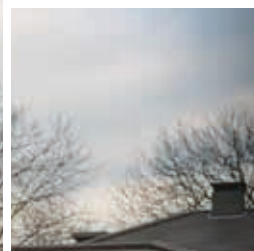
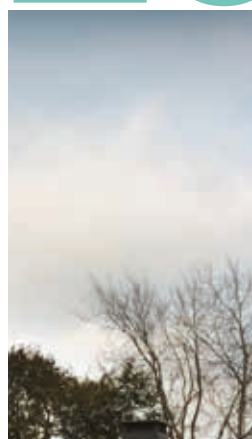


ANNUAL REPORT 2011



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HOSPITAL BACKGROUND

The Original Orthopaedic Hospital and dispensary was founded in 1876 by Dr. Robert Lafayette Swan. It was located at 11 Usher's Island on Dublin's Quays.

It specialised in orthopaedic surgery, in particular the treatment of children with congenital orthopaedic abnormalities such as club foot and dislocated hips. In 1883, due to increasing demands on the service, the hospital moved to 2 buildings in Great Brunswick Street formally known as Hoods' Hotel, its capacity increased from 6 beds to 35 paediatric beds.

In 1902, the hospital moved 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 Sheddon. Considerable renovations were necessary to enable the building to function as a hospital with operating theatre, sterilising room, anaesthetic room and up-to-date medical and non-medical facilities. Once adapted the hospital could accommodate 75 paediatric in-patients.

The hospital moved to its present location on Castle Avenue, Clontarf on 29th June 1942, where the bed complement rose to 120 beds. In 1972 the hospital changed from paediatric orthopaedics to adult orthopaedic rehabilitation with 104 beds. In the early 1990's 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 now consists of 5 wards with a total bed compliment of 160 with 128 beds currently in use. The hospital entrance is now on Blackheath Park off Castle Avenue, and leads into the landscaped gardens to a large and open hospital entrance. The hospital continues to specialise in orthopaedic rehabilitation but also provides a respite bed service to the local communities. Beds are also allocated to the Mater Misericordiae and Beaumont hospitals as interim care rehabilitation beds.

Mission Statement

Is to provide a high standard of care and treatment for all patients referred to the hospital to enable them to achieve the optimum standard of health and independent living

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2 BOARD OF GOVERNORS

Incorporated Orthopaedic Hospital of Ireland

President

Dr. F. J. O'Reilly

Board of Governors - 2011**Chairman**

Dr Ciaran Craven

Deputy Chairman

Mr. Charlie Scott

Members

Ms. Mary Barnard

Ms. Ann Power

Mr. John Rowden

Mr. Les Sibbald

Ms. Elma Sweetman

Mrs. Rosemary Tierney

Mr Brian Thornes

Ms. Denise Brett

Ms. Marcella Higgins

Mr Terence Horgan

Mr T.C. Smyth

Mr. J. Cantwell

Senior Hospital Staff**Chief Executive**

Ms. Michelle Fanning

Director of Nursing

Ms. Lorna Nangle

Assistant Directors of Nursing

Ms. Noreen Browne

Finance /Administration

Ms. Bernie Saunders

Physiotherapy Manager

Ms. Grainne O'Hara

Senior Social Worker

Ms. Imelda Morris

Ms. Carol O'Connor

Radiologist

Dr. Martina Morrin

Senior Radiographer

Ms. Gillian Rice

Senior Pharmacist

Ms. Linda Murnane

Senior Occupational Therapist

Mr. Frank D'Easaille

Ms. Aileen Murray

Catering Officer:

Ms. Marie O'Gorman

General Services Officer

Mr. Jorge Pereira

Visiting Physicians

Dr. Elisabeth Kronlage

Dr. Ailish Leavy

Chaplains

Rev. M. Hastings

Rev. Derek Sargent

Rev. Conrad Hicks

Pastoral Care

Mr Cathal O'Sullivan to Nov 2011

Ms. Miriam Moylan



The year 2011 might, at its most neutral and charitable, be described as “challenging” for the Hospital, a description that, it may be trite to say, probably applies all across the Health Services in the State. A deep, unannounced and sudden cut in the funding allocation to the Hospital, three-quarters of the way through the year, left very little time to make the necessary budgetary adjustments, the budget and spending plans for the Hospital having been based on the funding agreed as a result of negotiations in the early part of the year.

Notwithstanding the dramatic and swingeing nature of the funding withdrawal the Hospital was subjected to, thanks to the skill and prudence of its executive management, it nevertheless managed to end the year only minimally over budget. There was, however, a cost – the deferring of planned development in a number of areas. The difficulties of 2011 will, inevitably, in the current climate, permeate into, and are likely to impact significantly on, the Hospital in 2012, too.

During the course of the year, there were no changes in the membership of the Board of Governors and genuine thanks are due to all of the Governors for their unstinting loyalty and commitment to the Hospital and its operation and development.

In July 2011, the name of the Hospital was changed to Clontarf Hospital, to reflect the changing profile of the patients being admitted. Although a major focus remains on the rehabilitation and care of orthopaedic patients, with the opening of the interim care beds, a significant number of non-orthopaedic patients, with a range of complex conditions, referred from feeder hospitals, now make up the in-patient population. It is satisfying to report and note that their specific and wide-ranging needs are successfully being met.

In late 2011, the Hospital commissioned an independent review of its governance structures to ensure compliance with best practice in corporate governance, adherence to regulatory requirements, risk management and quality care delivery. Discussion and implementation of the review report recommendations will continue into 2012 with planned full implementation within a period of approximately 18 – 24 months.

The Hospital, despite the difficulties it encountered in 2011, and through the commitment of all its staff, and the drive and conscientiousness of the executive management, led by Ms Michelle Fanning, Chief Executive Officer, continued to strive to ensure the provision of the highest standards of care and treatment for all its patients – which was reflected in patient satisfaction reports – with only the most minor of budgetary over-runs. For this, their efforts, and results, they must not alone be expressly recognised, but they are also most deserving of the Board's sincerest thanks. Their dedication and loyalty, in trying times, and the ongoing support of the Board, it is hoped, will bode well for the uncertain future.

