

Clontarf Hospital

ANNUAL REPORT



2015

HOSPITAL BACKGROUND

The Original Orthopaedic Hospital and dispensary was founded in 1876 by Dr. Robert Lafayette Swan and was located at 11 Usher's Island on Dublin's Quays. The hospital specialised in orthopaedic surgery, in particular the treatment of children with congenital orthopaedic abnormalities such as club foot and dislocated hips. In 1883, due to increasing demands on the service, the hospital moved to two buildings in Great Brunswick Street formally known as Hoods' 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 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 renovated the hospital could accommodate up to 75 paediatric inpatients.

The hospital moved to its present location in 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 compliment of 160 beds. The hospital entrance is on Blackheath Park off Castle Avenue, and leads into the landscaped gardens to a large and open hospital entrance. The hospital's rehabilitation services have been extended in recent years to include 80 rehabilitation beds for older people.

MISSION STATEMENT

IS TO PROVIDE A HIGH STANDARD OF
PATIENTS REFERRED TO THE HOSPITAL
THE OPTIMUM STANDARD OF HEALTH



OF CARE AND TREATMENT FOR ALL
PATIENTS TO ENABLE THEM TO ACHIEVE
HEALTH AND INDEPENDENT LIVING



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Catherine Daly
Receptionist



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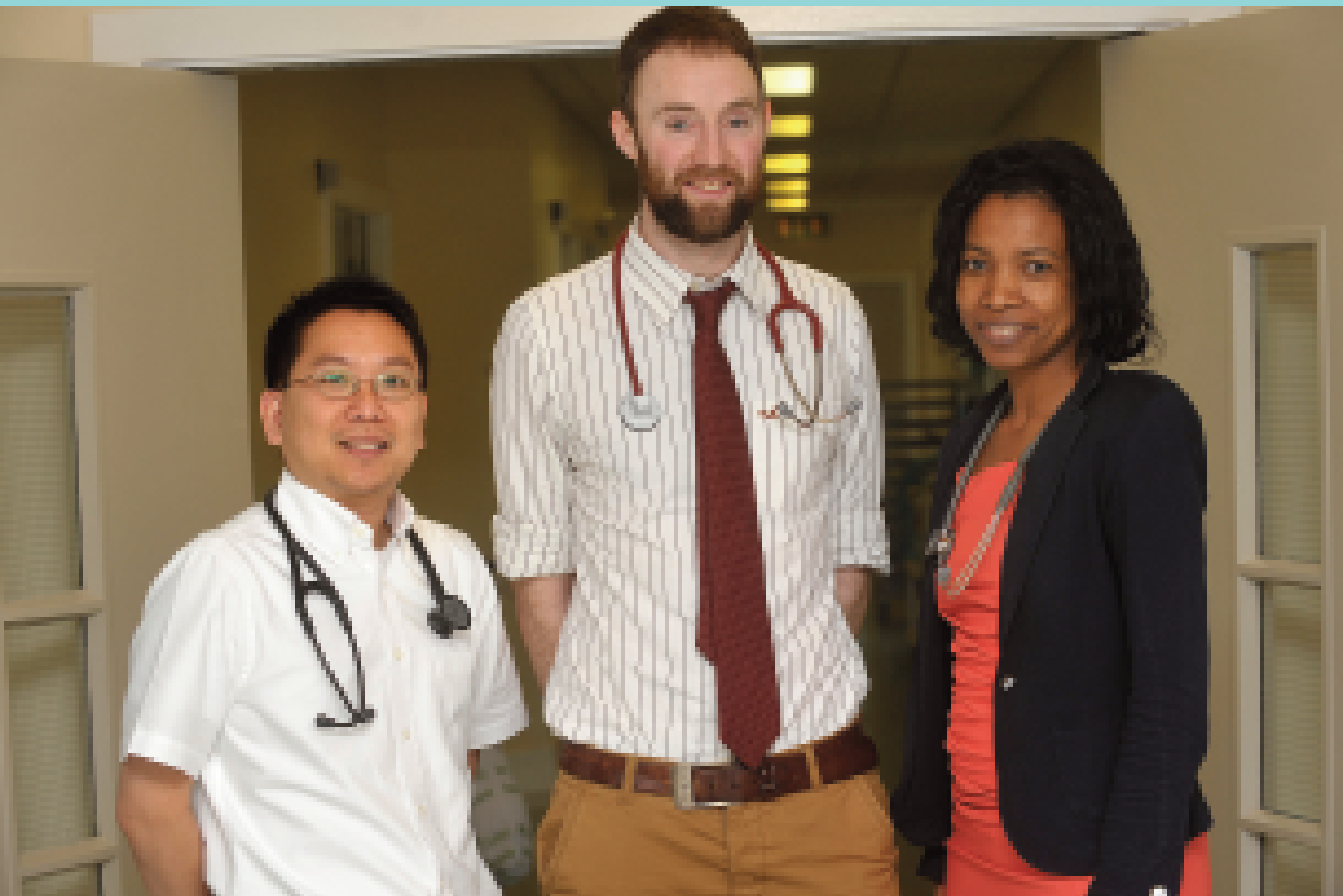
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Members of the Hospital's Medical Team
Dr. Stuart Lee, Dr. Ruairi McNicholas and Dr. Gamu Nthekela

SENIOR HOSPITAL STAFF

Incorporated Orthopaedic Hospital of Ireland

Chief Executive

Ms. Michelle Fanning

Director of Nursing

Ms. Lorna Nangle

Assistant Directors of Nursing

Ms. Noreen Browne

Ms. AnnMarie McGovern

Finance /Administration

Ms. Bernadette Saunders

Physiotherapy Manager

Ms. Grainne O'Hara

Senior Social Worker

Ms. Imelda Morris

Radiologist

Dr. Martina Morrin

Senior Radiographer

Ms. Gillian Rice

Chief Pharmacist

Ms. Linda Murnane

Senior Pharmacist

Ms. Niamh Ruane

Senior Occupational Therapist

Mr. Frank D'Easaille

Ms. Aileen Murray

Senior Dietician

Ms. Teresa Stenson

Human Resources Officer

Ms. Jacqueline Connolly

Catering Officer

Mr. Yoichi Hoashi

General Services Officer

Mr. Jorge Pereira

Risk Officer

Ms. Ciara Palmer

Attending Geriatric Consultants

Dr. Linda Brewer

Dr. Dermot Power

Dr. Orla O'Donoghue

Dr. Siobhan Foreman

Attending Registrars

Dr. Stuart Lee,

Dr. Ruairi McNicholas

Pastoral Care

Ms. Miriam Moylan

Chaplains

Rev. Micheál Hastings

Rev. Leslie Robinson

Rev. Conrad Hicks



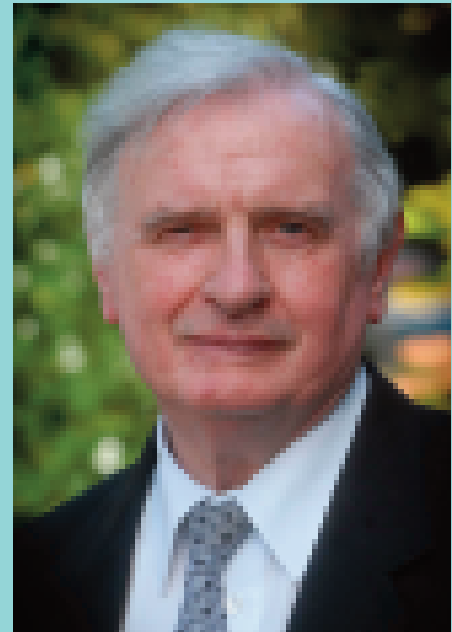
Board of Governors

Back Row (L- R); **Dr. J. Mahon, Prof R. Connolly, Mr. C. Scott, Mr. D. Kavanagh, Ms. D. Brett, Mr. J. Cantwell**

Front Row (L -R); **Mr. T. Horgan, Ms. M. Higgins, Dr. C. Craven S.C., Ms. C. Mac Daid, Mr. L. Sibbald, Ms E. Feldman (absent)**

BOARD OF GOVERNORS 2015

Incorporated Orthopaedic Hospital of Ireland



President: The Hon. T. C. Smyth, S.C.

Board of Governors - 2015

Chairman: Dr. Ciáran Craven S.C. (to July 2015)
Ms. Marcella Higgins from July 2015

Deputy Chairperson: Ms. Marcella Higgins (to July 2015)
Ms. Catherine Mac Daid from July 2015

Members: Ms. Denise Brett
Mr. John Cantwell.
Prof. Regina Connelly
Ms. Mary Coffey resigned April 2015
Dr. Ciáran Craven S.C.
Ms. Estelle Feldman
Mr. Daragh Kavanagh
Mr. Terence Horgan
Dr. James Mahon
Mr. Les Sibbald
Mr. Charles Scott

CHAIRMAN'S REPORT



Marcella Higgins

**The original stainglass in the hallway of
Blackheath House, today Clontarf Hospital**

CHAIRMAN'S REPORT

In keeping with a tradition of adapting to changing demands, Clontarf Hospital, in association with the Health Service Executive, Mater Misericordiae University Hospital and Beaumont Hospital, and in accordance with the National Clinical Programme for Older People, is now providing an older persons rehabilitation service as well as continuing the previous core activity of step-down facilities for orthopaedic patients from acute hospitals. The Hospital has made this transition while remaining within budget due to the commendable efforts of staff and management.

At the Annual General Meeting, in July 2015, Dr Ciaran Craven retired as Chairman of the Board of Governors. Dr Craven became a member of the Board in 2008 and served as Chairman from 2010 to 2015. As Chairman, Dr Craven was instrumental in advancing governance processes and the extension of services to utilise the full complement of 160 beds. Dr Craven's valuable contributions to meetings of the Board and Committees and other Hospital activities as Governor and Chairman are recognised and appreciated.

Ms Mary Coffey retired from the Board of Governors during 2015 after three years as a Governor. Ms Coffey's clinical knowledge and wide-ranging experience enhanced decision-making at meetings of the Board and the Clinical Governance Committee of which she was a member. I wish to record the appreciation of the Board for the valuable contribution made by Ms Mary Coffey to Clontarf Hospital and to wish her well in future endeavours.

