Department. Findings led to the use of a standardised handover tool (ISBAR), in addition to the development, piloting and implementation of a new referral form. The new referral form allowed for the collection of more specific patient information, while also reducing inappropriate referrals and the need for follow-up contact. This has streamlined the delivery of patient-centred rehabilitation services, and SLTs are now able to allocate more time and resources to the initiation of patient management at an earlier stage, thus producing better patient outcomes.

The SLT Department was also involved in several research projects conducted by undergraduate TCD students, with a view to improving service provision within adult rehabilitative services. These projects focused on understanding multidisciplinary team (MDT) perspectives regarding the evidence-based prioritisation of patients, and the development of communication-accessible wards within adult rehabilitation settings.

SLTs contributed to several committees across the Hospital during 2023 and are members of the following committees:

- The Dementia and Delirium Committee, working with members across the MDT. SLT attended meetings throughout the year and helped the committee to organise initiatives including a "Dementia Awareness Day" and "Dining in the Dayroom".
- The Nutrition and Hydration Steering Committee and SLTs sit on the two subcommittees: the Nutrition & Hydration Working Group and the Catering Working Group. SLT worked extensively in 2023 with the Nutrition and Dietetics and Catering Departments via the Catering Working Group to develop the TMD snack menu and main menus in terms of choice, variety and IDDSI compliance. Together with Nutrition and Dietetics, the SLT Department supported the Catering Department to access dysphagia chef training for all chefs. The SLT Department liaised with the external dysphagia chef trainer regarding challenges in achieving IDDSI compliance for TMDs and training needs, as well as reviewing this actively with the trainer while on site.
- Finally, SLTs contributed to the newly convened working group regarding the Assisted Decision-Making (Capacity) Act, with a focus on facilitating decision-making for patients with communication difficulties, in line with the recent changes in legislation.

### OPERATIONAL DEVELOPMENTS

Given the level of staffing in the department, it is essential that service delivery should be as efficient and effective as possible. In light of this, the SLT Team led out on several operational developments, including piloting auditing, and implementing a new referral form as part of a QI process; the adaption and implementation of sensitive and specific triage and prioritisation systems; and developing standardised documentation to streamline care delivery (e.g., intake, initial assessment and discharge forms).

Additionally, the SLT Team was involved in the use of the new MedModus rollout of MDT data gathering across the Hospital, all of which contributed to improved service provision and patient-care delivery. From a quality and risk perspective, the department worked closely with its Health and Safety and Risk Management colleagues to develop a department-specific Risk Register, as well as completing departmental and occupational risk assessments for the department.

### CONCLUSION

Despite ongoing staffing challenges, 2023 represented a year of great service developments within the department. These advances would not have been possible without the constant support of our Line Manager, Michelle Fanning, and the assistance of the Hospital's Health and Social Care Professions (HSCP) Managers, as well as our clinical and non-clinical colleagues working across the Hospital. We look forward to working with all our stakeholders again in 2024 to continue developing our service.

*Andrew Keegan*, **Staff Grade SLT**

*Órla Gilheaney*, **Senior SLT**

*Sheelagh Jennings*, **Senior SLT**





# X-RAY DEPARTMENT

## INTRODUCTION

This year was another busy one for the X-ray department. In addition to all the routine procedures we had two major events: a Health Information and Quality Authority (HIQA) inspection in March and a complete replacement of the general X-ray Equipment Room in October.

Both events passed off successfully as a result of a large amount of preparation and planning. We now have an up-to-date X-ray Room with an efficient and compliant X-ray service that satisfies all current regulations.

## ACTIVITIES AND CHALLENGES

The following activities and challenges were experienced in 2023:

- On the relaxation of the COVID-19 restrictions and a return to providing GP outpatients with X-ray appointments, the number of GP referrals was low at the start of the year. It was then decided to accept referrals from Beaumont Hospital, resulting in a steady rise in our outpatient numbers to date.
- Both radiographers were fully trained in the hospital admissions, discharge and transfer (ADT) system. This allows us to enter patients onto the National Integrated Medical Imaging System when administration staff are not available or on holidays.
- The Radiation Safety Day in the Hospital was expanded to include mandatory training for all doctors, who are considered referrers as per HIQA guidelines. This is a new regulation that requires extra planning and follow-up by staff of the X-ray Department.
- Data activity reporting for the department has now been fully transferred to the Hospital's data dashboard and collection of information is ongoing weekly.
- The Risk Review for the year identified that the main area of concern still was patients attending the department without an ID bracelet. We also replaced warning lights in the main X-ray Room to reinforce safety standards.
- The HIQA inspection in March required us to pre-check that all our local rules, policies/procedures, quality controls, radiation safety protocols, dose reports, audits, etc., were in order and up to date. The inspection went well with a small modification to the Pregnancy Policy and an adjustment to the HIQA Portal.
- Both radiographers attended the external Radiation Study Day in May and are undertaking further continuing professional development (CPD) activities.
- The highlight of the year was the replacement of our

X-ray equipment in the General X-ray Room. This involved considerable planning and time allocation. We used the services of Mobile Medical Diagnostics during the construction stage, which proved to be effective in maintaining the X-ray service for all our in-patient requests. The new equipment is now producing higher-quality X-ray images with lower radiation doses for the patient.