Dr Ciaran Craven
Chairman of the Board

REPORT OF THE CHIEF EXECUTIVE



The hospital was able to maintain services and remain close to the budget allocation throughout 2011 despite the moratorium on recruitment and ongoing budgetary cuts. In line with the hospital's mission statement and core values the hospital succeeded in providing the highest standard of care to all patients.

REHABILITATION SERVICES

The increase in sub-acute rehabilitation beds available in Clontarf Hospital throughout 2011 allowed greater access for older people to rehabilitation services. This facilitated the HSE's plans for older persons in discharging patients home and maintaining their independence for as long as possible. The hospital's success rate in delivering positive outcomes through rehabilitation programmes can be measured by the low percentage (1.4%) of failed rehabilitation patients returned to acute services in 2011.

FINANCIAL ACTIVITY

The hospital was disappointed with the cut in annual funding and the late withdrawal of funds in October. Many thanks to Ms. Bernadette Saunders, Finance Officer, for her astute management of the hospital finances and who made it possible to come in close to budget at year end. Also thanks are due to the Heads of Departments who accomplished savings through the efficient management of their departments. (Financial Report Appendix 2)

CLINICAL SERVICES

There were 2,241 admissions and 2,229 discharges in 2011, with an overall occupancy level of 93%. The average length of stay was down to 19.6 days. Admissions were composed of 1,199 orthopaedic rehabilitation patients, 967 Interim Care Patients and 75 Respite Patients (Activity Report Appendix 1).

QUALITY & RISK

The hospital's commitment to patients remains at the heart of our service provision. In line with The National Standards for Better Safer healthcare the hospital focused on the delivery of a high quality safe service and became a signatory to the Patient Safety First initiative.

The hospital continues to promote and implement best practice in compliance with the Health, Safety and Welfare at Work Act 2005. Particular focus during 2011 was the updating and training in fire safety and evacuation procedures, and training in the management of aggressive and violent behavior was undertaken.

Infection prevention and control remains an important part of the hospital risk system and was monitored closely by the Department of Nursing and the Infection Control and Hospital Hygiene Committee. Regular hygiene audits were undertaken and surveillance procedures continued under the supervision of the Infection Control Nurse Manager Ms. Susan McGovern.

The Dangerous Goods audit reported a high level of compliance and commitment from staff in the hospital, corrective action was undertaken regarding observations made.

ENERGY

The hospital as a publically funded agency is obliged to comply with energy efficiency targets. An Energy Team was established in 2011 to look at methods to reduce energy consumption and costs. Plans to create energy awareness among staff and to address wasteful energy systems are commencing and we look forward to seeing the improvements in energy efficiency and costs over the next year. The hospital received a Display Energy Certificate (DEC) rating of C3.

CORPORATE GOVERNANCE

The hospital Board of Governors mindful of their duties undertook a review of the corporate governance structures throughout the organization. The introduction of new structures and processes will ensure that the Board, the Executive and staff (where applicable) undertake their duties to the highest standards of accountability, responsibility and propriety. Many thanks to the Board for their recognition of the need for robust, flexible and adaptable corporate governance arrangements that will enable the hospital to fully accommodate the challenges and changes that are already being signaled in the Irish healthcare system.

The Board of Governors, conscious of the increasing rehabilitation patient profile within the hospital, felt it was an opportune time to adopt a new business name for the hospital, Clontarf Hospital commenced operating on 29th July 2011.

GRATITUDE

Many thanks to all hospital staff for their commitment and hard work throughout 2011. I would also like to acknowledge the work undertaken by all our volunteers it is very much appreciated.

I would like to thank the Hospital Board, who give their time and skill voluntarily in the interest of the hospital. Many thanks also for their support and advice throughout the year.

FINALLY

At the time of writing, Mr. James O'Reilly, Minister of Health and Children, has emphasized the underdeveloped area of intermediate care and has identified sub-acute rehabilitation services as a critical element of the older person care pathway. Successful rehabilitation enables older people return to their homes following hospitalisation and live independently for as long as possible, while reducing demands on acute and long term care services. It is hoped that although there are challenging times ahead the Clontarf Hospital will have an opportunity to extend rehabilitation services to include the full 160 bed capacity and assist in meeting the objectives of current healthcare policy for older people..

Michelle Fanning
Chief Executive



A selection of pictures from days in September and October 2011. The day The Social Work Department brought the Sam Maguire Cup to the Hospital, The Friends of the Elderly Day and The Breast Cancer Awareness Fundraising Day. All 3 occasions brought a lot of joy to patients and staff of the hospital. The fundraiser raised €2.600 and was donated to The Irish Cancer Society in the name of Ms. Maria O'Connor.



As a result of the national recession and resultant budgetary constraints, 2011 was a very challenging year. In spite of this, it was a busy year for the hospital with 2,241 admissions; an increase of 17.4% from 2010 and there was an average occupancy level of 93%.

Ms Michelle Fanning was appointed Acting Chief Executive on January 1st 2011. This left a vacancy in Nursing Administration which could not be filled. This created a vacuum with which we struggled throughout the year. I would like to thank my senior nursing colleagues, particularly Ms Noreen Browne and the clinical nurse managers for their support and flexibility during the past year.

Retirements

Three long standing members of staff retired in 2011; Marie Harte CNM2 and Staff Nurses Ann O'Donovan and Agnes Watson. The Department of Nursing would like to wish them many happy years of active and healthy retirement.

Continuing Education

In-service education continued in cardiopulmonary resuscitation, manual handling and fire safety training.

We are very grateful to the Centre for Nurse Education, Mater Misericordiae University Hospital for providing education and training for our nursing staff in venepuncture and intravenous cannulation and PEG feeding and gastrostomy tube replacement. Thanks are also due to Ms Mary Day, Director of Nursing for facilitating these courses.

Other study days, workshops and seminars attended throughout the year include:

- Preceptorship Course
- National Orthopaedic Nurses' Conference
- Stoma Care
- Wound Care

- Clinical Governance for Middle Management
- Elder Abuse
- Prevention and Management of Workplace Aggression and Violence
- MRSA Scientific Meeting
- European Biosafety Summit

Congratulations are due to the following staff who were successful in their studies during 2011:

- Marie Gilligan – Ensuring Professional Practice and Accountability Certificate
- Ann Macken – Ensuring Professional Practice and Accountability Certificate
- Kathy Breslin - Certificate in Health Care Support (FETAC)
- Catherine Gribbin - Certificate in Health Care Support (FETAC)
- Monika Kawecka - Certificate in Health Care Support (FETAC)

Infection Prevention and Control

The work of the Infection Control CNM 2 involves surveillance, education, audit, outbreak management, case management, research and the development of policies and guidelines.