Governors contribute their time, expertise and experience on a voluntary basis. I wish to acknowledge their deep commitment and to express my gratitude for their positive and active participation at meetings of the Board and meetings of Board Committees on Clinical Governance, Audit (including risk management), Ethics, Finance and General Purpose Committee, Board Nominations and as well as their willingness to provide advice, support and suggestions on matters that require attention in between formal meetings.

I also wish to acknowledge with gratitude and appreciation the dedication and work for the benefit of patients of the Friends of the Incorporated Orthopaedic Hospital.

I wish to thank the Chief Executive, staff and management of the hospital for their dedication and commitment in delivering high quality health care to patients in a caring and professional manner. Their excellent work is seen and noted throughout the year not only through reports to the Board but also by the Visiting Governors on their regular visits to hear the views of patients and to observe the Hospital's services in action.

I look forward to working with the Board of Governors, management and staff in 2016 to ensure that Clontarf Hospital continues to serve patients to the high standards demonstrated through a long history of proven excellent performance.

Marcella Higgins
Chairman

ATTENDANCE SCHEDULE FOR EACH BOARD MEMBER - 2015

Surname	First Name	Jan	Feb	March	April	May	June	July	August	Sept	
Brett	Denise	y	n	y	y	y	y	y	none	y	
Cantwell	John	y	n	n	n	y	y	y	none	y	
Coffey	Mary	n	n	n	n	n/a	n/a	n/a	none	n/a	
Connolly	Regina	n	y	y	y	y	y	y	none	y	
Craven	Ciaran	y	y	y	y	Y	y	y	none	y	
Feldman	Estelle	y	y	y	y	y	n	y	none	y	
Higgins	Marcella	n	y	n	y	y	n	y	none	y	
Horgan	Terence	y	n	n	y	y	y	y	none	y	
Kavanagh	Daragh	y	n	y	y	y	y	y	none	y	
Mac Daid	Catherine	y	y	n	y	y	y	y	none	y	
Mahon	James	y	y	y	y	y	y	y	none	n	
Scott	Charles	y	y	y	y	n	y	y	none	y	
Smyth	T.C.	n/a	n/a	n/a	n/a	n/a	n/a	y	none	n/a	
Sibbald	Leslie	y	y	y	y	y	y	y	none	n	

ATTENDANCE						
t	Oct	Nov	Dec	Attended	Possible	%
	y	y	y	10	11	91
	y	y	y	8	11	73
a	n/a	n/a	n/a	0	4	0
	n	y	n	8	11	73
	y	y	n	10	11	91
	n	y	y	9	11	82
	y	y	y	8	11	73
	y	y	n	8	11	73
	n	y	y	9	11	82
	y	y	y	10	11	91
	y	y	y	10	11	91
	y	y	y	10	11	91
a	n/a	n/a	n/a	1	1	100
	y	y	y	10	11	91

CHIEF EXECUTIVE'S REPORT



Michelle Fanning CEO

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Blackheath House, today Clontarf Hospital**

CHIEF EXECUTIVE'S REPORT

Introduction

Welcome to Clontarf Hospital's 2015 annual Report.

The year 2015 was memorable, for the first time in the history of the Hospital operational capacity reached 160 inpatient beds.

The annual report not only provides me with an opportunity to highlight all the hospital has achieved in the past year but also provides an ideal time to acknowledge the huge efforts made by staff throughout the year.

Services

Work continued in developing the older people's rehabilitation service in line with the National Clinical Programme for Older People throughout 2015. The opening of the extra beds in June was the culmination of many months of reconfiguration and hard work in the hospital.

I would like to specifically acknowledge that the changes in our service could not have been achieved without the support, commitment and hard work of all our staff and for this I am sincerely grateful. For those who went the extra mile, embraced change, rose to the challenge, provided innovative solutions and learned new ways, your energy and enthusiasm has been an essential element in successfully reconfiguring our services. Be assured that your efforts are recognised and deeply appreciated. These changes are necessary so that we can meet the evolving healthcare needs of the population we serve and so that we can deliver high quality safe care that impacts so positively on the lives of the patients we care for.

Our beds are now divided equally between the orthopaedic and older people's rehabilitation services and the activity level in 2015 reports an overall bed occupancy of 91% with a total of 1663 admissions and 1650 discharges with a total of 57,105 bed days used. There was significant increase in the activity levels in the physiotherapy department and inpatient x-rays. A full report on the Hospital's activities is available at Appendix 2. Although much work has been achieved in the development of services it is hoped that further resources will become available so that we can deliver services fully in line with the recommendations in the National Clinical Programme for Older People.

Development in Services

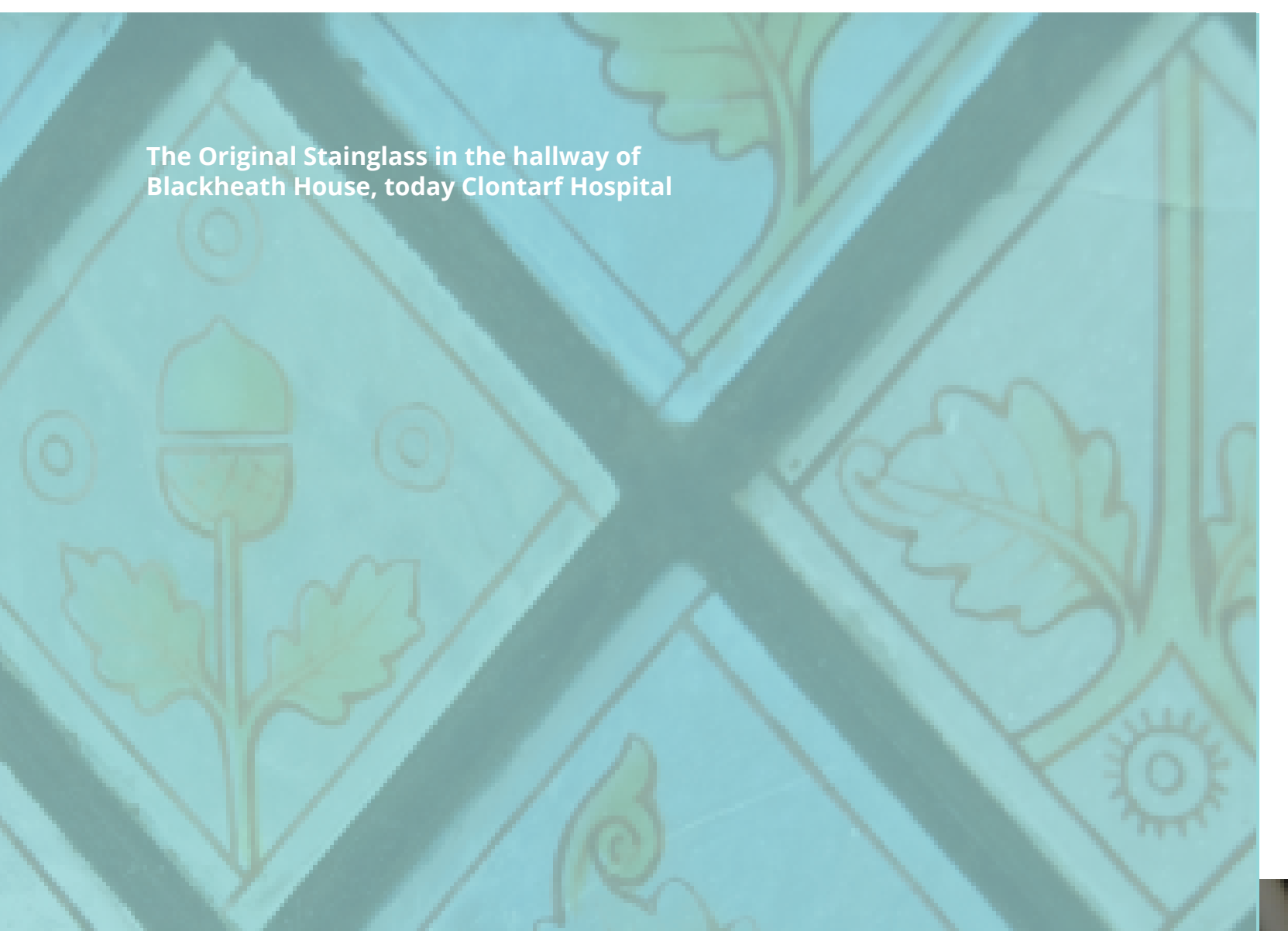
The National Integrated Medical Imaging System (NIMIS) is part of the Health Service Executive's transformation project that is changing the delivery of radiology services in Ireland. NIMIS provides advanced medical technology within hospitals to help ensure patients receive the best diagnostic solutions available in their area of treatment.

In October the Hospital began the implementation of NIMIS and in a compressed time of 12 weeks went live in December. This was due to the enormous efforts by the hospital's NIMIS team working in close collaboration with the National NIMIS team and McKesson. The Hospital now has access to all prior x-ray examinations for patients transferred from the referring acute hospitals and improved reporting times. This change significantly improve patient safety and the standard of care provided, while also eliminating x-ray film.

Quality and Safety

In line with the National Standards for Safer Better Healthcare, the hospital believes that quality and safety is fundamental to safe patient care. Throughout 2015 the hospital remained absolutely focussed on implementing quality improvements. To this end we prioritised several areas of high risk, namely patient slips/trips/falls, medication errors and infection control. Constant auditing, action plans, and the implementation of remedial actions helped us to deliver high quality safe care free from avoidable harm. The addition of a Risk Officer has been a great addition to the hospital's management of risk and quality improvement and I welcomed Ms Ciara Palmer to the Hospital in June 2015.

Proper management of Infection control and hospital hygiene are vital to providing patients



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with a clean safe hospital environment and to this end the hospital placed significant resources into the control and prevention of infection and maintaining a clean safe hospital environment. The success of which was evident in service user feedback throughout the year where the cleanliness of the wards and hospital was consistently mentioned.

Financial Report

I am pleased to report the Hospital remained within budget in 2015 despite a significant unexpected drop in the private insurance income stream. Working within limited budgets and scarce resources is always challenging and I thank Ms Bernadette Saunders and her team for the safe handling of the Hospital's finances and bringing the Hospital in on budget at year end. Further details of the hospital's financial statements can be found at Appendix 1.