- Both radiographers are happy with the new automatic movement of the equipment, the new lower table heights available, and the fresh, new look of the room.

## PLANS FOR 2024

The following undertakings and events are planned for 2024:

- HIQA issued an Audit Guidance document 2023, which will have to be reviewed and adapted for the X-ray Department.
- The completion of Annual Audits.
- An Annual Risk Assessment for Radiation Safety.
- Attendance at the Radiation Safety Committee Meetings, and the Annual Radiation Safety Study Day.
- Preparing for a possible site visit from the Environmental Protection Agency (EPA).
- Keeping up to date with radiation protection to include training of all staff and maintaining a record of this training as per EPA requirements.
- Ongoing review of the policies, staff dose monitoring, quality-control procedures, etc.
- The new equipment will require the establishment of a new set of local Diagnostic Reference Levels (DRLs) and the adaption of our old Quality Assurance (QA) Testing Protocol.

## CONCLUSION

Finally, we wish to thank those who helped us to manage the department during the year, and for assisting us with the smooth delivery of services.

*Michelle O'Regan and Roma English*

**Senior Radiographers**



# CHAPLAINCY DEPARTMENT

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Clontarf Hospital is committed, as part of its holistic approach to patient care, to fully recognising the importance of chaplaincy/pastoral care. It is acknowledged by Management and Chaplaincy that the vulnerability of the patient is not only reflected in their physical condition, but also at the emotional and spiritual level. It is in this context that the chaplaincy service offers a space for patients to be heard, thereby putting a face and listening ear to this healing ministry – a response to God’s love. Working alongside hospital staff who show such care, kindness and compassion is truly a very humbling experience.

## **The Work of the Chaplain**

There is a developing body of evidence indicating that chaplaincy care is associated with higher levels of patient/family satisfaction with their hospital care. Chaplains are the spiritual care specialists within hospitals, who are trained to address the spiritual needs of patients/families from diverse religious backgrounds, as well as those with no religious affiliation.

The main goal of the Hospital’s Chaplain is to provide support for patients with emotional triggers, grief, vulnerability, loss or change in their lives. A patient who cannot express their feelings can find comfort and value in silence and presence. To this end, I encourage our patients, where possible, to appreciate the benefits of meditation/mindfulness. The Chaplain also supports the families of patients through the journey of their loved one in the hospital environment, when needed.

As well as providing non-denominational chaplaincy services, the Chaplain arranges religious services appropriate to patient care needs. During the year the demand was for ecumenical, Catholic and Protestant ceremonies. The department was happy to facilitate this and was ably supported by local ministers and priests. The Chaplaincy also holds a schedule of all religious contacts in the area to meet the increasingly diverse religious needs of the patients admitted.

## **Challenges**

While the various healthcare infections continue to be part of hospital life, the core skills and practice of Chaplaincy

remain the same. Since the onset of the COVID-19, some four years ago, the healthcare situation has been continually monitored. The Hospital is mindful of infection prevention and control precautions in the various wards from time to time, the wellbeing of the patient being paramount. The chaplaincy post is limited in terms of the hours attached to the Hospital and is very thankful for the support of the religious in the area and for the volunteers who assist in the daily ministration of the Eucharist. The Chaplain continues to renew knowledge skills and has regular supervision and spiritual direction. Self-care is vital when accompanying patients who are vulnerable.

## **Events**

Fr John O’Brien and Reverend Lesley Robinson (Church of Ireland) assisted in the celebration of liturgical events throughout the year. We were fortunate to be able to celebrate Easter Sunday and the Easter events between February and April, and celebrated a weekly Mass for most of the year.

On 26 November we had a Candlelight Service in the Oratory, with the usual social distancing observed under the watchful eye of the Hospital’s Health & Safety Manager. Reverend Robinson and I conducted this service for deceased staff and patients and for the deceased relatives of staff members. This is an annual event that brings much comfort to staff. We had a lovely Christmas Carol service facilitated by Reverend Robinson and the children at Greenlane Primary School to the enjoyment of many patients and their families, as well as some staff members who were able to make it on the day.

## **Future Plans**

It is envisaged, with the support of Management, that we will hold an annual information stand for staff and patients on the services offered by the Chaplaincy Department. A questionnaire for staff is also being considered, to evaluate how the Chaplaincy is understood.

There continues to be close communication with the nursing staff, our Chief Executive Officer (CEO) and the Director of Nursing, to encourage clinical staff to make referrals for pastoral care, where appropriate. Chaplaincy

works very much in tandem with other professionals in the care of our patients. Our current medical team is very proactive in referring patients for pastoral care, and I have observed that the profile of our patients has changed, with many now coming to the Hospital with complex psychological and mental health issues. This is where the Chaplaincy can offer help.

We hope to have an audiovisual system installed in the Oratory so that liturgical events can be viewed and experienced by patients in the wards.

We have a full complement of Eucharistic Ministers to distribute the Eucharist daily, to those who wish to receive it, with a sensitivity to other cultures, faiths and none. Plans are in place for the Chaplain to meet up with the ministers every two months.

### CONCLUSION

Finally, I would like to thank the Board of Governors and the CEO for their committed approach to providing pastoral care support to the patients of the Hospital.