Methicillin Resistant *Staphylococcus Aureus* (MRSA) surveillance is carried out on the patients from the Dublin Academic Teaching Hospitals. The colonization prevalence rate was 6%; an increase from 5% in 2010. Carbapenem Resistant *Enterobacteriaceae* (CRE)

8 *continued* REPORT OF THE DIRECTOR OF NURSING



surveillance has commenced since July 2011 for patients admitted from Irish healthcare settings reporting incidences of CRE. This surveillance is recommended by the Strategy for the control of Antimicrobial Resistance in Ireland (SARI). CRE was not isolated throughout 2011. In addition, there were no outbreaks of Norovirus or Clostridium Difficile.

Education continues to focus on hand hygiene for all healthcare workers.

Liaison with Referring Hospitals

Close liaison was maintained with our colleagues in the referring hospitals and statistics were circulated to them on a biannual basis outlining:

- The number of patients admitted from each hospital
- The number of patients who return to each hospital for out-patient appointments
- The number of times that the orthopaedic registrar from each hospital carries out ward rounds in the hospital

Weekly visits from the registrars are vital as they provide ongoing assessment of the patients and offer medical support to the multidisciplinary team. Regular reviews on site minimise the need for our patients to return to very busy outpatient clinics in the acute hospitals. Unfortunately, the registrars' visits range from 32 to 44 per year and as a result 470 patients returned to the referring hospitals for outpatient appointments in 2011.

Of the 2,241 patients who were admitted to Clontarf Hospital in 2011, 273 (12.18%) required transfer back to the Emergency Department of the referring hospital. This is an increase from 10.2% in 2010. The vast majority of these patients (91.2%) required readmission to the acute hospital. Table 1 shows the breakdown of these numbers:

Table 1

Total number of returns to acute hospitals	Reviewed in A/E and returned to Clontarf	Required readmission for medical treatment	Required readmission for long term care
273	24	217	32
	8.79%	79.48%	11.72%

Interim Care Beds

This service is aimed at those patients whose acute phase of treatment has been completed and who are **certified medically fit for discharge from the acute hospital**.

A total of 1,003 interim care patients were transferred from Beaumont, Connolly and the Mater hospitals during the year. Table 2 illustrates the number of admissions from each hospital, the readmission rate to the referring hospital for medical intervention and the average length of stay.

Table 2

Hospital	No of admissions	Readmission rate	Average length of stay
Mater	512	12.1%	15.9 days
Beaumont	481	16.6%	16.8 days
Connolly	10	40%	21.5 days

The readmission rates from all three hospitals increased significantly in 2011:

- Mater from 8.44% in 2010 to 12.1% in 2011
- Beaumont from 11.44% to 16.6%
- Connolly from 31.8% to 40%

This increase is partly due to the increased complexity of patients' conditions.

This interim care service can only operate smoothly with the cooperation of our colleagues in the referring hospitals and the existence of honest and trusting relationships with all members of the multidisciplinary team. For the success of this arrangement, it is vital that the referring hospital readmits the patients in an expeditious manner when additional medical care is required. It is important that there is a realistic expectation that patients who are referred will benefit from the services we provide and that they can be discharged home safely.

Chaplaincy

Nursing Administration gratefully acknowledges the work of the chaplaincy team. Fr. Michael Hastings, Rev. Elaine Dunne and Rev. Susan Dawson provided spiritual and pastoral support for the patients. Ms Miriam Mowlan joined the chaplaincy team in 2011 and we welcome her to the hospital.

We are also very grateful to the Eucharistic ministers who, on a voluntary basis, administer Holy Communion to the patients, several times each week.

Sr Carmel Downes was chaplain to the hospital for many years and she retired in 2011. She was a dedicated lady who gave of her time and skills in a quiet and unassuming way. The Nursing Department would like to wish her good health and happiness in her retirement.

Conclusion

Our declared mission is to **“provide a high standard of care and treatment for all patients referred to the hospital to enable them to achieve the optimum standard of health and independent living”**.

The Department of Nursing remains appreciative of the commitment and professionalism of all staff who continue to provide a quality service to the patients of the Incorporated Orthopaedic Hospital.

Lorna Nangle
Director of Nursing

10 REPORT OF THE PHARMACY DEPARTMENT



Our overall aim is to ensure safe, effective and economical use of medicines for all our patients. A close working relationship with medical, nursing and paramedical staff is encouraged to ensure the delivery of an optimum Pharmacy service to all patients.

Services provided:

Dispensary

Our dispensary service plays a pivotal role in the activities of the Pharmacy and ensures that the medicines are procured, stored and supplied promptly, safely and cost effectively. Drugs are acquired through orders placed with the local wholesalers and drug companies in Ireland and Abroad. The Pharmacy department purchases, supplies and dispenses medicines to the wards. This involves negotiating best prices and the use of generics is actively promoted to ensure cost savings. Wards receive a twice daily delivery service and an extensive Ward Stock is 'topped-up' twice weekly by Pharmacy staff.

Clinical

The role of the hospital pharmacist has changed dramatically in the last ten years from custodian of pharmaceuticals to patient-focused healthcare provider. This is reflected in the development of clinical pharmacy services. The pharmacy department aims to maximize the therapeutic benefits of drugs to individual patients whilst minimizing associated risks and respecting patient choice.

Clinical duties include prescription / kardex review and adverse drug reaction (ADR) monitoring, within the time constraints of the Pharmacy. To this end in July we introduced a new Medicine Incident Reporting form (MIR) which reports medicine incidents, near misses and adverse events

Improvements in patients' safety and quality of care can be facilitated through incident reporting and the collection of standardized data about incidents and near misses. Using data collected we can determine the factors contributing to medication incidents and near misses and establish preventative strategies to minimize the risk of recurrence. MIR forms can be filled in by any staff member

Antibiotic Stewardship

Our Antibiotic guidelines were developed in line with the strategy for the control of antimicrobial resistance in Ireland (SARI). Under-dosing, multiple courses, excessive duration of antibiotic therapy, and over - use of broad spectrum antibiotics are major factors in the spread of antibiotic resistance in healthcare settings. Prudent prescribing of antibiotics is always encouraged.