Health and Safety

The hospital remained committed to the Safety,

Health and Welfare of all our employees. The Health and Safety Committee worked, as a joint effort between management and staff, throughout the year in addressing all matters related to staff health, safety and employee welfare. Some of these activities included:

- Safety walkabout audits
- Vaccination Programme
- Secure Staff bicycle lockers
- Work related stress workshops
- Office space improvements
- Manual handling training
- Fire safety training
- Installation of lift in the administration building

In line with our statutory obligations the Hospital had two dangerous goods audits in July and November 2015 and the overall level of compliance with regulations and guidelines associated with the segregation, packaging, transport and disposal of dangerous goods in the hospital was found to be good. There were no

infringements with one non-conformance and 38 observations. Action Plans were successfully implemented to address the non-conformance and the observations.

In Conclusion

As always I would like to thank the Board of Directors of Clontarf Hospital for their hard work, commitment and service to the hospital throughout 2015. In particular I would like to mention and thank Dr Ciaran Craven SC, whose tenure as Chairmanship concluded in July 2015. Dr Craven provided steadfast leadership through the difficult and complex years of budgetary cuts and public service Moratoria. His expertise also guided the reconfiguration of our services and the implementation of formal quality and safety management in the hospital. I now look forward to the future and to working with our new Chairman Ms Marcella Higgins who has ably assisted Dr Ciaran Craven as deputy chairman over recent years.

I also cannot forget the contribution throughout the year of the various ecumenical services and accompanying music that were held in November and the December Christmas carol service provided for the patients and staff alike by our local primary school Green lanes. For all these lovely occasions, I offer my appreciation and thanks.

Finally, our successes over the past year are the result of working together and everybody playing their part. Our strength is the strength of individuals working in teams with a common cause and putting our patients first. I look forward to the coming year and working with all our staff in continuing to provide a quality safe rehabilitation service for all our patients.

Michelle Fanning
Chief Executive

Ms. Ger Matthews,
Physiotherapist

Ms. Mary Chapman





Bernadette Saunders
Head of Finance

FINANCIAL REVIEW

The Annual Financial Statements for the year ended 31 December 2015, comply with the current statutory requirements, the requirements of the hospital's governing document and the provisions of the Statement of Recommended Practice (SORP), applicable to charities preparing their accounts in accordance with the Financial Reporting Standard (FRS102).

Income

Total income for 2015 was €14m

- Clontarf Hospital is funded by the HSE as a Section 38 agency and received funding of €9.8m
- The 12 designated Private Rooms with an occupancy level of 91% generated €3.2m
- RTA receipts €0.2m
- Superannuation deductions €0.7m
- Canteen receipts/other income €0.1m

Expenditure

Total expenditure (less depreciation) in 2015 was €14m

- Pay Costs €11.3m
- Non Pay Costs €2.7m

In 2015, Clontarf Hospital worked to control expenditure delivering a value-for- money service within the funding level set by the HSE. The additional funding secured from the HSE saw the hospital achieve the opening of all 160 beds for Active Rehabilitation and Orthopaedic Rehabilitation.

Bernadette Saunders

Head of Finance



Jacqueline Connolly
Human Resources Officer

HUMAN RESOURCE DEPARTMENT

Introduction

The Human Resources Department provides a wide-ranging service to both staff and patients. The annual report affords the opportunity to report on the changes surrounding the Human Resources sector and the accomplishments and activities of the HR Department in 2015 for Clontarf Hospital.

I am delighted to have been appointed as the Human Resources Manager for Clontarf Hospital in January 2015. This was an exciting time for me which required adapting to the culture of the Hospital and becoming familiar with the structure and practices in each Department. Following on from a successful 2014, 2015 saw changes in Human Resources (HR) nationwide through legislative amendments and reforms. Actions from the Haddington Road Agreement also continued to impact on the Human Resources function through expressed terms of employment contracts.

Employment Legislation 2015

Some major changes took place in employment legislation and legislative structure in 2015 which affected each and every HR Department within the public sector as follows:

The Industrial Relations (Amendment) Act 2015 presented important and essential reforms to Industrial Relations legislation in Ireland. The legislation includes provisions where remuneration, pensions and sick pay in a particular sector can be recognised, approved and enforced.

Subsequent to the Workplace Relations Bill 2014, May 2015 brought the implementation of the Workplace Relations Act 2015. The act now provides for the establishment of the Workplace Relations Commission since October 2015 with a full range of functions that were once carried out by NERA, the Equality Tribunal, the LRC and the EAT as first protocol for complaints. It also provides for the Labour Court to be the appellate body to determine appeals against decisions of Workplace Relations Commission Adjudicators. Furthermore, the act enabled the systematic winding down of NERA, the Equality Tribunal, the EAT and the LRC thus standardising procedures. Moreover, with respects to legislative changes, succeeding the Protected Disclosures Act 2014, 2015 saw the first case being held under the Act. The case, which has since failed, involved an individual allegedly making “protected

disclosures” and subsequently being dismissed. The Judge in this case determined that the tests outlined in the Act, were not satisfied.

Networks

The HR Manager continued to represent the hospital at the Voluntary Hospitals HR Managers Group meetings in IBEC (Irish Business and Employers Confederation). These meetings allow for all HR Managers from various hospitals nationwide to discuss topics under employment legislation, new practices and procedures and also affords the group to have regular updates from CERS (Corporate Employee Relations Service) and open communication with the National Director of Human Resources for the HSE.

Recruitment

The recruitment and selection process is aimed to ensure that the hospital recruits and retains the most appropriate candidates to match the culture, strategic and operational needs of the hospital. Recruitment and Selection of employees is done by means of an interview panel in the hospital where HR and Line Manager’s commit to work closely to recruit a high caliber and skilled candidates. The recruitment and selection process ensures the values of fairness, excellence, transparency and accountability are maintained. In line with and to meet the changing requirements of the services of Clontarf Hospital, it was an exciting time for the Human Resources

Department to be an integral part of the growth of various departments throughout the year and the implementation of new services provided by the Hospital.

The HR Department continued to provide medical cover with the recruitment of a new rotation of Non-Consultant Hospital Doctors (NCHD) and Registrar in July 2015. I would like to thank Dr Dermot Power and Dr. Joseph Duggan for their constant support during the recruitment process for the NCHDs and the Locum Consultant Physician in Geriatrics and additionally thanks the NCHD's and Registrars for their continued support in medical HR matters. Recruitment saw an increase in the number of staff employed throughout the hospital including the implementation of new services to include Risk Management, Dietetics, Speech and Language therapy and a Locum Consultant Physician in Geriatrics.

Training and Development

In July, August and September of 2015, a course on Stress Management was provided for all staff and was delivered by Resilience Ireland in the hospital. The course educated staff on the key competencies and evidence based techniques for managing the physical and psychological effects of stress and pressure. Participants explored how to integrate these techniques and strategies into a plan to build resilience and manage workplace challenges more effectively.

Mandatory training for Fire Marshall and Fire Control and Command continued throughout the year for all staff. The HR Department intend to continue training initiatives throughout the hospital during 2016.

Health and Safety

Workers in a variety of occupations may be exposed to infectious agents during the course of their employment. In the Irish workforce, the largest at risk group are Health Care Workers (HCWs). Throughout 2015 a number of clinics were organised through the HR Department for Hepatitis B Vaccinations.

Time and Attendance Management System (TMS)

The start of 2015 saw all staff members being enrolled in the Time and Attendance Management System (TMS). Staff training was provided on a

continuous basis throughout the Hospital to enable managers and staff alike to use the system and seamlessly integrate it with our payroll function.

The self-service function will be rolled out in 2016. Employee Self-Service is a web-based system which allows employees access certain information (e.g. entitlement balances clock-cards etc.) about themselves in TMS. In addition to being able to view information, employees can perform certain functions such as requesting leave in advance, requesting clock-card updates and clocking in/out.

I would like to thank all staff for their co-operation during the implementation period of TMS and would reiterate that ongoing training is available on request.

Conclusion

Finally, 2015 was a busy and exciting time for the Human Resources Department. I eagerly look forward to new developments to come in 2016 with great anticipation. On behalf of myself and my colleague Jennifer Rafferty, HR Administrator the HR Department would like to thank all staff throughout the hospital for their continued support, hard work and dedication which enables the hospital to provide an excellent standard of patient care.

Jacqueline Connolly

Human Resources Officer



Swan Ward - Nurses station



Ciara Palmer
Risk Officer

RISK MANAGEMENT

I was delighted to be appointed as Risk Officer in Clontarf Hospital in June 2015. This was a new position in the Hospital and the culmination of several years work integrating formal risk management structures and practice throughout the hospital. Strong foundations had been laid down by the Chief Executive Officer and the Senior Management Team and I look forward to building on the work already achieved in the coming years.

Key Objectives:

- The promotion of patient safety through the delivery of a quality driven risk management service throughout the hospital.
- Ensuring the Hospital's risk management processes provide a standardise approach to the identification, analysis, evaluation, treatment, communication and monitoring of risk.
- Learning through investigation and analysis of reported incidents in order to identify risks and implement change to reduce risk and avoid harm to patients, staff, the visiting public and damage to hospital premises.

Achievements in 2015:

- Completion of the Departmental Risk Registers
- Completion of the Corporate Risk Register
- Management and inputting into the National Incident Management System
- The Falls Prevention Programme which was launched at the end of 2014 by clinical staff has proved to be a huge success for the Hospital in that the number of falls decreased in 2015 by 16.07%
- Training to staff during 2015 was provided in the following areas:
 - Capacity;
 - Trust in Care;
 - Confidentiality.
- The Hospital's Integrated Quality & Safety Committee met quarterly and reported on matters related to patient safety.
- The Hospital's Health and Safety Committee met quarterly and addressed matters related to employee health, safety and welfare
- Completed update training on Data Protection
- Open disclosure training commenced in September 2015 with further dates scheduled for 2016

Challenges in 2016:

- To continue to ensure staff are supported in providing safe effective and high quality rehabilitation care to all Clontarf Hospital patients
- To continue embedding a culture of risk management in the Hospital's consciousness
- To develop and embed a culture of Open Disclosure within the Hospital
- To provide ongoing risk management training to staff and to continue to promote a "no blame" culture within the Hospital
- To work towards full compliance with the HIQA National Standards for Better Safer Healthcare

Conclusion:

I would like to acknowledge and thank the CEO, Michelle Fanning, for her continued support and commitment to risk management within the Hospital.

I would also like to take the opportunity to recognise the support and assistance provided to the Risk Management Department by the Hospital's Senior Management Team, in particular, Ann Marie McGovern, T/Director of Nursing, and Grainne O'Hara, Physiotherapy Manager.