They and others in the Hospital contribute to making the role of Chaplaincy possible, and this support invariably impacts on the patients, many of whom experience loss of independence and mobility, during their path to recovery.

I would like to thank, on behalf of the Chaplaincy, all my colleagues from every department and discipline for their cooperation and support in helping me in my ministry during the past year.

*Miriam Molan*  
**Chaplain**



# QUALITY, SAFETY AND RISK MANAGEMENT DEPARTMENT

## INTRODUCTION

The Quality Safety and Risk Management (QSRM) Department is involved in a range of functions to promote and support a culture of quality and continuous improvement to ensure that patient care is safe, effective and person centred.

The department sits within the Chief Executive Officer (CEO's) Office in the Administration Department and reports directly into the Executive Management Team (EMT). The department covers all areas throughout Clontarf Hospital for both clinical and non-clinical risk and quality improvement, and reports monthly and quarterly to the Board Subcommittee for Quality Safety and Risk Management.

## ROLES

The role of the department includes risk management, driving quality improvement, promoting standards of care, ensuring the health and safety of staff and patients, establishing and supporting effective clinical governance, and responding to patient and family feedback to improve the overall patient experience.

## Risk Management

In 2023 a review of the Risk Management System took place, which consisted of integrating the Hospital's Risk Management Policies into one policy, in line with the new HSE Enterprise Risk Management Policy that was introduced in March.

## Incident Reporting and Management

The Hospital has a very positive culture in relation to incident reporting and reports all incidents and near misses into the National Incident Management System. The department monitors these incidents to identify areas that can cause harm to patients, staff or those visiting the Hospital. Actions are taken to prevent or minimise recurrence. From daily monitoring we know that our patients are at high risk of slips, trips and falls, medication errors and infections, so many of our policies and procedures are focused on these areas.

When incidents occur, they are reviewed by the department and, where required, managed under the HSE Incident Management Framework with Quality Improvement Actions Plans set and monitored to ensure that they are fully implemented.

## Risk Register

In 2023 the Hospital Risk Register Policy was aligned to the HSE Enterprise Risk Management Policy (ERM) and consists of three areas with assigned accountable/responsible people. The occupational risks are also included in the risk register.

Table 1: List of the Types of Registers and Responsible/Accountable People

Type of Risk Register	Responsible/Accountable
Corporate	Board
Hospital	Chief Executive Officer
Departmental	Heads of Department

## Information Requests

The department also has responsibility for the management of information requests made under administration requests, Freedom of Information Act and the Data Protection Act. In 2023 there was a total of 72 requests, these requests are increasing year on year.

## Compliments Comments & Complaints

The department has responsibility for collecting, collating and managing compliments, comments and complaints.

Table 2. The Number of Compliments, Comments and Complaints for 2023 and 2022.

Year	2023	2022
Compliments	284	85
Comments	0	0
Complaints	9	16

Table 2 reports a significant increase in compliments during the year compared with 2022. It is pleasing to report a significant decrease in complaints in 2023 in comparison to 2022.

## Quality Improvements

The QSRM Department has a proactive role in supporting developing and managing quality improvements. During the year it undertook the following:

- Replacement of X-ray equipment and refurbishment of the x ray room (October).



- Revision of the Falls Multifactorial Risk Assessment Tool (August).
- Development and implementation of the Medical Post Fall Review Form (March).
- Revision of the Falls Prevention and Management Policy, in line with the Health Service Executive (HSE) Enterprise Risk Management (ERM) Policy.
- Revision of Patient Information Booklet.
- Support in implementing the Reporting Escalation Medication Pathway and Governance.
- Support towards the HIQA Site Inspection for Ionising Radiation at the Hospital.
- Support towards the HIQA Site Inspection for the Hospital in (August).

The QSRM staff were represented on the following hospital teams and committees in 2023

- Executive Management Team.
- Drugs & Therapeutics Committee.
- Falls Prevention and Management Committee.
- Healthcare Record and Information Committee.
- Radiation Safety Committee.
- Nutrition and Hydration Steering Committee.
- Dementia Care Committee.
- Infection Prevention and Control Committee.

### **Staff Safety, Health and Welfare**

The Health and Safety Officer plays an important role in ensuring that safe systems of work are in place and in promoting a safe working environment for employees and those affected by the activities within the Hospital. To this end, based on the existing Safety and Health Management Systems there was a focus on continuous improvement in conjunction with the ongoing management of COVID-19 in the Hospital.

A review of the Hospital's Safety Statement was undertaken and was approved by the Board in November. Various departmental Occupational Risk Assessments were reviewed and updated and this process continues to address specific hazards and the associated risks in each department. The Fire Safety Policies (1-9) and the Manual Handling and People Handling Policy were also revised and updated.

The Health and Safety Committee met on a quarterly basis. It includes representatives from the various departments on site and involves active and ongoing participation.

To protect staff health and welfare, and in association with public health guidelines and hospital policy, COVID-19 precautions were monitored and implemented on site, as appropriate. As the pandemic had significantly impacted the provision of onsite training since 2020 and based on appropriate assessment and planning, onsite training continued for staff. This included manual handling and people handling, fire safety awareness, fire marshal training, and segregation of waste training.