Medical Information and Audit

The Pharmacy provides information on medicines that is accurate and comprehensive to all medical, nursing and paramedical staff. We are available to advise patients on medicine use as well. Audits are carried out on antibiotic prescribing and Kardex review periodically and budgetary information is provided to the Finance Department and Hospital management.

Continuing education

Niamh attended the OPAT (outpatient parental antimicrobial therapy) European conference and exhibition in March in Manchester. This allowed an opportunity to meet and network with health professionals involved in the delivery of antimicrobial services. Talks included 'OPAT models of care', 'what are the ideal OPAT agents' and 'Orthopaedic infections and OPAT'

Other CPD events attended were the annual Two day Hospital Pharmacists conference, ICCPE session on Diabetes and Heart failure and we were updated in manual handling.

Pharmacy staff

Linda Murnane
Chief Pharmacist

Niamh Ruane
Senior Pharmacist



The Physiotherapy Department aspires: To the establishment of the highest quality service, which is sensitive to the needs of the individual, the hospital and the community and which, demands of staff a level of expertise and skill commensurate with the highest standards of the profession. To the cultivation of an environment, which fosters and stimulates a spirit of enquiry and analysis, creating a service, which is dynamic, effective and appropriate. To enable patients to achieve the highest quality of life, which their condition allows, by educating and encouraging patient participation in care management and by ensuring that the formulation of care plans encompasses both social and environmental factors. To the promotion and support of continuing professional development, education and research.

Students

We facilitated a request from Trinity College School of Health Sciences to double our capacity for 4th year undergraduate physiotherapy student placements as of January 2011. We found that in practice the students benefitted from peer-assisted learning, mutual support and companionship. The supervising physiotherapists took part as examiners in two final patient assessment examinations which carry 15% of the final degree award.

Ger Gill, staff grade physiotherapist attended the annual practice educators study Day held in UCD in May which was entitled 'Planning for Practice Education: – Enabling Critical Thinking in Practice'.

Trinity College invited our senior physiotherapists to lecture as part of the orthopaedic module of the physiotherapy degree course and Paul Navin obliged to provide the same in October.

Unfortunately again this year, due mainly to the on-going moratorium on recruitment, there was a shortage of physiotherapy posts nationwide. This meant that we had a steady stream of applications from recently graduated physiotherapists looking for an opportunity to maintain their physiotherapy skills by working on voluntary basis under the supervision

and guidance of the physiotherapists here. We were happy to facilitate Caroline Daly, Clodagh Dack and also Michelle O'Meara who travelled from Cork each week, for same.

Caroline went on to join our physiotherapy staff when an employment opportunity arose at the end of the year and Clodagh was offered a physiotherapy position in Harolds Cross following her work experience here.

We also continued to facilitate a small number of work experience placements for transition year students and potential undergraduate students throughout the year and were delighted to hear that Lauren Kelly who had a 2 week work experience placement with us was accepted onto the Queensland University, Masters of physiotherapy Course and another two mature students who came to us for work experience and clinical references were also accepted onto the UCD physiotherapy degree course and the Physiotherapy Masters programme in Robert Gordon University.

12 *continued* REPORT OF THE PHYSIOTHERAPY DEPARTMENT



Continuing Professional Development

Claire Fagan, Senior Physiotherapist attended the IDS and RCSI multidisciplinary Orthotic Training and Education Day in Cappagh Hospital in January.

The in-patient Orthopaedic network Group held 3 study afternoons and meetings throughout the year before re-configuring to become a special interest group of the Irish Society of Physiotherapists called the Chartered Physiotherapists in Orthopaedics Group (CPO). Clontarf Hospital Physiotherapy Department was represented at all 3 meetings and assisted the process involved in changing to a special interest group.

February Meeting – St. James's Hospital, Speaker Mr. Johnny Mc Kenna, Consultant Orthopaedic surgeon. Topic *"Achilles Tendon Injuries"*

May meeting – Blackrock Clinic, Speaker Mr. Stefan Byrne, Consultant Orthopaedic surgeon. Topic *"Total Hip Replacement surgery – update"*

The Physiotherapy staff also attended an educational seminar for Physiotherapists which was held in the Beacon Clinic in April. Speakers and topics were:

- Mr. Seamus Morris, Consultant Orthopaedic Surgeon *"The Cervical Spine"*
- Mr. Marcus Timlin, Consultant Orthopaedic Surgeon *"Cervical Radiculopathy and Myelopathy"*
- Mr. Joe Sparkes, Consultant Orthopaedic Surgeon: *"Interspinous Implants: When, Where, How?"*

We continued with our weekly in- hospital, in-service education sessions and were delighted that Michelle Fitzgerald, senior physiotherapist in elective orthopaedic surgery in Tallaght Hospital presented to us on Ilizarov frames in November.

Hospital Representation

Grainne O'Hara, Physiotherapy Manager continued to attend quarterly business meetings and study afternoons of the Chartered Physiotherapists in Management Group (CPM). Grainne also continued on as an active member of the PCCC and Voluntary Hospitals Physiotherapy Managers group which met in Harolds Cross, Cappagh, St. Lukes's and Stewarts Hospital and in the Royal Hospital Donnybrook throughout the year.

In July Grainne stepped down from the Overseas Applications Sub-committee after serving on the committee for over 5 years.

At the end of September Grainne attended a conference hosted by CPM for health care managers. The Conference entitled *"From Strategy to Action- challenges facing the healthcare professional manager"* had presentations by Roisin Shorthall, Minister for Health with responsibility for Primary Care, both the chair and the regional director of the HSE -Frank Dolphin and Stephen Mulvaney, The Therapy Advisor Emma Benton and Paul Rafferty the Programme Manager for Clinical Strategy and Programmes (Department of Health and children) as well as an Australian professor, Dr. Rosalie Boyce, recognised internationally for her expertise on the management and organisation of the allied health professions.