Finally, I commend staff and management for their continued hard work in ensuring that the Hospital has a culture of risk management and patient safety. I look forward to working with the Hospital on the challenges that 2016 brings.

Ciara Palmer

Risk Officer



Ms. Ann Marie McGovern
Temporary Director of Nursing

DEPARTMENT OF NURSING

As Temporary Director of Nursing, I would like to invite you to the Nursing Department's 2015 Annual Report. The report highlights the achievements and work accomplished by the Nursing and Health Care Assistant staff within the department.

Introduction

2015 was a busy and challenging year as we endeavoured to develop our rehabilitation services in a time of continued national nursing manpower shortages. Recruitment for nursing staff remains a challenge for the hospital despite ongoing recruitment campaigns which included advertisements in the National Newspapers, professional journals and online. In spite of this, the hospital had 160 beds operational from May 2015.

In the midst of this our Nursing and Health Care Assistant staff responded admirably and I am deeply appreciative of the support, commitment and professionalism of all staff who worked with greater flexibility. This enabled the department to maintain safe standards of nursing care and meet the care needs of our patients.

Caring to Make a Difference

The Department of Nursing acknowledges the commitment of our Nursing and Health Care Assistant staff who continued to embrace change, and to provide the standard of care in line with best practice, to which our mission statement refers; "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.

Our focus continues to be on safe quality care at every point of care for our patients and their families' journey through Clontarf Hospital. The department is never complacent and we continually look to adopt best practice, and most importantly, learn from and improve when we do not meet the high standards of care we have set out for ourselves.

Rehabilitation Service

The hospital continues to provide rehabilitation services to Orthopaedic patients, and older people for off acute hospital site rehabilitation. Patients admitted through the National Clinical Programme for Older People are transferred from Beaumont and the Mater Misericordiae University Hospitals and orthopaedic rehabilitation Older People are admitted from the acute hospital's in the greater Dublin area and Cappagh Hospital.

In line with the National Clinical Programme for Older People the older people's service is led by a Consultant Geriatrician which has strengthened the clinical leadership in the hospital and enables the hospital to develop the service into the future. Nursing staff are now supported by 24/7 on site Non Consultant Hospital Doctor cover, two Registrars, two Consultant Geriatricians and also have the visiting Orthopaedic Registrars from the Acute Dublin Teaching Hospitals.

Rehabilitation Services Developments

Patient Care

Providing patient care is a dynamic process which is constantly changing and many older people have complex health care needs. The strength of our nursing team is their ability to adapt and meet the emerging needs of our patients. By continuously seeking to improve our nursing care we can improve patient outcomes and make their stay in Clontarf Hospital a positive one.

Throughout 2015 we focused on meeting the emerging nursing needs of our patients and several important improvements in patient care were delivered.

Although the service is focused on rehabilitation, at times, care needs around end of life became apparent. To this end and with the kind assistance of Dr Regina McQuillan of St. Francis Hospice and the Hospital's Ethics Committee an End of Life Policy was drafted, approved and circulated. Dr Kevin Connaire, also from St Francis' Hospice, provided End of Life training to both Nursing and Health Care Assistant staff and allowed us to develop our clinical skills to provide high quality care for patients and their families at this difficult time.

All too often patients with complex post hospital needs are delayed in hospital after they have completed their rehabilitation programme and are deemed medically fit for discharge. It is essential that there is early intervention to address constraints that are impacting on timely discharge, and appropriate and effective transfer of care. In October, a steering



Gracefield Ward

Helena O'Curry, Marie Gilligan, Litha Elizabeth Llahannan and Beena Abraham

committee was set up to identify why delayed discharges occur, and to develop pathways of care through the development of policies and procedures to prevent delayed discharges occurring in the hospital and work will continue on discharge pathways into 2016.

Risk Management

Reducing risk and improving patient safety remains high on the nursing agenda. I am confident that the nursing department can meet the challenges ahead if we stay focused on providing patients with safe quality driven care.

Nursing staff continues to participate in the implementation of the hospital's Falls Prevention Programme. The Temporary Director of Nursing as chair of the falls committee continues to drive improvements to reduce the number of falls with the implementation of KPIs, increase staff involvement and awareness.

The nursing department continues to review and update nursing policies and procedures, and nursing documentation with the introduction of an improved

patient centred care plan in line with the National standards for Safer Better Healthcare and best nursing practice.

Continuous Professional Development

Nursing and Health Care Assistant staff education and training continued in 2015 so we can maintain a safe evidence based practice, and implement changes in practice as required. In 2015 nursing education and training focused on the following topics:

- End of Life Care
- IV Administration via peripheral cannula device
- Nursing documentation.

Staff attended external and hospital run in-service courses. Mandatory training continued in Cardiopulmonary Resuscitation, Manual Handling and Fire Training. Other study days, workshops and seminars attended throughout the year include:

- End of Life Care
- Administration of Intravenous Medication
- Nursing Documentation Workshops
- Care of the Older Person
- Trust in Care Workshop
- Open Disclosure – Train The Trainer

- Fair Deal Training
- Palliative Care Multidisciplinary
- Early Warning Score
- MUST Training
- Ketone Testing – Train The Trainer
- Risk Register Workshops
- National Orthopaedic Nurses Conference
- Preceptorship Course
- Hand Hygiene
- Infection Control – First National Sepsis Summit
- National Patient Safety Conference
- Falls Prevention
- ECG training
- Continence Promotion
- Hoist Training
- Risk management
 - Medico-legal issues relating to Older People
 - Confidentiality
- Human Resources
 - Stress Management Workshops.

E-learning programmes also completed by staff in 2015 were as follows;

- Medication management
- Hand hygiene for Nursing and Health Care Assistant staff
- Medical Gases for Nursing and Health Care Assistant staff

Congratulations are due to the following staff;

- Ms. Christine Devereux, Staff Nurse and Mr. David Carrick, Health Care Assistant who successfully completed an Occupational Health First Aid Course in 2015.
- Ms. Catherine McDonnell, Staff Nurse who successfully completed in 2015 a Foundation Course – Safe Patient Care Healthcare associated Infection Prevention & Control for all.

The following Health Care Assistants commenced the Certificate in Fetac Level 5 Health Service Skills Course in 2015 which they will complete in 2016;

Ms. Patricia Lim
Ms. Desiree Mulligan
Ms. Rhodora Yamongan

We are very grateful to the Centre for Nurse Education in the Mater Misericordiae University hospital for providing education and training to our Health Care Assistants and also, for their ongoing education and support to nursing.

Degree Student Nurses

The hospital continued to provide clinical placements for First Year Degree student nurses and in 2015 also facilitated Third Year Paediatric / General Nursing Students from University College Dublin and the Mater Misericordiae University Hospital. The students enjoyed their placements and were very grateful for the support and guidance provided by all

staff in Clontarf.

Community and Work Experience Placements

In 2015, nineteen transition year students from local secondary schools spent a week on community placement in the hospital, primarily on the wards under the supervision of the nursing staff with visits to the different departments within the hospital. Feedback from the students was very positive and we hope to continue these valuable links with our local communities.

The Department of Nursing also provided clinical placements for students who are undertaking a post leaving certificate course in nursing in Colaiste Dhulaigh in 2015.

Personnel

I would like to welcome all the new Nursing and Health Care Assistant staff who joined us in 2015. Also a welcome and thank you to Ms. Jacqueline Connolly, Human Resources Manager and Ms. Ciara Palmer, Risk Manager who joined the hospital in 2015 for their support and assistance to the Nursing Department.

Conclusion

In 2015, we continue to reconnect with the fundamentals of nursing care to ensure quality compassionate service to our patients and their families.

The level of dedication, team spirit and sense of pride the staff display is evident to all patients and visitors alike. It is my objective to ensure that we continue to deliver a quality compassionate service with patient safety being paramount.

I know that with the assistance of the Nursing and Health Care Assistant staff and all our colleagues throughout the hospital, we will continue to improve in delivering the best possible rehabilitation service for our patients and their families.

On a personal note, I would like to thank my colleagues in Nursing Administration for their ongoing support and dedication, and all the Nursing and Health Care Assistant staff for their commitment, co-operation and support during the past year.

Finally I would like to thank Ms. Michelle Fanning, Chief Executive Officer for her ongoing support and guidance in ensuring that Clontarf Hospital is a welcoming, safe and efficient rehabilitation hospital. We are honoured to look after the patients who are entrusted into our care every year and we intend to make a lasting difference to the way that care is delivered to each and every patient, each and every day.

Ann Marie Mc Govern



OCCUPATIONAL THERAPY

The OT department respects the dignity and individuality of each patient adhering to professional standards and ethics while maintaining the ethos of the hospital. Occupational Therapy (OT) is a client centred health profession concerned with promoting health and well-being through occupation. The primary goal of occupational therapy is to enable people to participate in their activities of daily living. Our interventions include maximising the patient's functional independence, for example with washing, dressing and preparing food, making recommendations for services, prescribing assistive devices and home adaptations which are required to ensure the desired performance and participation outcomes in their daily activities.

The Occupational Therapy Service.

Clontarf Hospital has two senior and two staff grade Occupational Therapists who cover the five wards of the hospital and see patients on a referral basis. One senior and one staff grade OT are allocated to the approximately 80 orthopaedic beds and similarly one senior and one basic grade are allocated to the approximately 80 GRP beds. The complexity and dependency of the patients continues to increase with many patients requiring significant OT input as part of their treatment plan.

Service Developments

- OT continues its involvement with the 'Falls Prevention Programme' and provides educational talks in coordination with colleagues in the Physiotherapy Department which has proven popular with patients and their families.
- Breakfast groups and food preparation activities continue using the OT kitchen facility to prepare patients for return to independent living on discharge.
- Two members of staff followed up their attendance of the 'Home based Memory Rehabilitation Programme' course and plan to introduce a memory rehabilitation group for patients in Clontarf Hospital.
- Two simulated stair lifts are now in place in the OT department, enabling patient assessment which assists with discharge planning. Use of this facility has been extended to local community OT services so that they can bring

patients to use this asset by appointment.

- Recognising the importance of the car to our patient's general function, the department has taken steps to facilitate the installation of a simulated passenger side vehicle body which is intended to be used for in / out of vehicle transfer training as well as to demonstrate adapted seating which are available.

Service Activities

The OT department attend and prioritise weekly Multi-Disciplinary Ward meetings on Kincora, Blackheath, Vernon, Swan and Gracefield wards. OT continued its involvement on hospital committees and engaged with the management and quality control and risk management of service delivery.