In July 2023, the Health and Safety Authority conducted an announced inspection on site to monitor compliance with the Safety, Health and Welfare at Work Act 2005 and related legislation. The audit found no evidence of non-compliance and all subsequent observations and recommendations were actioned and completed.

In line with legislation, the Hospital provided the required information for the Dangerous Goods Safety Advisor (DGSA) Annual Report for 2022. The DGSA Auditor also completed two DGSA Audits in May and December. The audit found no evidence of non-compliance and all observations and recommendations made by the DGSA Auditor were actioned and completed.

We take this opportunity to offer our sincere appreciation to all our colleagues for their commitment and support to quality and risk management throughout 2023.

*Breeda Mangan*, **Interim Risk Officer**

*Bernadette Conolly*, **Quality Officer**

*Helen Kieran*, **Health and Safety Officer**



# HUMAN RESOURCES (HR) DEPARTMENT

## INTRODUCTION

The Human Resources (HR) Department supports the Hospital's operations and service delivery through the three key principles of attracting, developing and retaining an engaged, efficient and patient-centred workforce. The Hospital takes pride in having a diverse workforce with 300 staff of more than 20 different nationalities, who work across 13 different departments.

Every member of staff contributes to the delivery of safe and professional care to our patients. It is the role of HR to ensure that staff members have the relevant knowledge, skills, competencies and support to do their jobs to the very best of their ability. The HR Team offers expert HR advice and guidance to support line managers over a wide variety of HR issues that arise, as well as giving all staff the opportunity to grow and develop professionally while working in the Hospital.

I was delighted to have been appointed as the HR Manager for the Hospital in January 2023. This was an exciting transition that allowed me to work in partnership with the wider organisation to provide leadership, support and guidance in developing and implementing hospital policies and procedures required to assist the Hospital in achieving its Strategic Objectives.

## EMPLOYMENT LAW UPDATES 2023

2023 saw significant changes in employment legislation and practices that impacted national and local HR policy. The new employment law amendments were welcomed by the HR Department and successfully translated into policies, including:

- Probationary Periods.
- Transition to More Predictable Working Conditions.
- Protected Disclosures (Amendment) Act 2022.
- Work Life Balance and Miscellaneous Provisions Act 2023.
- Employment Permits Bill 2023.

## ABSENCE MANAGEMENT

In 2023, HR continued to support line managers and staff in improving attendance levels, staff health and wellbeing and staff morale by working closely with Occupational Health, INSPIRE Ireland (our external Employee Assistance Programme) and the Health and Safety Officer. HR

successfully implemented several supports to proactively manage and assist individuals in returning to the working environment after long periods of absence. The HR team's focus regarding Absence Management is one of support, promotion and rehabilitation.

## HR INFORMATION SYSTEM (TMS)

HR upgraded the HR Time Management System (TMS) in April 2023 allowing for a more effective and efficient delivery of HR services. Following some glitches in the implementation of the upgraded system there is now more accuracy in time and attendance reporting and pay and leave requests, which reduces errors in these important areas. The TMS also enables the Hospital to adhere to National Regulations and Compliance Rules that are bespoke to the public sector.

## RECRUITMENT AND RETENTION

Recruitment continued to be a key focus for HR. In 2023 we ran 53 recruitment campaigns with 792 applicants across a number of our departments. In October 2023 the implementation of the HSE National Recruitment Embargo meant that HR had to quickly adapt to new workforce challenges. However, the support and engagement from hospital managers and staff, along with robust risk assessments, helped to minimise the impact of the embargo on the delivery of services.

These challenges have further cemented our goal to build on our Strategic Objective for staff retention and investment, particularly given the competition for talent in what can often be described as a difficult market for employers within the healthcare sector.

## EDUCATION, TRAINING AND DEVELOPMENT

In 2023 the Hospital was delighted to be aligned with University College Dublin (UCD), Trinity College Dublin (TCD) and the Royal College of Surgeons in Ireland (RSCI) Group in providing clinical training placements for undergraduate and postgraduate students in several areas. The Hospital welcomed and facilitated another year for the GP Training Scheme Rotation and for First Year Nursing Students from UCD, as well as formalising arrangements with TCD for undergraduate Speech and Language Therapy Students.

HR continued to work in partnership with all stakeholders, meeting the diverse learning and development needs of staff by providing development opportunities such as General Staff Development Programmes, Compliance-based Training and Clinical-based Programmes.

HR's focus was on complying with statutory occupational training and this was achieved by providing internal and external training days and courses. On reviewing our 2023 training records, we are delighted to announce that we have maintained compliance across the following mandatory training modules:

- Retirement Planning Course
- Performance Achievement Training
- Customer Service Training
- Trust in Care Training.

### STAFF HEALTH, WELLBEING AND ENGAGEMENT

HR worked collaboratively with several of our directorates to promote staff engagement throughout the year. The initiatives coordinated by HR in 2023 include:

- St Patrick's Day
- International Women's Day
- International Nurses Day
- Staff Wellbeing Day
- Dublin Pride Celebration
- 4th of July Staff Themed Lunch
- Mexican Themed Lunch
- Christmas Staff Lunch
- Christmas Door and Jumper Competition.