Grainne O'Hara and Ms. Lorna Nangle represented the Hospital on the interim care working group with representatives from the HSE and both Beaumont and the Mater Hospitals.



Inter-hospital links

In September we were contacted by The Royal Hospital Donnybrook (RHD). Due to a change in their patient profile they were beginning to receive an increasing number of orthopaedic patients from St. Vincent's University Hospital and were interested in education regarding the management of same. On Friday 30th September the physiotherapists and occupational therapists from the Royal Hospital came over to Clontarf for an afternoon of presentations given by Aileen Murray, Senior Occupational Therapist, Claire Fagan, Sonia Gamble and Paul Navin Senior Physiotherapists. The feedback from the RHD was that they found the session very beneficial and have offered to return the favour in the future if possible.

Challenges for 2012

We hope to continue to increase our input to the ADT Data Management and Statistics package but expect that finding time away from 'hands on' clinical duties and also computer access and office space for physiotherapy staff to continue to be a challenge.

We also aim to expand on our knowledge of the physiotherapy management of cardio-respiratory and neurological conditions that our interim care patients are presenting with by liaising with referring hospitals through our various committees and special interest groups, and by networking with specialists in the field who may be interested in presenting to us. We will also continue to update our musculoskeletal knowledge through our links with the referring hospitals and the chartered physiotherapists in orthopaedics group.

The increasing complexity and dependence of patients admitted to the hospital is also expected to remain a challenge, especially with inevitable budgetary and staffing constraints. We will continue to work closely with admissions and with our colleagues in the relevant hospitals to get the most accurate pre-admission information possible on clients referred to the service in order to utilise our resources appropriately.

Acknowledgements

We would like to take this opportunity to thank our colleagues in all departments throughout the hospital for their on-going support and advice.

I would also like to thank each and every one of the physiotherapists for their dedication, flexibility and teamwork throughout the year – senior physiotherapists Vicky Mc Mahon, Pauline Sheeran, Sonia Gamble, Grainne Duffin, Claire Fagan and Paul Navin and staff grade physiotherapists Ger Gill, Lisa Conlon, Diane O'Gorman, Christi Brady, Orlagh O'Shea and Caroline Daly.

Gráinne O'Hara
Physiotherapy Manager



*Coming together is a beginning.
Keeping together is progress.
Working together is success.*

~ Henry Ford



14 REPORT OF THE CATERING DEPARTMENT



The Catering Department continued to provide a quality service for all the patients, visitors and staff of the Incorporated Orthopaedic Hospital in 2011. All Dietary requirements of patients are a priority with the emphasis to provide a variety of meals using quality produce. Coeliac, Diabetic, Renal, high protein, low salt meals are also produced.

During 2011 all catering staff involved in the distribution of food continued to receive hand hygiene and food safety training.

I would like to thank the staff of the Catering Department for a service to be very proud of.

Marie O'Gorman
Catering Manager

REPORT OF THE GENERAL SERVICES DEPARTMENT



The Portering Staff and Household Staff continue to play an important role in delivery of patient care and service to other hospital departments.

2011 was another very busy year for our central stores with patient requirements increasing. Stocks of a broader range of requirements were made available, the improvement on the set up of the weekly ward requisitions allows for a more efficient and planned approach to stock management, storage and

purchasing of goods. We look forward to the role out of a computerised stock control in 2012.

I would like to thank all the Portering staff and the Household staff for their hard work and appreciated co operation during the year.

Jorge Periera
General Services Officer



The Medical Social Work Department consists of two full-time Senior Social Work Posts; Imelda Morris and Carol O'Connor and Two full-time Basic Grade Social Work Posts; Cathy Neagh and Deirdre McLoughlin.

Services provided by the Medical Social Work Department are:

- Psychosocial assessments.
- Care Planning / Discharge Planning in collaboration with the multidisciplinary team.
- Individual Counselling/ emotional support following bereavement, trauma, change of life stressors.
- Elder Abuse, domestic violence, crisis intervention work.
- Liaising with community services/supports on behalf of both patients and their families.
- Facilitating Family Meetings / Case Conferences,
- Home Visits in conjunction with Occupational Therapy Department.
- Advocacy work in keeping with social work code of ethics.
- Social Welfare information and advice

Social Work Referrals.

The year 2011 was exceptionally busy for the Medical Social Work Department with approximately **1,499** new patients being referred to and assessed by the team. This indicates a marked increase from **1,155** referrals in 2010 and reflects the volume of work the Medical Social Work Department is attending to. This may be due to the quick turn over of patients in the hospital and increasingly complex psychosocial needs of patients. There has also been a large reduction in the budgets of home help agencies and this has led to an increasing need for lengthy home care package applications.

The Medical Social Work Department continues to attend and prioritise weekly multi-disciplinary ward meeting on Vernon, Kincora, Gracefield and Swan Wards. Most referrals are made at the multidisciplinary team meetings on each ward. Members of the multidisciplinary team are also welcome to discuss potential referrals with the allocated social worker outside of the meeting. Patients are also entitled to self refer. Medical social workers endeavour to check new admissions daily as early intervention is often essential with Interim Care Patients in particular.

Links with the Community

In Community Care Area 7 the Medical Social Work Department continues to be represented on two of the four primary care networks which meet four times a year.

Imelda Morris continued to attend the monthly meetings of the Irish Association of Social Work (IASW) Special Interest Group on Ageing (SIGA).

Social Work Registration

On the 31st May 2011 the Social Workers Registration Board opened the Social Workers Register. This was the first step in the regulation of social workers as a profession. As all member of the department are currently practising social workers with NQSW qualifications we have up to two years to register. By May 31st 2013 all social workers will be required to be registered. This will also have implications for continuous professional development, with social workers having to give evidence of CPD point achieved each year.