The Department facilitated undergraduate and post graduate courses of study in OT as well as visiting transition year and nursing students with education on the role and contribution of OT to the Multi-Disciplinary Team.

Service Collaboration

The OT Department maintained its contacts with Community Occupational Services as well as referring hospitals. The Department has also hosted two visits from one of the principal schools of Occupational Therapy in Belgium who wanted to establish contact with a hospital in Ireland to enhance their understanding of the practice of the professional on the international stage. Locally, the department attended days organised

by the local Care Of The Elderly service as well as the Mater organised study day for Care of the Elderly Services in North Dublin.

Professional Development

In accordance with the requirements of CORU registration, the department has continued with its own programme of in service education sessions as well as attending off site education. The Department members contribute to a number of professional special interest groups including the Older Persons Advisory Group and the professional body, the AOTI, management and education committees, all staff members are registered members of the AOTI.

The department working collectively with Ms. Phil Dunne, reviewed and updated department policies and created new ones where a need was revealed.

A number of staff members completed their contracts of service to the department this year and the department would like to express thanks to all these former members of staff for their work and commitment to the operation of the department and the hospital during their service, it was a pleasure to work with you.

Frank D'Easaille Sutcliffe

Senior Occupational Therapist



Occupational Therapists
Alicia Griffith and Jennifer McDonald



Gráinne O'Hara
Physiotherapy Manager

PHYSIOTHERAPY DEPARTMENT

The Physiotherapy Department is committed to achieving excellence in patient care in an environment of mutual respect and continuing education.

We aspire to create a service that is dynamic, effective, patient centred and appropriate and that also enables patients to achieve the highest quality of life their condition allows. We aim to both educate our patients and to encourage participation in their care management in order to formulate plans that encompass both social and environmental factors. We endeavour to ensure that an evidence-based approach is central to our service delivery through promoting and supporting continuing professional development and research.

Physiotherapy service and departmental activity

All patients admitted to the hospital are referred and assessed for physiotherapy and usually have a treatment plan initiated within twenty four hours of admission. This timescale can be extended for patients admitted before a weekend, who will be seen on the next working day.

The current staffing is six senior and five staff grade physiotherapists and a physiotherapy manager.

The gym facilities were greatly enhanced by the addition of a second set of stairs, a ramp and an additional MOTomed leg and upper body/arm trainer. Gym based treatment sessions peaked in June with an average of 60 gym based treatment sessions per day (range 45 to 72) and we are grateful to the portering staff for their assistance in facilitating this volume of traffic to the gym. Overall physiotherapy treatments (gym and ward based individual and group sessions) also peaked at 200 treatments per day in June.

Activity	2014	2015	Variation	Comments
Total physiotherapy treatment sessions	37,130	48,112	30% increase	There was a 30% increase in overall physiotherapy activity indicating an increase in the number of patients requiring more than 1 physiotherapy treatment session per day.
Total Gym based individual physiotherapy treatment sessions	5,985	9,730	63% increase	There was a 63% increase in patients requiring 1:1 gym based physiotherapy treatment indicating increased complexity and dependency of patients.
Total Gym based group exercise treatment sessions	3,136	3,607	15% increase	There was not a proportionate increase in gym based group exercise treatment sessions indicating that less of our patients were group appropriate in terms of exercise needs.
Total Gym based physiotherapy treatments	9,121	13,337	46% increase	There was a 46% increase in the number of rehabilitation patients requiring gym based physiotherapy.
Percentage of total physiotherapy treatment that were gym-based	25%	28%	3% increase	Despite an overall increase in physiotherapy treatment sessions, access to gym based rehabilitation also improved.

Service Development

Physiotherapy Falls Prevention and Management subgroup

The physiotherapy department was represented at the National Hip Fracture Database conferences in March and November, the 3 Fs (falls, fragility and fractures) conference in June and the inaugural Forever Autumn community of practice Falls and Bone Health conference 2015.

The physiotherapists formed a falls subgroup and they audited attendance at the very popular and beneficial weekly falls education sessions. Following on from this data they looked at ways of improving access for patients and carers to the education sessions and set key performance indicators.

The physiotherapy department also submitted proposals for funding for audio-visual equipment to improve the efficacy of the presentations and to open up education sessions to cover other areas of health promotion relevant to our patients such as weight management, healthy exercising and management of specific chronic diseases.

Manual Handling

Ger Matthews, senior physiotherapist and Therese Kelly, staff grade physiotherapist attended an update course for existing people handling instructors in March and facilitated manual handling training for 70 staff members in April and May. Ger updated and stocked a manual handling box for each ward in order to ensure that manual handling aids were available and more accessible for staff and continued to advise staff and management regarding complex patient/manual handling issues and liaised with risk management also.

Care of the Elderly

The physiotherapy department was also represented at the National Clinical Care Programme for Older People conference in RCPI in May.

Aoife Crowe, senior physiotherapist carried out a frailty screening audit on all patients admitted to Gracefield ward in July 2015. The concept of frailty, a current area of research focus, is associated with key clinical syndromes including loss of mobility, falls, confusion, incontinence and poly pharmacy. The aim of the pilot study was to provide clinically

relevant data to measure the service improvements to patients while also mapping the burden on hospital resources, to give a clear indication of resource needs to bring the geriatric rehabilitation service in line with best international standards and best practice, as documented in the National Clinical Care Programme for Older People.

Sophie Gardner, staff grade physiotherapist was successful in her application to attend an elderly rehabilitation falls and frailty two day workshop in the Mater Misericordiae University Hospital (MMUH) presented by Louise Briggs, AHP therapy consultant for acute rehabilitation of older people in November. Both Sophie and Aoife Crowe attended a frailty study day in the centre for education, Beaumont Hospital in November.

The physiotherapy department presented at the "Mater Hospital Care of the Older Person links to Dublin North city forum" in September, a networking event aimed at strengthening communication links with healthcare professionals in Dublin north city. The principal purpose of the event was the sharing of information so that attendees had a better understanding of each other's roles, responsibilities and the referral pathways in place and it was a unique opportunity to discuss and promote the service offered by Clontarf Hospital.

Dementia care

Ger Matthews, senior physiotherapist applied to become a dementia champion, a 2015 national practice development programme initiative and was awarded a place on the personal-centred dementia care module in the school of nursing & human sciences, Dublin City University. The course involved a blended learning module running over 12 weeks including 6 lecture days, a portfolio based assessment and a change project. Ger's innovative project was the introduction of dementia friendly signage to Clontarf Hospital and will be rolled out in the hospital in early 2016.

Quality Improvement

The physiotherapy department are enrolled in a series of nine quality improvement workshops run by the Royal College of Physicians from September 2015 to May 2016. Topics include: using data for improvement, patient safety, patient centred care, patient flow and waste, change management



Pauline Sheeran Physiotherapist

models, governance models and leading for improvement. Each workshop involves the practical application of tools and techniques. The faculty consists of international and national professionals from the areas of quality improvement, patient safety and leadership. The workshops are intended to guide participants through the key skills and knowledge required for improving quality in healthcare.

Aoife Crowe, senior physiotherapist was nominated as a representative to link across sites for the MMUH OMEga project. The lean project relates to the discharge process and pathways from the MMUH to subacute rehabilitation hospitals (including Clontarf Hospital). It encompasses all steps of the pathway, including referral, assessment and transfer documentation. Having previously worked in the MMUH and trained in lean management Aoife is well placed to provide valuable insight to help improve and refine the systems. The physiotherapy department facilitated a briefing from the OMEga project team for hospital staff in December and it is hoped that lean management training and cross

site workshops will be organised by the Lean Academy in the MMUH for Clontarf Hospital staff in 2016.

Clinical Education

The physiotherapy department provided undergraduate student placements for final year students from Trinity College Dublin (TCD) and the Royal College of Surgeons. Also, based on feedback from previous graduates we were asked to double our intake of TCD Singapore students from the diploma to degree course, for overseas placement from Nanyang University. This was a great opportunity for us to educate students from Singapore on aspects of patient care that they were not familiar with such as primary care and to learn from them about the strengths of their healthcare system.

Continuing Professional Development and Networking

The Physiotherapy Manager attended regular meetings of the Chartered Physiotherapy Managers (CPM) and Voluntary Hospitals Physiotherapy Managers groups throughout the year.

“THE STRENGTH OF THE TEAM
IS EACH INDIVIDUAL MEMBER.

THE STRENGTH OF EACH
MEMBER IS THE TEAM”

Phil Jackson



The Physiotherapy Team

Back row L-R; **Rachel Pollock, Pauline Sheeran, Caroline Daly, Therese Kelly, Sophie Garner**

Middle Row (L-R); **Rachel Murphy, Claire Fagan** Front Row L- R; **Aoife Crowe, Emma Dunne, Lisa Kavanagh**

The physiotherapy manager and senior physiotherapists attended the CPM study day "Influencing in Changing Times, How to Survive and Thrive" and the HMI series of Master classes: "Generation Y - how to motivate and engage really smart people!", "Smart (critical) thinking for peak performance" and "Global trends towards integrated care".

The physiotherapy team invited an instructor from the Ireland Tai Chi and Qi Gong Association to the department in September to run an afternoon workshop on Tai Chi for falls prevention in older people.

The physiotherapy manager attended the ISCP conference 2015 "Change, Challenge and Opportunity, the next chapter in physiotherapy" which featured presentations relevant to us on the role of the multidisciplinary team in discharge planning for elderly patients and the changes, challenges and opportunities for physiotherapists in dementia care.

Challenges and Opportunities for 2016

We look forward to working with our colleagues throughout the hospital in the coming year and thank them for their continuing support and advice. We have identified a number of key working areas and challenges that we hope to prioritise in the near future:

- We continue to work with management to advocate for increased physiotherapy staffing levels in order to align ourselves with the National Clinical Care Programme for Older People physiotherapy staffing guidelines.
- We intend to expand on the frailty research carried out in 2015 to benchmark our service, measure outcomes for our patients and to identify those most suitable for admission to our rehab facility.
- The falls subgroup plan to update the material for the weekly falls prevention education sessions to digital format and following on from that we hope to expand our health promotion talks to include other relevant topics for our patients in collaboration with our multidisciplinary colleagues.
- Highlighted priority projects for 2016 include

an audit of transfer information to and from referring hospitals, staff and student induction, patient satisfaction survey, liaison with community care physiotherapists in each area to establish services available and waiting times, data analysis of length of stay and outcome measures for patients and an update of our post-surgery protocol folders.