The Hospital remained committed to improving the wellbeing of its staff with strong support from senior management in promoting wellbeing throughout the organisation. INSPIRE assisted the Hospital with several onsite information days for all staff regarding its services. The Hospital's Social Committee (Revellers Without a Cause) was established in early 2023 enabling staff to enjoy external group activities such as:

- Hill Walking
- A Staff Picnic
- A Bowling Night.

We look forward to seeing what Revellers Without a Cause plan for 2024.

### CONCLUSION

As leaders in people services, HR staff are committed to delivering a professional, accessible and relevant human resource service. Through building strong relationships with staff, the HR Team can meet the needs of hospital staff, who can then meet the needs of the Hospital's service users. HR fosters strong employer-employee relations by working alongside local line managers and staff, complementing and supporting them where needed.

Challenges that arose in 2023 were met through working collaboratively with staff across the Hospital. HR would like to thank everyone for their continued commitment, drive and ability to overcome obstacles while never losing sight of the needs of our service users.

Moving into 2024, a key Strategic Objective of the HR Department is to continue to build on its commitment to working collaboratively with all staff across the Hospital, this will enable us to support all employees in their continued commitment to delivering the best care to all our patients.

*Jennifer Rafferty*

**Human Resources Manager**



# ESTATES AND MAINTENANCE DEPARTMENT

## INTRODUCTION

The Estates and Maintenance Department provides essential services to Clontarf Hospital, ensuring all the hospital systems are working efficiently and providing the necessary services for the safe treatment of patients. The Department coordinates, plans, schedules, supervises and monitors a wide range of plant, mechanical services, electrical services, building systems and infrastructural elements. The Maintenance Team is continuously responding, daily, to both reactive and preventative maintenance requests. Staff of the Maintenance Department also participate in hospital committees, including the Health and Safety Committee, the Infection Control and Hygiene Committee and the Green Committee.

## PROJECTS 2023

The following projects were completed during 2023:

1. Refurbishment of the Sitting Room, located in the Nurses' Home, to a Staff Wellbeing Room for all staff.



2. Refurbishment of the Oratory:



3. Nurse Call Upgrade, whereby a new nurse call system was installed on Gracefield and Blackheath Wards.
4. Installation of a Gas Detection System in the Laundry.
5. Thermal Imaging and Reporting of all Distribution Boards.
6. Arborist Report commissioned to carry out a condition assessment of the mature trees located around the grounds of the Hospital.
7. Feasibility Report on modifications to Gracefield and Blackheath Wards.
8. Refurbishment of two rooms in the Nurses' Home.
9. Refurbishment of outdoor garden furniture and the purchase of additional garden furniture for patient use.

## ENERGY AND SUSTAINABILITY

### Staff Energy Awareness Programme:

the Green Committee continued to promote staff awareness in 2023. The Green Committee actively promotes the Government's Reduce Your Use Campaign with regular awareness newsletters and promotional days.

Sustainable Energy Authority Ireland (SEAI) Monitoring and Reporting: as a public sector body the Hospital is legally obliged to report its energy performance annually using the online SEAI Monitoring and Reporting system. The Hospital must achieve a 50% improvement in energy efficiency and a 51% reduction in fossil CO2 emissions by 2030. The SEAI's Annual Report for 2023 shows the Hospital's performance to 2022. Since the Energy Efficiency baseline in 2009, the Hospital has improved its energy efficiency by 43% and will require an additional improvement of 14% to meet our 2030 targets.

The Hospital has identified several energy and sustainability opportunities to save energy and reduce its carbon admissions.

**LED Projects:** the cost of lighting can be reduced by an LED upgrade, including occupancy sensors in non-essential locations throughout the Hospital.

**Photo Voltaic Panels:** A Feasibility Survey was completed in 2023 regarding the installation of Photo Voltaic Panels on the roof of the main hospital.



CONCLUSION

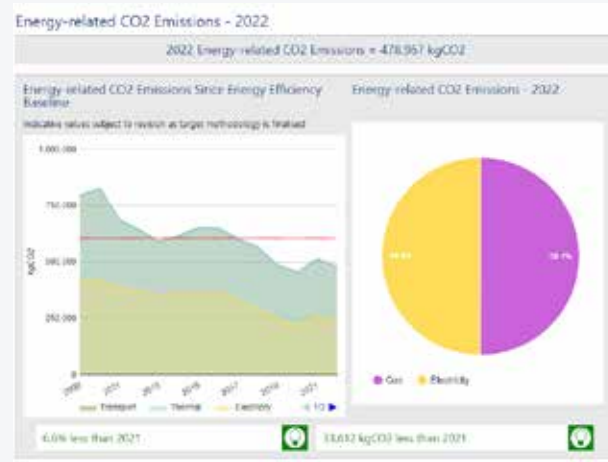
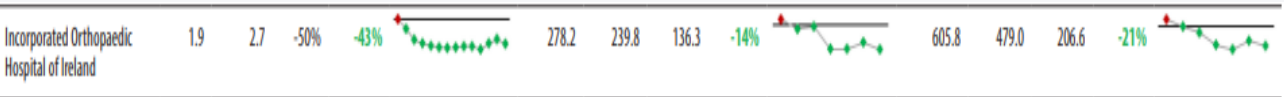
The staff of the Estates and Maintenance Department would like to thank all their colleagues throughout the Hospital for their support during 2023.