16 *continued* REPORT OF THE SOCIAL WORK DEPARTMENT

Continual Professional Development

The Medical Social Work Department is committed to ongoing professional development and continued education. The team attended a number of information seminars, conferences and courses outside work hours to inform and improve our service:

- In 2011 all the Medical Social Work Department successfully completed the AHA Section of Heart saver AED and an in-house manual handling course and fire training.
- In June 2011, the HSE the National Centre for the Protection of Older People and the International Network for the Prevention of Elder Abuse hosted a conference in UCD. The event was attended by Cathy Neagh and Deirdre McLoughlin attended.
- In October the Medical Social Work Department arranged for the "Elder Abuse 'Train the Trainer'" programme to be presented. Marie Currie and Marcella Pokorna, Senior Caseworkers for the Protection of Older People, delivered the presentation to the department and other interested parties in the hospital. All attendees received a certificate.
- Imelda Morris attended the annual IASW conference in the Gresham Hotel. Cathy Neagh and Imelda Morris attended the Freedom of Information talk also held by the IASW in September.
- The Medical Social Work Department attended a half day training seminar in Beaumont Hospital to update us on the revised home care package and CSARS applications.
- In August Carol O'Connor completed her Masters in Psychotherapy at ICD and is working towards accreditation with IACP strengthening the counselling service offered in the department.
- In September Deirdre McLoughlin commenced a two year part-time MSc in Applied Social Research at TCD. Deirdre is facilitated by the MSW team and hospital management to attend the course every Monday of the academic year.

UN "International Day for Older Persons"

The Medical Social Work Department was successful for the second year in running a day of activities for patients on all wards to celebrate the UN "*International Day for Older Persons*". Thanks to the enormous generosity of staff €385 was raised. Mr Dermot Kirwan of "*The Friends of the Elderly*" came to give some information on the service and to accept the donation. The MSW department selected Friends of the Elderly as our beneficiary this year to acknowledge the tremendous work they do for many of our patient's. Their mission is to bring friendship to the elderly who live alone and are lonely and isolated.

The Medical Social Work Department arranged a positive aging quiz on all of the wards and trophies for the winning teams. This was well received by the patients and supported by staff on each of the wards. The MSW dept also organised for the Sam Maguire cup to visit to patients and staff of the hospital in celebration of the UN day of the older person and Dublin's historic All Ireland Win. There was great excitement as a result and many photo opportunities. A special thank you to Mr Pat Tyrrell for the heavy lifting! and to Dublin county board for facilitating us on short notice.

Masters of Social Work Student Placements.

Three Social Work Students from UCC and TCD were provided with placements during the year. Student placements take up half of social work university training and the department is committed to facilitating this important work. The students contributed greatly to the department and the hospital during their fourteen week placements.

In April a Pilot Reminiscence group was organised and facilitated by Siobhan Cregan (student social worker UCC) in collaboration and under the supervision of Senior Medical Social Worker Carol O Connor. The group was run on Kincora Ward and was well received by patients. Reminiscence therapy is a tool the social work department already use in individual work with some patients. It is aimed at generating self-esteem and the expression of individual identity. It encourages older people to become actively involved in reliving and sharing their past with others.



There are many benefits associated with reminiscing for the older people such as:

- Increase the ability to communicate and practice self expression
- Increase social interaction through the sharing of experiences
- Help people to come to terms with growing older
- Encourage older people to regain interest in past hobbies and past times
- Increase self worth and provide a sense of achievement
- Alleviate depression
- Improve self-care

Another social work student from TCD Jane Ngo, under the supervision of Cathy Neagh, conducted a Patient Satisfaction Survey on Vernon Ward to assess patient's anxiety and readiness to return home. Following this Jane ran an informational group weekly to address patients' anxiety and stress around returning home. Having the chance to hear how others were coping and planning to adjust back home provided insight for some patients, while those sharing their story had the opportunity to have their voice heard. By keeping the contents straightforward and the session to an hour, patients were able to receive sufficient information to help them begin to think about the logistics of transitioning from hospital to home.

Both groups were undoubtedly beneficial to patients but they were also very labor intensive and time consuming. Additional support from future students or increased staff would be required to roll them out full time in the future. However great ground work was done by practice teachers and students should we decide to go forward with them at a later stage.

Conclusion/ future planning

- We aim to consolidate and finalise outstanding policies and procedures in draft form.
- We plan to update our current psychosocial assessment tool.
- We will continue to form strong links with our social work colleagues in the community and other acute hospitals.
- To continue our emphasis on continuous professional development and social work education.

In conclusion, thanks to the social work team for their dedication in providing an excellent social work service to patients of the hospital. Also thank you to the other members of the multidisciplinary team for their support in our work, and as always a special thanks to Ms. Marie Towell for all her commitment in providing administration support to the department.

Carol O'Connor & Imelda Morris
Senior Medical Social Workers

18 REPORT OF THE OCCUPATIONAL THERAPY DEPARTMENT



The primary goal of Occupational Therapy is to enable people to participate in the activities of everyday life (World Federation of Occupational Therapists 2005). Occupational Therapists seek to maximize the patient's independence in chosen activities of daily living and where necessary modify their environment to facilitate this.

Service developments 2011

- A significant increase in referrals was noted.
- The completion of the Occupational Therapy Kitchen has added considerably to the service offered to patients who can now practice basic kitchen tasks before returning home. It has also contributed to the decrease in home visits by allowing for more in depth interventions to be carried out while still an inpatient.
- Both Senior Therapists completed the Primary Course in the principles and practices of Food Safety.
- The number of home visits was also reduced due to financial cutbacks and time constraints on therapists.
- Aileen was involved on the committee of the Association of Occupational Therapists of Ireland (AOTI) Advisory Group for Older People, as communications officer during 2011 and her role will continue in 2012. Included in this role during 2011 was assisting in the organisation of a study day held in University College Galway on 24th June 2011 and the recruitment of new members.
- Ms. Vivienne Nelson, OT Manager in the Mater hospital continues to act as professional supervisor for senior grades.
- A number of in-services on seating and pressure relief were held for healthcare assistants and nursing staff.
- The OT department attended a number of in-services hosted by the Physiotherapy Department.
- The department organised a talk in May 2011 by a community resource worker Fran Richardson from the National Council of the Blind which physiotherapy and social work staff also attended.
- The Department continued to facilitate OT student education by providing placements to three students at different points in their professional training.
- Aileen attended the HSE Conference for Elder Abuse in June 2011.
- Introduction of a new cognitive assessment, the Allen Cognitive Level Screen to the department to complement existing assessments
- A falls prevention group was piloted from February to July 2012. Feedback was positive however it was not possible to continue using the OT kitchen for the groups. Subsequently the classes were introduced on the wards but due to heavy caseloads they have not been continued .
- The department hosted an in-service held in Clontarf in conjunction with the physiotherapy department to the Royal Hospital Donnybrook on orthopaedics on 30th September 2011.
- Aileen presented an in-service on cognitive assessments used in the department to the social work and physiotherapy departments.
- Aileen and Frank again met with the Community Occupational Therapy Managers based in the local community care areas on the north side of Dublin in February 2011 and discussed upcoming issues facing the services.
- Monthly departmental meetings were maintained and provided a useful forum for discussion and review of practice.
- Engagement in post graduate education and research continued with Frank completing the first year of his Masters in Trinity College.