- We also intend to work with the medical records committee, the hospital's IT team and DMF to enhance the current patient data management system to make it more efficient and effective in providing data and improving time spent on documentation.

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

Gráinne O'Hara

Physiotherapy Manager



Health Care Assistants
Anna Borges Campos, Krystian Szmul and Madeline Mulvaney

PHARMACY DEPARTMENT 2015

The pharmacy department in Clontarf Hospital provides pharmaceutical care for patients ensuring the safe, economic and appropriate use of medicines. The Goal of the pharmacy department is to optimise medication therapy, prevent adverse effects and continually improve medication safety for patients.

Services

Pharmacy is always cognisant of the safe, effective, and economic use of medication and when appropriate will use generic equivalents to get value for money. The Pharmacy department dispensed 44,304 items in 2015 and increase of 12 %. With Blackheath ward fully operational Pharmacy costs increased by 13%, while returns to Pharmacy remained at below 9%. The number of controlled drug requisitions increased by 4% and staff prescriptions doubled.

Dispensing

Our aim in the pharmacy department is to have medications available on the ward before the nurse needs to administer them to a patient. Requisitions are delivered twice daily - morning and afternoon. Receipt of all Geriatric rehabilitation patient prescriptions in the pharmacy prior to admission hugely facilitates the supply of medicines to the wards and also allows the Pharmacists to review medication for discrepancies prior to admission. The number of orthopaedic patient prescriptions received prior to admission is also increasing and this improves the medication supply to our orthopaedic wards.

Clinical

Medication safety is paramount in the department and involves giving the right person the right medication in the right dose at the right time and by the correct route. Kardex review by Pharmacy helps to ensure transcribing of medication from admission prescription to kardex is correct. Clinical duties include prescription and Kardex reconciliation, adverse drug reaction and medication incident reporting.

Reporting of medication incidents is essential to investigating how they occur and to help prevent re-occurring incidents. Medication incidents are collated and reported monthly to the wards, medical staff, and the risk manager. Reports detail possible contributory factors, action taken and recommendations for each incident as well as grading according to the NCC MERP grading system. Only through reporting of medication incidents and near misses can we look at medication management and identify existing or potential problems. All staff involved with medicines are encouraged to report medication incidents.

The Senior Pharmacist ran a successful seasonal influenza vaccination clinic with about 30 staff attending in October 2015 and to encourage take-up the Pharmacy staff provided extra vaccination sessions with medical staff.

Service Developments

The Pharmacy computer system Cliniscript was upgraded in 2015 and the main advantage in the new version is that we can now transmit our orders electronically to the wholesalers. This means we are notified immediately of any shortages. The addition of bar code scanners to the system means that labels can be generated more accurately and the dispensing process is more efficient.

The Pharmacy office was relocated to provide for the installation of a lift in the old building. This took place over a period of weeks without any service interruption. New Sintek Pharmacy shelving was installed in the dispensary to allow for extra storage, and the old shelving relocated into the new Pharmacy office.

Drug and Therapeutics Committee

The Drugs and Therapeutics Committee met twice in 2015 and addressed antimicrobial stewardship, medication incident reporting, medication safety issues, audit and training. A very active nurse -lead group addressing medicines management assisted the committee with very useful and practical ideas to improve patient safety.

Audits were carried out on the supply of medicines outside of pharmacy hours, Kardex prescribing and administration standards, and antimicrobial use. The list of medication in the resuscitation box/ trolley was updated and is available on each ward for use only by persons trained and competent in the use of such medicines. Other areas looked at for improving patient safety was the storage and labelling of insulin pens 'one pen -one Patient' and provision of purple-lidded boxes on trolleys for disposal of unwanted medicines.

Education and Training

Training in ketone testing and Auto Shield retractable needles was organised for pharmacy and nursing staff. Educational sessions and visits to the pharmacy department were provided to new

nursing and medical staff members, as well as to nursing and TY students.

Courses attended included talks on Palliative care, end-of-life care, MUST training, Consent & Vulnerable Adults, Workplace Stress Management, Fire Safety Training, Risk Assessment Training, Hand Hygiene & Waste Management. Meetings included attendance at the Annual Conference Hospital Pharmacists Association, Chief Pharmacists annual meeting, National Hospital Pharmacy Forum, Irish Medicines Safety Network Conference and European Antimicrobial Awareness Day.

I would like to congratulate Niamh on the addition of twins to her family, and to welcome Joan Dockery Senior Pharmacist who is providing maternity cover. And I would like to thank Niamh, Sarah, and Joan for their continued support throughout the year.

Linda Murnane

Chief Pharmacist II



Pharmacy Dept
Joan Dockery, Linda Murnane and Sarah Maxwell

Patients attending the
Physiotherapy Gym Class



DIETETIC DEPARTMENT

Staffing

I was appointed to the position of senior dietician in Clontarf Hospital in May 2015. This is a new position in the hospital and there is much to be accomplished. The current staffing is well below those recommended in the National Clinical Care Programmes and challenges lie ahead.

Service Developments:

As this is a completely new service in the hospital, a large amount of work has been aimed at setting up the department and liaising with other members of the clinical and support teams. During the year I have concentrated and prioritised the following areas:-

Catering:

- Worked with the catering manager to improve meal provision for patients requiring special diets. Audits undertaken identified ≥20% of patients in Clontarf Hospital required special diets.
- A pureed meal provider was sourced externally to ensure the correct consistency and appropriate nutritional value of pureed meals.
- Training for chefs was completed on modified consistency diets in September.
- Chaired a multidisciplinary group to improve identification of patients on special diets, with the resulting plan for a white board in each pantry to correspond with a similar board in the main kitchen, which in turn will be linked to an over bed sign highlighting those patients with special dietary requirements. The plan is for roll out in 2016.

Malnutrition Universal Screening Tool (MUST) Nutritional Screening:

MUST nutritional screening allow for identification of patients at risk of malnutrition and in turn earlier dietetic intervention ensuring better patient outcomes. Nutritional screening is a requirement of the Health Information and Quality Authority (HIQA) in long stay units.

MUST training was carried out in 2015 x 5 (2 hour) training sessions, open to all nursing and health care staff. The MUST tool has been modified for local use in Clontarf Hospital and is linked to a care pathway to ensure no delays in intervention for patients at high risk of malnutrition in the absence of an adequate dietetic service.

A needs assessment carried out in September/October highlighted the older population admitted to the hospital with an average age of 76 years at that time. This is important as patients over 65 years are five times more likely to be malnourished than those younger. (IRSPEN 2013)

Risk register developed:

A Risk Register was completed for the department in 2015 with regular review.

Education & Training:

- MUST training provided for hospital staff from August to December 2015.
- Training for chefs on modified consistency diets in September 2015.
- Work Related Stress Management Workshop completed
- On site fire safety training
- Attended National Clinical Programme for Older People meeting May 2015
- Attended Mater Misericordiae University Hospital LINKS meeting September 2015

- Attended a workshop in Irish Management Institute in November 2015 as part of a certificate in leadership and management programme undertaken in 2014

Plans for 2016:

As current dietetic resources are extremely limited plans for 2016 will be restricted until the on number of dieticians in the department increase. Having sufficient dieticians will enable patients to have appropriate dietetic input throughout their admission in Clontarf Hospital. Plans include:-

- Increasing the number of dieticians in the department
- A Nutrition & Hydration Policy guided by with a nutrition steering group
- Ideally expand the service to provide a more comprehensive service to patients and have presence at MDTs, if staffing levels improve.
- Audit of MUST nutritional screening tool
- Participation in March 2016 in national audit to mark Nutrition & Hydration week
- Review of nutritional supplement usage
- Nutritional supplement charting section in drug kardex in collaboration with pharmacy
- Ongoing CPD

Teresa Stenson

Senior Dietician



Nursing Staff Blackheath Ward,
Jessy Mathew, Kate Richardson and Bhuvaneswari Kalidoss



Dr. Azahrul Omar



Dr. Elizabeth Callaly

X RAY DEPARTMENT

The x ray department provided both inpatient and non-urgent outpatient x ray services throughout 2015. Quality and patient / staff safety continued to be prioritised throughout the department.

Activity Level

The reconfiguration and extension of the Geriatric rehabilitation service meant an increased demand for x-rays in 2015 with the increasing number of geriatric rehabilitation beds.

Service Developments

The Department continued to implement the National MERU Standards and revise departmental policies. Risk Management continued with the completion of risk assessment training and the Departmental Risk Register.

Continuous professional development was prioritised.

Successful go live of NIMIS in Clontarf Hospital

Part of the HSE's Transformation Programme, NIMIS is a national project that is steadily transforming the delivery of radiology services across Ireland, by implementing advanced medical technology within hospitals to help ensure patients receive the best diagnostic solutions available in their area of treatment.

Clontarf Hospital was the last film-based processing site in Ireland. The new NIMIS system was installed over 12 weeks in the hospital in 2015 means the hospital has a more integrated Radiology imaging service. The Hospital now has access to all prior examinations for patients transferred from the referring acute hospitals, thus improving patient safety and the standard of care provided.

Clontarf Hospital forms an integral part of the Hospital Care Programme of the Health Services. The Hospital provides rehabilitation services to the acute hospitals in the Dublin area, namely Beaumont Hospital, the Mater Hospital, Connolly Hospital, St. Vincent's, Cappagh and St. James' Hospital, in Orthopaedic and Older Peoples

Rehabilitation. It provides an inpatient and outpatient x-ray service.

The smooth running of the department is only achieved through the combined effort of all the departmental staff, so I would like to take this opportunity to thank Dr Martina Morrin Consultant Radiologist, Ms Ann Ryan Clerical Officer and Ms. Leslie Malone Consultant Physicist and Radiation Protection Officer for their combined contribution and support throughout 2015.

Gillian Rice
Senior Radiographer



**Members of the Medical Social Work Team,
Ms Imelda Morris, Ms Denise Ryan, Ms Cathy Neagh and Ms Louise O'Dwyer**

MEDICAL SOCIAL WORK DEPARTMENT

The Social Work Department aims to provide a professional and quality service which offers supports, advocacy, empowerment and counselling to patients and families, in a respectful and caring manner.

It is our commitment to maintain individuality and dignity and to echo the Hospital's Mission Statement of encouraging patient's to achieve their optimum level of independence through service provision and excellence in care planning.