Bernie Saunders  
Tony Kerrisk  
Patrick Tyrrell  
Estates and Maintenance Department



Bernadette Saunders

Public Body	ENERGY PERFORMANCE				GREENHOUSE GAS EMISSIONS							
	2022 energy consumption		Energy performance indicator		Fossil CO <sub>2</sub> emissions				Total CO <sub>2</sub> emissions			
	Final GWh	Primary GWh	2030 target	Change since EE baseline	GHG baseline tCO <sub>2</sub>	2022 tCO <sub>2</sub>	2030 target tCO <sub>2</sub>	Change since GHG baseline	GHG baseline tCO <sub>2</sub>	2022 tCO <sub>2</sub>	2030 target tCO <sub>2</sub>	Change since GHG baseline
				● good ● bad				● good ● bad				● good ● bad



# CATERING DEPARTMENT

## INTRODUCTION

The Catering Department is committed to providing safe, high-quality, fresh and wholesome food for all our service users.

## CATERING PRIORITIES

Food safety is our key operational priority, and the department is committed to providing the highest standard of food hygiene in accordance with the I.S. 340/2007 standard. To this end, the department was delighted to receive a distinction from the Food Safety Professionals Association in Food Safety Awareness, following an external audit of the its food safety system. The 2023 audit reported a 97% overall score – an improvement on the 91% reported in the previous year.

The department's focus on food safety is reinforced by the importance placed on food safety training, which all staff are encouraged to complete. All our chefs have now completed the QQI Level 5 – Implementing Food Safety Management Systems.

All catering staff are active in continuing professional development (CPD) and attended the training required under Clontarf Hospital's policy. This included QQI Level 2 courses in Food Safety, Fire Training, Hand Hygiene, Manual Handling and Customer Care. We have awarded two Preventative Maintenance contracts that will further enhance our food safety profile.

## NUTRITIONAL DIETS

We are seeing our patients dietary requirements becoming more specialised. With this in mind, all our chefs completed training in the International Dysphagia Diet Standardisation Initiative (IDDSI) during the year. This training involved learning the techniques, presentation, taste and menu planning for all modified meals that are now prepared in house. The department continued to work alongside the Nutrition & Hydration Committee, whose aim is to see that all patients receive appropriate diets to provide for their nutritional and hydration needs.

New, standardised snack menus were implemented in all wards to ensure that all our patient's dietary requirements are met, and we are working to introduce a new and improved menu to our patients in the coming year.

## CATERING INITIATIVES

The department supported the Hospital's Equality, Diversity and Inclusion Policy, as well as contributing to staff wellbeing, by hosting theme days, including Pride Day, St. Patrick's Day, Mexican Day and a hugely popular Chinese Day, to celebrate International Nurses Day. The department also hosted a very successful Annual Board Dinner, which was a great opportunity to showcase the talents of our team. We were also delighted to welcome back the annual Christmas Staff Lunch, which was held over two days and was very popular.

## CONCLUSION

We said goodbye to the following staff members this year: Inga Kasmere, Ellen Hackett and Eugenija Palnciuniene, who retired after many years of service (12, 19 and 19 years, respectively). We wish them all a very happy retirement.

I would like to take this opportunity to thank all the departments for their help and support throughout the year, but particularly the staff in the Catering Department for their continued hard work and dedication.

*Gillian McKeown*  
**Catering Manager**



## GENERAL SERVICES DEPARTMENT

The General Services Department consists of several divisions that give support to a multidisciplinary array of services within Clontarf Hospital. Our aim is to make the patient experience as easy and comfortable as possible, and we adopt a patient centred approach in all areas of patient care.

The Portering Department provides a 24-hour service all year round and is responsible for all types of patient transfer be it for treatment, admission, discharge, transfer to wards or outpatient appointments. Other duties that it performs are:

- Collecting and segregating of all waste types, both healthcare and non-healthcare.
- Collecting and segregating linen for wards.
- Manning the Reception, including undertaking administrative duties and compliance with the Visiting Policy.
- Collecting and delivering medicines throughout the day to the Pharmacy Department and wards.
- Fogging the wards and changing rooms daily.
- Cleaning the various areas of the Hospital campus internally and externally.

Portering staff also sit on various committees throughout the Hospital including the Falls Committee and the Green Team Committee. The department continued its fund-raising activities in 2023, raising €1,260 in aid of Blood Bikes East.

The Stores Department is solely responsible for providing healthcare and non-healthcare supplies to all departments within the Hospital. Along with Procurement, it has been doing an excellent job in keeping all areas and wards supplied with the appropriate personal protective equipment (PPE) and medical supplies, and dealing with all daily supply requests.

The management of the cleaning and waste disposal contracts, which are undertaken by external companies, also comes under the remit of the General Services Department. A tendering process for both these services will take place in 2024.

The General Services Department is part of a multidisciplinary team (MDT) that takes part in various audits throughout the Hospital, including the Ward

Hygiene Audits, which are carried out in conjunction with the Infection Prevention and Control (IPC) Team, and Dangerous Goods Safety Advisor (DGSA) compliance Audits. The last DGSA report carried out in December 2023 resulted in zero non-compliance, and we hope to continue this into 2024.