Service developments 2012

- Continued facilitation of student education
- Continued department meetings with increased focus on continuing professional development.
- Continuation of liaison with Occupational Therapists in referring hospitals and Community Occupational Therapists. Continuation of monitoring of service developments including introduction of integrated service areas and dealing with likely increasing difficulty obtaining equipment essential for discharge.

In summary, the Occupational Therapy department would like to thank our colleagues in the multidisciplinary team for their continued help and support throughout the year.

Aileen Murray & Frank D'Easaille
Senior Occupational Therapists

REPORT OF THE X-RAY DEPARTMENT



The x ray department consists of Ms. Martina Morrin, Consultant Radiologist, Ms. Gillian Rice, Senior Radiographer and Ms. Ann Ryan, clerical support. The department provides both inpatient and outpatient radiological services.

Inpatients are referred through either the orthopaedic teams from referring hospitals or through the hospital's medical doctors, while outpatients are referred by General Practitioners.

2011 was a busy year with an overall increase in activity levels of 16%, with a total of 35,917 x ray procedures carried out.

I would like to thank my colleagues Ms. Martina Morrin and Ms Ann Ryan for their support and assistance throughout the year.

Ms Gillian Rice
Senior Radiographer

REPORT OF THE MEDICAL SERVICES DEPARTMENT



Patients admitted to the hospital for Orthopaedic Rehabilitation remain under the care of the Orthopaedic Consultant in the referring hospitals and are visited weekly by the orthopaedic registrar in the referring hospitals. We thank them for their visits throughout the year and look forward to their continued weekly attendance.

Interim care patients, once admitted to the hospital, are discharged from the referring hospital and are attended to by the hospital doctors. Dr. Ailish Leavy and Dr. Elisabeth Kronlage are the attending medical doctors and provided daily medical care to all inpatients throughout 2011.

Many thanks to both doctors for their contribution.

APPENDIX 1

STATISTICS REPORTS

APPENDIX 2

FINANCIAL REPORTS

APPENDIX 1

22 PATIENT ACTIVITY 2011

In-Patients	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	2010
Available Beds	128	128	128	128	128	128	128	128	128	128	128	128	128	128
Bed Days	3,968	3,584	3,968	3,840	3,968	3,840	3,968	3,968	3,840	3,968	3,840	3,968	46,720	41,888
Bed Days Used	3,609	3,412	3,614	3,522	3,784	3,706	3,810	3,806	3,511	3,728	3,651	3,519	43,672	37,803
% Occupancy	91%	95%	91%	92%	95%	97%	96%	96%	91%	94%	95%	89%	93%	95%
Total Admissions	174	150	178	194	190	210	196	206	205	178	191	169	2,241	1,909
X-Rays Taken	43	53	52	30	71	65	64	22	46	29	45	32	552	279
Social Work Referrals - New	102	98	97	101	134	124	156	143	138	102	119	88	1,402	1,044
Occupational Therapy Referrals - New	123	116	126	137	109	131	133	130	103	106	140	99	1,453	1,112
Physiotherapy Treatments	2,568	2,603	2,890	2,636	2,805	2,769	2,790	2,968	2,705	2,594	2,841	2,331	32,500	28,820
Out Patients														
X-Rays Taken	274	269	263	167	375	296	313	196	404	317	311	232	3,417	2,544

Note: The Total Bed complement is 160 with 128 beds currently in use.

MONTHLY IN-PATIENT STATISTICS 2011

Admissions by Source	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Cappagh	13	12	14	13	17	30	19	19	19	20	19	19	214
Mater	14	14	10	13	8	12	12	11	12	10	10	10	136
Mater Interim Care	44	35	38	37	41	43	39	42	43	40	41	43	486
Tallaght	9	9	9	16	11	17	17	17	22	20	23	25	195
St. Vincents	4	4	12	10	10	8	10	6	4	6	9	7	90
Beaumont	14	5	12	12	13	12	14	7	10	5	14	6	124
Beaumont Interim Care	37	34	39	42	40	37	42	57	51	36	34	23	472
St. James's	11	14	7	8	15	11	11	18	11	10	14	11	141
Connolly	4	4	10	3	8	9	3	5	7	6	6	2	67
Connolly Interim Care	1	1	0	2	2	0	0	0	1	0	2	0	9
Other													
Other - Blackrock Clinic	3	1	3	3	1	4	6	0	0	1	0	0	22
Other - Mater Private	1	1	2	0	0	2	0	1	1	2	1	0	11
Other - Mount Carmel	0	1	0	1	2	0	0	2	2	1	1	1	11
Other - Bon Secour	1	1	8	9	5	11	5	3	5	6	4	3	61
Other - Vincent's Private	0	0	0	0	1	0	0	0	0	0	0	0	1
Other - Respite	8	6	4	8	7	6	4	7	7	5	2	8	72
Other - Merlyn Park	0	0	2	1	0	0	0	0	0	0	2	0	5
Other - Our Lady of Lourdes	0	0	0	0	0	2	0	0	0	0	0	0	2
Other	10	8	8	16	9	6	14	11	10	10	9	11	122
TOTAL	174	150	178	194	190	210	196	206	205	178	191	169	2,241

24 FINANCIAL REPORTS

INDEPENDENT AUDITORS' REPORT

We have audited the attached financial statements which have been prepared under the historical cost convention modified to include the revaluation of certain fixed assets, and the accounting policies stated.

Respective Responsibilities of Directors and Auditors

The company's directors are responsible for the preparation of the financial statements in accordance with applicable law and Generally Accepted Accounting Practice in Ireland including the accounting standards issued by the Accounting Standards Board and published by the Institute of Chartered Accountants in Ireland.