Social Work Service.

The Social Work Department provide a wide range of services to patients and their families under the care of Clontarf Hospital. Services include:

- Psychosocial Assessments
- Future Care Planning
- Discharge planning including Home Care Package applications, Nursing Home Support Scheme and assisting families and patients with Fair Deal Scheme.
- Safeguarding for the Protection of Vulnerable Persons
- Statutory Service for Suicidal Ideation, Domestic Violence, Child Protection & Homelessness.
- Counselling for Patients and their Families Following Traumatic Life Events
- Patient Advocacy Service
- Crisis Intervention
- Advice Surrounding Financial/ Welfare Entitlements

Working closely as part of the interdisciplinary team, the Medical Social Work Department has a particular role in working with families and carers assessing their capacity to care for patients, emotional support and practical guidance. The relationship with the Multi-Disciplinary Team extends to weekly ward meetings, facilitating family meetings and joint home visits. The Department also maintains strong relationships with professionals in the community and other agencies.

Service Developments

Staffing

The Social Work Team were delighted to expand in 2015 with the allocation of one further locum post due to the increase in the demand for social work interventions. In total there are six members of the team; one Senior Social Worker and five Main Grade Social Workers, all of whom are professionally qualified and Board Registered in line with National Legislation. The team continue to be supported by a part time administrative assistant.

Safeguarding

Following on from the introduction of the national policy on "Safeguarding Vulnerable Persons at Risk of Abuse" in December 2014, the Hospital designated Safeguarding Officers in 2015 and training commenced. The Social Work Department is very much involved with the Hospital's safeguarding procedures. It is envisioned that once the designated officers have completed their training, they in turn will provide training in 2016 for all hospital staff. The Social Work Department continues to work very closely with the Community Safeguarding Teams and HSE Management in adhering to this new policy and procedures. The Social Care Division is committed to policy and practices which will promote the welfare and safeguard vulnerable persons from abuse.

Other Areas of Development

Other areas of service development within the Department include bereavement support and

education, specific interventions for patients with dementia including the introduction of interventions for patients and families and group interventions for patients who present with anxiety. All members of the team are hopeful these projects can be reviewed and progressed in the coming year.

Social Work Activity

The introduction of comprehensive statistics for the Department commencing in January 2015 has proven beneficial and acknowledges the activity units and outcomes of Social Work interventions. It is anticipated this information will be compiled further in 2016 to identify points of research within the team and identify relevant areas of training.

A total of 1,071 patients were referred to the Social Work Department in 2015. As in 2014, the continued development of the older peoples rehabilitation service the Social Work Department have noticed an increase in the complexity of patients care needs. These complexities can be attributed to the patient's medical history, functional/cognitive baseline and social circumstances which are reflected in the patients that are referred to the Social Work Department. The Department's workload has continued to expand in line with the complexity of these cases which is illustrated in the the average time spent per patient and family.

Trends in Service Provision

The management and co-ordination of home care packages and community supports remained a primary provision of the service in 2015. Approximately half of all interventions required the management of one or more community agencies by Social Work upon discharge. The introduction of the 'Enhanced Home Care Package Initiative' by the Health Service Executive in late 2014 gave patients with very high care needs the opportunity to return home with extensive service input. This initiative requires a rigorous application process which the Social Work Department advocated and applied for in a number of extenuating cases this year. Regional disparities in the paperwork required for home care packages and financial constraints of local authorities continued to be an ongoing challenge in the discharge planning process.

Patient Discharges

It is Clontarf Hospital's mission to discharge patients home safely following completion of their rehabilitation programme and the social work department play a vital role in planning patient discharges. The Department facilitated discharges to various environments with 85% of patient's returning home alone or to family with adequate supports in situ. There was a high level of support provided to Long Term Care cases, with ongoing practical advice for families applying for the Nursing Home Support Scheme. It is envisioned this care pathway will become more prevalent with the full establishment of the frail and elderly service in the coming year. 81% of all patients referred to the Social Work Department benefited from a care planning meeting with family's over the course of their admission.

Continuous Professional Development

Social Workers became the first profession to commence CORU's Continuous Professional Development Framework in May 2015. This mandatory framework requires Social Workers to acquire and create a portfolio of 60 credits in professional training over a two year period to maintain their board registration (May 2015 – May 2017). This continuous learning is fostered through a number of channels both in house and externally. The establishment of an 'educational meeting' once monthly within the Department allows staff to learn in a peer support forum where relevant issues are discussed and departmental policies are reviewed. All in-house mandatory training was completed by members of the team.

Members of the team also remain committed to the provision of a high quality social work service through a number of external sources. It must be noted some of these courses were embarked on the team members own time and expense indicating their commitment to practice. Courses attended include;

- MSc in Bereavement Studies
- Record Keeping Training
- Dementia Specific Interventions
- Mindfulness Training
- Nursing Home Support Scheme Training
- Brief Social Work Interventions
- Suicidal Ideation Training
- HSE Open Disclosure Training.
- In-house Stress Management

- IPL Conference
- Briefing on HSE Safeguarding Vulnerable Adults

The Senior Medical Social Worker continues to supervise Main Grade Staff on a monthly basis ensuring accountability, governance and risk management in the Department.

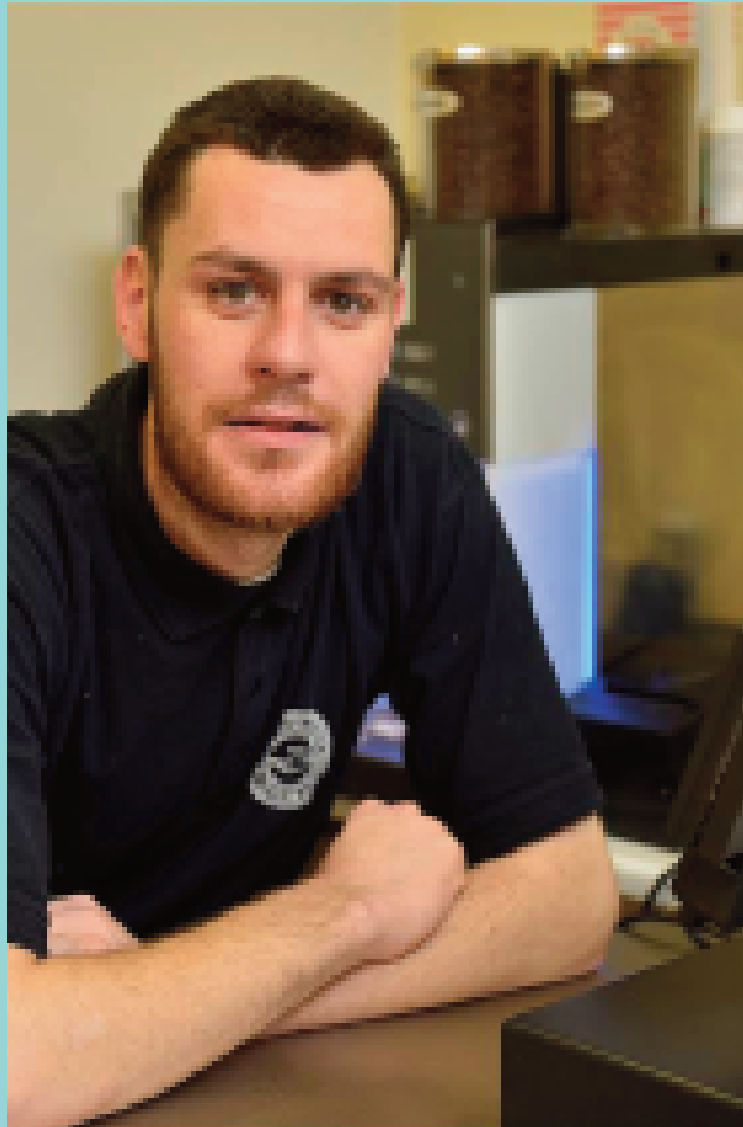
Attends Healthcare Records & Information Committee Meetings, Delayed Discharge Steering Group meetings, bi-monthly Principle Medical Social Work meetings in St James Hospital.

Future Planning

2015 has seen the significant development in Safeguarding Vulnerable Adults / Persons at Risk of Abuse. While it can be challenging work, we look forward to developing this service and are committed in putting the appropriate policies, procedures and good practices in place to promote the welfare of vulnerable persons. We also wish to continue to engage and foster good working relationships with our colleagues in all of the HSE Safeguarding Teams.

I would like to take this opportunity to thank our administrative support and Medical Social Work Team for their commitment in providing an excellent Social Work Service to our patients and their families. A special word of thanks to Ms Denise Ryan, Medical Social Worker for her assistance in compiling this report.

Imelda Morris,
Senior Medical Social Worker.



Alan Murphy
Catering Department

CATERING DEPARTMENT

During 2015, the Catering Department continued to provide a patient centred catering service that ensured all patients, staff and visitors had access to nutritious food safely prepared, cooked and served. Catering staff are trained to ensure compliance with Food Safety Regulations and the department works closely with the Dietetics Service to ensure that the special dietary requirements of patients are met.

Blackheath ward become fully operational leading to a 25% increase in activity levels across the Hospital. The catering department effectively absorbed this increase with minimal need for additional finance and staffing through efficient management of current resources.

The staff restaurant continues to be approved by the Irish Heart Foundation through its Happy Heart award and the Catering Department yet again received the Food Safety Assurance Award from the Food Safety Professionals Association (FSPA).

In the year ahead we aim to maintain our current high standards and strive to improve on them by constantly monitoring and reviewing our practices and procedures throughout the department. I would like to take this opportunity to thank the staff of the Catering Department for their continued dedication and hard work.

Yoichi Hoashi
Catering Officer



Joe Hoey, Linda Knott and John Murnane
General Services Department

GENERAL SERVICES DEPARTMENT

2015 was another very busy year for the Portering and Household Staff.

The General Services Department support the clinical services in providing safe high quality patient care. The list of services include, linen supplies, waste management, hospital laundry, supervision of contract cleaners, and portering services. The Department also provided support to the administration and catering departments throughout the year.

The Department participate in the Infection Control & Hygiene Committee. The staff worked closely with the Contract Cleaners in consolidating compliance with the National Standards for the Prevention and Control of Healthcare Acquired Infection to ensure the Hospital had a safe and clean environment for patients, staff and visitors to the Hospital.