The General Services Department, in conjunction with the Health & Safety Department, began Fire Extinguisher Audits across the full campus. These audits will be extended to cover all aspects of emergency evacuation including emergency exit signs, fire doors and break glass units.

2023 saw the introduction of a new medical records collection and filing system. Substantial work has been done in relocating and organising existing files and there is now a weekly collection procedure in place for both Hospital In-Patient Enquiry (HIPE) and non HIPE files, which has proved very efficient for the storage and security of files in their designated areas.

### CONCLUSION

This year saw the sudden passing of our good friend and colleague Bryan Curran, after a short illness in August. Bryan had worked in the Hospital since 2004 and will be dearly missed by all his colleagues in the Portering Department and by all the staff he worked with over his 19 years' service.

*Will Judge*

**General Services Manager**



# **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 ON THE FINANCIAL STATEMENTS OF INCORPORATED ORTHOPAEDIC HOSPITAL OF IRELAND ("THE COMPANY")**

In our opinion the financial statements:

- give a true and fair view of the assets, liabilities and financial position of the company as at 31 December 2023 and of the net movement in funds for the financial year then ended; and
- have been properly prepared in accordance with the relevant financial reporting framework and, in particular, with the requirements of the Companies Act 2014.

The financial statements we have audited comprise:

- the Statement of Financial Activities (incorporating an Income and Expenditure Account);
- the Balance Sheet;
- the Statement of Cash Flows; and
- the related notes 1 to 23 including a summary of significant accounting policies as set out in note 2.

The relevant financial reporting framework that has been applied in their preparation is the Companies Act 2014 and FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' issued by the Financial Reporting Council ("the relevant financial reporting framework").

### **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 described below in the "Auditor's 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 the financial statements in Ireland, including the Ethical Standard issued by the Irish Auditing and Accounting Supervisory Authority, 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**

In auditing the financial statements, we have concluded that the directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any other material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Company's ability to continue as a going concern for a period of at least twelve months from the date when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

### **OTHER INFORMATION**

The other information comprises the information included in the Annual Report and Audited Financial Statements, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information contained within the Annual Report and Audited Financial Statements. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

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.

### RESPONSIBILITIES OF DIRECTORS

As explained more fully in the Directors' Responsibilities Statement, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and otherwise comply with the Companies Act 2014, and for such internal control as the 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 directors either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.

### AUDITOR'S 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.

As part of an audit in accordance with ISAs (Ireland), we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for

one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of the auditor's report. However, future events or conditions may cause the entity (or where relevant, the group) to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that the auditor identifies during the audit.

### REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS

#### OPINION ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2014

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

- We have obtained all the information and explanations which we consider necessary for the purposes 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.
- The financial statements are in agreement with the accounting records.
- In our opinion the information given in the directors' report is consistent with the financial statements and the directors' report has been prepared in accordance with the Companies Act 2014.

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.

We have nothing to report in respect of the provisions in the Companies Act 2014 which require us to report to you if, in our opinion, the disclosures of directors' remuneration and transactions specified by law are not made.

#### USE OF OUR REPORT

This report is made solely to the company's members, as a body, in accordance with Section 391 of the Companies Act 2014. Our audit work has been undertaken so that we might state to the company's members 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 and the company's members as a body, for our audit work, for this report, or for the opinions we have formed.