This report is made solely to the company's members, as a body, in accordance with Section 193 of the Companies Act, 1990. 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.

Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the financial statements give a true and fair view, in accordance with Generally Accepted Accounting Practice in Ireland, and are properly prepared in accordance with the Companies Acts, 1963 to 2009. We also report to you whether in our opinion: proper books of account have been kept by the company; and whether the information given in the directors' report is consistent with the financial statements. In addition, we state whether we have obtained all the information and explanations necessary for the purposes of our audit and whether the company's balance sheet and its income and expenditure account are in agreement with the books of account.

Basis of Opinion

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the directors in the preparation of the financial statements, and of whether the accounting policies are appropriate to the company's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion

In our opinion the financial statements give a true and fair view, in accordance with Generally Accepted Accounting Practice in Ireland, of the state of the company's affairs at 31st December 2011 and of its surplus for the year then ended and have been properly prepared in accordance with the Companies Acts 1963 to 2009.

We have obtained all the information and explanations we consider necessary for the purposes of our audit. In our opinion proper books of account have been kept by the company. The financial statements are in agreement with the books of account.

In our opinion, the information given in the chairman's report is consistent with the financial statements.

Ormsby & Rhodes
Chartered Accountants

CERTIFICATION OF THE CHIEF EXECUTIVE OFFICER & CHAIRPERSON

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Extracts from the Auditors Report for the year ended 31st December, 2011.

I / we certify that the financial statements of the Incorporated Orthopaedic Hospital of Ireland for the year ended 31st December 2011 as set up herein are in agreement with the books of account and have been drawn up in accordance with generally accepted accounting practices and with the accounting standards as laid down by the Minister for Health & Children.

Ms Michelle Fanning
Chief Executive Officer

These financial statements give the true and fair view of the state of affairs of the hospital at 31st December 2011 and of its income and expenditure and cash flow for the year then ended.

Dr Ciarán Craven
Chairman

26 APPENDIX 2 NON-CAPITAL INCOME & EXPENDITURE ACCOUNT

	Year to 31/12/2011	Year to 31/12/2010
Pay expenditure	€	€
Administration	494,174	547,962
Medical & dental*	88,879	121,723
Nursing & allied	4,736,496	4,254,370
Paramedical	989,447	870,232
Catering & housekeeping**	1,162,894	1,104,873
Maintenance	95,706	96,710
Pensions	793,618	711,164
Lump sums and gratuities	183,152	387,838
PRSI	698,805	592,187
Total gross pay	9,243,171	8,687,059
Non-pay expenditure		
Drugs & medicines	264,928	231,883
Blood & blood products	-	-
Medical gases	14,375	13,687
Medical & surgical supplies	117,828	109,090
Medical equipment	58,730	136,795
Medical equipment supplies /contracts on	-	-
X-ray equipment	-	-
X-ray supplies / contracts on	50,794	33,337
Laboratory equipment	-	-
Laboratory supplies / contracts on	93,311	54,851
Catering equipment	(5,854)	15,302
Catering provisions / contracts on	280,150	290,618
Heat, power, light	238,282	212,426
Laundry equipment	3550	(70)
Cleaning & washing supplies / contracts on	398,171	369,751
Furniture, crockery, hardware	8,283	15,149
Bedding and clothing	604	13,575
Maintenance equipment	2,906	2,059
Maintenance materials supplies / contracts on	56,230	346,037
Farm & garden equipment	15,281	18,922
C/F	1,597,569	1,863,362

* Note Line 2 (1) NCHD Med. & Dent.
(2) Common Contract Med. & Dent.

** Catering & Housekeeping includes Porters

NON-CAPITAL INCOME & EXPENDITURE ACCOUNT

	Year to 31/12/2011	Year to 31/12/2010
Non-pay (continued)	€	€
Farm supplies contract on	-	-
Travel subsistence	14,024	15,116
Transport of patients	14,688	5,377
Vehicles purchased	-	-
Vehicles supplies/contracts on	-	-
Bank loan, capital repayment	-	-
Bank interest & charges	1,551	1,443
Insurance, audit, legal costs	85,919	86,006
Office equipment	-	-
Office supplies/contracts on	86,400	81,516
Computer equipment	29,095	89,492
Computer supplies/contracts on	60,501	21,665
Professional services	187,203	138,165
Staff training	30,359	2,929
Bad debts	-	-
Adjustment to provision		
Doubtful debts	(3,829)	54,799
Miscellaneous	22,027	21,646
Total non-pay	2,125,507	2,381,516
Total gross expenditure (10 + 48)	11,368,678	11,068,575
Income		
Patient income	3,390,951	2,534,222
Canteen receipts	-	-
RTA (receipts)	63,561	78,661
Deduction from payroll superannuation	759,814	714,411
Payroll emoluments / canteen receipts	65,216	94,292
Charges for services to external agencies	-	-
Income from shops, farms etc.	-	-
ESF (Receipts, revenue application)	-	-
Miscellaneous	16,288	10,560
Total income	4,295,830	3,432,146
Total net expenditure (49-59)	7,072,848	7,636,429

28 APPENDIX 2 *continued*

CAPITAL INCOME & EXPENDITURE ACCOUNT

	Year to 31/12/2011	Year to 31/12/2010
Expenditure*	€	€
Projects (specify):		
Development of new hospital	208,519	483,668
Equipment (specify):		
Kitchen equipment	-	-
Physiotherapy and hospital equipment	-	-
Office equipment & security system	-	-
Miscellaneous fittings – generator	-	-
Repairs and refurbishment	-	-
Windows	-	-
Ceilings	-	-
Other (specify):		
Total expenditure	(208,519)	(483,668)
Income	-	-
Disposal proceeds / (loss)	-	-
Subtotal	-	-
Capital grant (HSE)	365,502	512,247
Total income	365,502	512,247
Balance (unfunded) / unspent	156,983	28,579
Balance b/f from previous year	606,060	577,481
Cumulative balance – (unfunded) / unspent	763,043	606,060

* Expenditure should include acquisitions from all sources of funding except Non-Capital Allocation



**The Incorporated Orthopaedic Hospital of Ireland Operating as Clontarf Hospital
(as from 29th July 2011)**

Castle Avenue, Clontarf, Dublin 3

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