Staff Training

Staff participated in the following training:

- Fire Safety and Evacuation
- Hand Hygiene
- Waste Management
- Chemical Risk Assessment
- Manual Handling
- Medical Gas Pipeline Training

Mr. Jorge Pereira

General Services Officer

MAINTENANCE DEPARTMENT

Everyone values safe attractive surroundings and patients enjoy a bright welcoming environment which can have a positive impact on their wellbeing and recovery.

The Maintenance Department is responsible for maintaining a safe hospital environment for patients, staff and visiting public and recognise proper maintenance contributes towards the overall safety and efficiency of our hospital while maximising the life of an asset at minimum cost. The department has two staff manned seven days a week and acts as the first point of contact for all maintenance requests for the Hospital. Maintenance Staff ensure compliance with a number of statutory regulations governing maintenance of the hospital's equipment and buildings and participate in the Health and Safety

Committee and the Infection Control and Hygiene Committee. Maintenance staff also oversee some of the hospital's external contracts in maintaining hospital equipment and hospital property.

Maintenance Staff would like to thank all the Hospital staff who assist them throughout the year.

Mr. Tony Kerrisk

Mr. Pat Tyrell



Meeting of the Board Clinical Governance Committee and Executive Representatives

L-R Dr. James Mahon, Ms. Ciara Palmer, Ms. Catherine MacDaid, Ms. Denise Brett
and Ms. AnnMarie McGovern

INCORPORATED ORTHOPAEDIC HOSPITAL OF IRELAND (A COMPANY LIMITED BY GUARANTEE OPERATING AS CLONTARF HOSPITAL)

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF THE INCORPORATED ORTHOPAEDIC HOSPITAL OF IRELAND

We have audited the attached financial statements of the "Incorporated Orthopaedic Hospital of Ireland for the year ended 31 December 2015. This report is made solely to the directors in accordance with Section 391 of the companies Act 2014. Our Audit work has been undertaken so that we might state to the directors 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 directors for our audit work, for this report, or for the opinions we have formed.

Respective Responsibilities of Directors and Auditors

As explained more fully in the director's 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. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Boards' Ethical Standards for Auditors.

Scope of the Audit of the Financial Statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the company's circumstances and have been consis-

tently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the directors; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Directors report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion Financial Statements

In our opinion the financial statements:

- give a true and fair view of the state of the company's affairs as at 31st December 2015 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with Generally Accepted Accounting Practice in Ireland; and
- Have been prepared in accordance with the requirements of the Companies Act 2014.

Matters on which we are required to report by the companies Act 2014

- We have obtained all the information and explanations which 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 director's report is consistent with the financial statements.

Matters on which we are required to report by exception

We have nothing to report in respect of the provision in the Companies Act 2014 which

requires us to report to you if, in our opinion, the disclosures of directors remuneration and transactions specified by law are not made.

**David Marsh for and on the behalf of
Ormsby & Rhodes
Chartered Accountants
and Registered Auditors
9 Claire Street
Dublin 2**

Children from Green Lane's Junior School Clontarf at the Annual Christmas Carol Service for patients.



INCORPORATED ORTHOPAEDIC HOSPITAL OF IRELAND OPERATING AS CLONTARF HOSPITAL

CERTIFICATION OF CHIEF EXECUTIVE OFFICER AND CHAIRPERSON FOR THE YEAR ENDED 31ST DECEMBER, 2015

We certify that the financial statements of The Incorporated Orthopaedic Hospital of Ireland (Operating as Clontarf Hospital) for the year ended 31st December 2015 as set up herein are in agreement with the books of account and have been drawn up in accordance with generally accepted accounting practices and with the accounting standards as laid down by the Minister for Health.

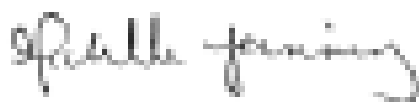
These financial statements and the statement of accounting policies give the true and fair view of the state of affairs of the hospital at 31st December 2015 and of its income and expenditure and cash flow for the year then ended.

SIGNED:



Director

DATE 16/06/2016



Secretary

DATE 16/06/2016

APPENDIX 1

STATEMENT OF FINANCIAL ACTIVITIES for year ended 31st December 2015

Statement of Financial Activities for year ended 31st December 2015				
	UNRESTRICTED	RESTRICTED	TOTAL	TOTAL
	FUNDS	FUNDS	FUNDS	FUNDS
	2015	2015	2015	2014
Income From:	€	€	€	€
Investment	4,473		4,473	15,771
Charitable activities	14,001,910		14,001,910	12,902,987
TOTAL Income	14,006,383	0	14,006,383	12,918,758
EXPENDITURE ON:				
Charitable Activities				
Charitable Activities	14,511,056	-	14,511,056	13,421,613
Governance	25,971		25,971	19,821
Total Expenditure	14,537,027	0	14,537,027	13,441,434
Net Expenditure before Transfers	-530,644	-	-530,644	-522,676
Transfers between funds	258,962	-258,962	-	-
NET EXPENDITURE	-271,682	-258,962	-530,644	-522,676
NET MOVEMENT IN FUNDS	-271,682	-258,962	-530,644	-522,676
Reconciliation of Funds:				
Total Funds at 1st January 2015	20,568,466	1,591,080	22,159,546	22,682,222
Total Funds at 31st December 2015	20,296,784	1,332,118	21,628,902	22,159,546
All activities relate to continuing operations				
Marcella Higgins	Charles Scott			
Director	Director			

APPENDIX 1

NOTES TO THE FINANCIAL STATEMENTS for the year ended 31st December 2015

Notes to the financial statements

for year ended 31st December 2015	2015	2014
	€	€
STAFF COSTS		
Staff Costs were as follows:		
Wages and salaries	9,444,982	8,554,015
Social Security Costs	836,093	750,371
Other pension Costs	1,013,344	988,069
	11,294,419	10,292,455

Wages and salaries above include agency costs

The average monthly number of employees was 291 (2014:277) and the average monthly number of employees during the year expressed as full time equivalents was as follows (including casual and part-time staff)

	2015	2014
Staff Costs	No.	No.
Employees	291	277
The number of higher paid employees was:		
in the band €60,000- €70,000	11	9
in the band €70,000- €80,000	3	1
in the band €80,000- €90,000	2	2
TOTAL	16	12

All staff are paid as per the HSE Pay Scales

Additional note regarding Board Members - No member of the Board of Directors receive any payments.

APPENDIX 2

STATISTICS REPORTS

Patient Activity 2015

In-Patients	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Available Beds	144	150	152	152	159	160	160	160	160
Bed Days	4464	4200	4712	4560	4929	4800	4960	4960	4800
Bed Days Used	4116	3951	4309	4067	4431	4342	4511	4325	4372
% Occupancy	92%	94%	91%	89%	90%	90%	91%	87%	91%
Total Admissions	128	129	151	136	158	161	135	111	145
X-Rays Taken	62	59	69	41	43	64	53	33	39
Social Work Referrals - New	92	81	106	85	102	95	93	62	82
Occupational Therapy Referrals - New	106	73	81	87	82	99	94	53	88
Physiotherapy Treatments	3415	3605	4075	3778	3800	4142	4477	3939	4288
Out-Patients									
X-Rays Taken	270	229	287	250	281	236	297	250	307

Admissions by Source:

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Cappagh	10	9	8	9	18	19	15	9	17
Mater	9	12	7	4	4	6	11	3	5
Mater Rehab	41	35	45	42	40	36	29	30	30
Tallaght	13	15	13	18	18	22	14	19	17
St. Vincents	3	2	1	2	2	0	2	3	5
Beaumont	14	13	15	13	10	11	14	9	9
Beaumont Interim Care	0	0	0	0	0	0	0	0	0
Beaumont Rehab	30	25	39	30	42	37	33	23	32
St. James's	4	5	9	6	6	11	8	9	7
Connolly	1	4	3	5	2	4	4	0	6
Connolly Interim Care	0	0	0	0	0	0	0	0	0
Other									
Other - Blackrock Clinic	0	0	0	1	0	0	0	0	0
Other - Mater Private	1	5	7	2	8	8	4	1	10
Other - Bon Secour	2	3	3	3	7	3	0	4	5
Other - Vincent's Private	0	0	0	0	1	3	0	0	1
Other - Respite	0	0	0	0	0	0	0	0	0
Other - Our Lady of Lourdes	0	0	0	0	0	0	0	0	0
Other	0	1	1	1	0	1	1	1	1
TOTAL	128	129	151	136	158	161	135	111	145

	Oct	Nov	Dec	2015	2014
	160	160	160	160	144
0	4960	4800	4960	57105	52100
2	4779	4573	4302	52078	42927
%	96%	95%	87%	91%	92%
	145	141	123	1663	1841
	30	42	33	568	483
	98	91	80	1067	1147
	107	110	97	1077	1182
8	4456	4251	3884	48110	36681
	118	1	84	2610	3717

p	Oct	Nov	Dec	2015	2014
	16	10	10	150	161
	11	9	2	83	146
	33	39	23	423	456
	24	19	16	208	179
	4	4	2	30	62
	5	11	7	131	156
	0	0	0	0	104
	35	27	33	386	274
	9	8	13	95	113
	2	4	6	41	43
	0	0	0	0	1

	1	0	0	2	3
	3	2	8	59	25
	2	7	2	41	50
	0	0	0	5	0
	0	0	0	0	36
	0	0	0	0	7
	0	1	1	9	23
5	145	141	123	1663	1839



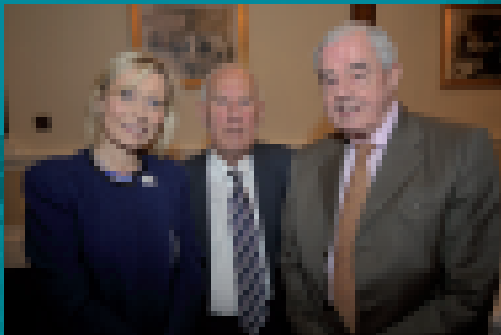
L- R; Margaret Quirk Ger Matthews



Board Members L- R;
Mr. C. Scott
Mr J. Cantwell
Mr. J. Mahon



Board Members L- R;
Mr. D. Kavanagh
Ms. Denise Brett



Board Members L- R;
Professor R. Connolly
Mr L. Sibbald
Mr T. Horgan



**Ms. Breedha Mangan Clinical Nurse Manager and
Ms. Noreen Browne Assistant Director of Nursing**

Notes



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