*Keith Doyle*

For and on behalf of

**Azets Audit Services Ireland Limited**

Statutory Audit Firm

3rd Floor

40 Mespil Road

Dublin 4

D04 C2N4

**Date: 28 May 2024**



## APPENDIX 1

# ACTIVITY REPORT

## PATIENT ACTIVITY 2023

Occupancy Level	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL 2023	Monthly Average 2023	Monthly Average 2022
Available Beds	130	130	140	140	140	144	144	144	144	144	144	144	1688	141	122
Actual Bed Days Available	4030	3640	4340	4200	4340	4320	4464	4464	4320	4464	4320	4464	51366	4281	3712
Bed Days Used	3233	3594	3891	3766	3997	3619	3782	3658	3608	3781	3839	3837	44605	3717	3337
% Occupancy V Available Days	80%	99%	90%	90%	92%	84%	85%	82%	84%	85%	89%	86%	87%	86.838%	89.903%
Total Admissions	131	104	143	97	116	119	113	129	124	114	130	113	1433	119	89
Total Discharges	79	95	142	103	114	121	120	130	123	118	115	124	1384	115	92
Admissions by Source:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL 2023	Monthly Average 2023	Monthly Average 2022
Cappagh Hospital	18	19	18	14	26	18	26	15	23	17	26	15	235	20	10
Mater Hospital	9	12	16	10	9	13	11	7	12	12	12	13	136	11	6
Mater Rehabilitation	28	17	21	13	13	20	19	26	20	26	29	26	258	22	22
<b>Tallaght Hospital</b>	<b>8</b>	<b>5</b>	<b>7</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>7</b>	<b>10</b>	<b>12</b>	<b>11</b>	<b>8</b>	<b>8</b>	<b>106</b>	<b>9</b>	<b>3</b>
St. Vincents Hospital	0	0	0	0	0	1	0	1	0	0	0	0	2	0	0
Beaumont Hospital	8	10	14	13	15	16	11	28	14	17	10	18	174	15	9
Beaumont Geriatric Rehab	40	17	43	18	28	23	22	26	21	19	28	24	309	26	27
St. James's Hospital	10	10	7	4	5	5	5	2	3	2	7	1	61	5	4
Connolly Hospital	4	3	9	3	7	4	3	2	1	2	2	5	45	4	2
Connolly Rehab Care	0	1	0	2	0	1	1	0	0	0	2	0	7	1	1
Other	6	10	8	11	3	7	8	12	18	8	6	3	100	8	4
<b>TOTAL</b>	<b>131</b>	<b>104</b>	<b>143</b>	<b>97</b>	<b>116</b>	<b>119</b>	<b>113</b>	<b>129</b>	<b>124</b>	<b>114</b>	<b>130</b>	<b>113</b>	<b>1433</b>	<b>119</b>	<b>89</b>
Physiotherapy Department															
Number of Patients Treated	193	218	265	225	240	240	230	231	234	234	247	247	2804	234	190
Number of Treatments	2762	2844	3254	2779	3336	2578	2600	2627	2593	2737	3140	2420	33670	2806	2862
Social Work Department															
Referrals - New	109	101	105	75	81	85	69	77	81	90	86	67	1026	86	77
Occupational Therapy Department															
Number of Patients Treated	219	223	269	227	242	253	233	240	238	231	242	245	2862	239	
Number of Treatments	1242	1151	1536	1338	1664	1419	1403	1363	1220	1423	1765	1452	16976	1415	
Dietetics Department															
Referrals - New			40	39	45	33	47	36	28	38	41	46	393	39	
Speech & Language Department															
Referrals - New			21	13	12	17	25	20	17	13	18	14	170	17	
Radiology Department I-Patients															
Number of Patients X-rayed	68	61	78	75	77	81	78	77	58	59	53	51	816	68	83
Number of Procedures	72	72	85	79	84	90	88	85	66	61	77	54	913	76	93
Out-Patients															
Number of Patients x-Rayed	33	56	51	67	122	134	122	148	105	57	0	37	932	78	11
Number of Procedures	40	75	64	99	154	178	171	213	135	69	0	61	1259	105	13





## APPENDIX 2

# FINANCIAL REPORT

## APPENDIX 2

### STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING INCOME AND EXPENDITURE ACCOUNT)

FOR THE YEAR ENDED 31 DECEMBER 2023

	Note	Restricted funds 2023 €	Unrestricted funds 2023 €	Total funds 2023 €	Total funds 2022 €
<b>INCOME FROM:</b>					
Charitable activities	4	24,440,317	3,378	24,443,695	22,069,988
<b>TOTAL INCOME</b>		<u>24,440,317</u>	<u>3,378</u>	<u>24,443,695</u>	<u>22,069,988</u>
<b>EXPENDITURE ON:</b>					
Charitable activities	5,6	24,867,814	556	24,868,370	22,011,020
<b>TOTAL EXPENDITURE</b>		<u>24,867,814</u>	<u>556</u>	<u>24,868,370</u>	<u>22,011,020</u>
<b>NET INCOME/(EXPENDITURE)</b>	15	(427,497)	2,822	(424,675)	58,968
Transfers		24,855	(24,855)	0	0
<b>NET MOVEMENT IN FUNDS</b>		(402,642)	(22,033)	(424,675)	58,968
<b>RECONCILIATION OF FUNDS:</b>					
Total funds brought forward	15	630,594	17,580,322	18,210,916	18,151,948
Net movement in funds		(402,642)	(22,033)	(424,675)	58,968
<b>TOTAL FUNDS CARRIED FORWARD</b>		<u>227,952</u>	<u>17,558,289</u>	<u>17,786,241</u>	<u>18,210,916</u>

The Statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

## BALANCE SHEET AS AT 31 DECEMBER 2023

	Note	2023 €	2022 €
<b>FIXED ASSETS</b>			
Tangible assets	10	16,965,467	16,967,534
		<u>16,965,467</u>	<u>16,967,534</u>
<b>CURRENT ASSETS</b>			
Stocks	11	104,215	97,692
Debtors	12	2,115,877	2,184,397
Cash at bank and in hand		494,996	511,684
		<u>2,715,088</u>	<u>2,793,773</u>
Creditors: amounts falling due within one year	13	(1,894,314)	(1,550,391)
<b>NET CURRENT ASSETS</b>		<u>820,774</u>	<u>1,243,382</u>
<b>TOTAL NET ASSETS</b>		<u>17,786,241</u>	<u>18,210,916</u>
<b>CHARITY FUNDS</b>			
Restricted funds	15	227,952	630,594
Unrestricted funds	15	17,558,289	17,580,322
<b>TOTAL FUNDS</b>		<u>17,786,241</u>	<u>18,210,916</u>

The Directors acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and preparation of financial statements.

The financial statements were approved and authorised for issue by the Directors and signed on their behalf by:

*Mr Aidan Gleeson*

*Mr Anthony O'Connor*

**Date: 28 May 2024**





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