



## **Leopardstown Park Hospital Board**

**Annual Report 2014**

**Leopardstown Park Hospital Board Members**

Chairman: Mr. Eugene F. Magee  
 Members: Cmdr. Frank Turvey (Resigned 6 February 2014)  
 Ms. Christine Long (Resigned 6 February 2014)  
 Mr. Dermot Magan  
 Ms. Diane Duggan  
 Ms. Elizabeth Cogan  
 Prof. Helen O’Neill (Appointed 14 February 2014)

**Audit Committee Members**

Chairperson: Mr. Martin Cowley (External) – Appointed Chairman February 2014  
 Members: Ms. Christine Long (Resigned as Chairperson January 2014)  
 Mr. Dermot Magan  
 Mr. Peter O’Leary – Appointed February 2014  
 Internal Auditor: Mr. Eugene Halley

**Senior Hospital Staff**

Chief Executive Officer Mr. Nicholas Kelly  
 Hospital Accountant Mr. Nicholas Kelly  
 Director of Nursing Ms. Elaine Flanagan  
 Ass. Dir of Nursing Mr. Gerard McEntee  
 Medical Staff Dr. Joseph Yazbeck

Bankers: Ulster Bank Ltd. Blackrock, Co. Dublin  
 Solicitors: Hayes Solicitors, Earlsfort Terrace, Dublin 2  
 Auditors: The Comptroller & Auditor General,  
 Dublin Castle, Dublin 2

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**Leopardstown Park Hospital Board Members – Meeting attendance**

| Name                           | Board Meetings attended in 2014         |                               |
|--------------------------------|---|-------------------------------|
|                                | Expected No. of meetings to attend 2014 | No. of Meetings attended 2014 |
| Mr. Eugene F. Magee – Chairman | 6                                       | 6                             |
| Mr. Dermot Magan               | 6                                       | 6                             |
| Commander F. J. Turvey         | 1                                       | 1                             |
| Ms. Christine Long             | 1                                       | 1                             |
| Ms. Diane Duggan               | 6                                       | 5                             |
| Ms. Elizabeth Cogan            | 6                                       | 6                             |
| Prof. Helen O’Neill            | 5                                       | 3                             |

### **History & Development of the Hospital**

Leopardstown Park Hospital was established in 1917, when Lady Gertrude Power Dunning donated her estate to the British Ministry of Pensions for use as a hospital for disabled ex-servicemen. In 1979, discussions between Irish and British officials led to the Leopardstown Park Hospital Board (Establishment) Order 1979, where the running of the hospital transferred to a newly established Board, whilst maintaining the principle that ex-servicemen would remain the principle beneficiaries of the Trust.

Since the establishment of the Board, a number of initiatives were undertaken to improve and expand services at the hospital. Bed numbers have been increased, day centres for community care established, expansion of clinical services have led to enhanced quality of care.

### **Chairman's Report**

I am pleased to present the Annual Report for Leopardstown Park Hospital for the year 2014. In essence we can report that the hospital fulfilled its obligation to the Department of Health, the Health Service Executive and maintained our traditional service to former members of Her Majesty's Forces. We are pleased to report that we did this within the restraint and terms of our budget.

In 2014, due to resignation of a number of Board members, the Board was left with difficulties meeting a quorum. The Board, being statutory in nature, is appointed by the Minister for Health. I am anxious, in this time of focus on corporate governance and the workload for a voluntary Board, that the full Board will be appointed early in 2015.

We have undertaken a complete review of our function in the light of our HIQA report and I am pleased to say that we are pursuing a number of positive options to ensure that Leopardstown Park Hospital continues to play its part in the provision of Health Services into the foreseeable future.

The Board wish to acknowledge the great contribution of the hospital staff in all departments in creating and maintaining a safe, friendly, efficient and caring environment for all those entrusted to our care. In that regard I would like to acknowledge the collaboration and support of the families and friends of our residents.

We are fortunate too to have the support of the Friends of Leopardstown Park Hospital who volunteer help in so many areas. It is quite true to say that without this help we could not function as we do.

Finally we enjoy a valuable working relationship with the Leopardstown Park Hospital Trust. Our good relationship ensures that at all times our focus is jointly on the good of our residents. We and the residents are very grateful to the Trust for this support.

Eugene F. Magee  
Chairman

**Chief Executive's Report**

The Hospital continued to provide high quality care in the range of services for older persons that we provide. They comprise of 171 inpatient beds and 300 day care clients per week across 7 days. The model of care, which seeks to ensure that complex care can be delivered to older persons, many of whom have no other options, particularly in the residential field, continued in 2014. A National Survey on Healthcare Associated Infections and Antimicrobial use in Irish Long-Term Care Facilities was carried out nationally by the Health Protection Surveillance Centre and its findings clearly showed that Leopardstown Park Hospital has a very strong performance in terms of quality of care, on a background of a higher complexity of case mix compared to the peer average across the country. All long stay admissions are via the Nursing Home Support Scheme (Fair Deal) process.

Our rehabilitation beds continued to be funded on a month by month basis in 2014 after being brought online rapidly in 2013 to support the acute hospital sector. They have delivered excellent outcomes for patients referred for rehabilitation from St. Vincent's University Hospital. The average length of stay was 27 days. Patient and St. Vincent's University Hospital feedback has been very positive, particularly as we have been in a position, due to our expertise in this field, to accept patients very early into their acute hospital stay, including on occasion from the Emergency Department. This has supported St. Vincent's University Hospital in improving patient flow and ultimately enhancing the patient journey of all patients attending the Hospital. We hope that agreement may be reached in 2015 to put these beds on a more sustainable footing.

Demand for respite and day care continued unabated in 2014 and the provision of these services and the close interaction with our HSE community colleagues has allowed many older persons, even those with significant care needs, to remain in their homes as they desire. Our day services provide far more than social day care, with many accessing our medical and health and social care professionals which can preempt difficulties that could lead to acute hospital admission or deterioration to the point of requiring residential care.

The Clevis Welfare home continued to have a steady demand for beds from the community sector for low dependency supports for those unable to manage within the community but with low nursing care needs.

We continued to support local Meals on Wheels services over 2014.

In 2014 HIQA inspected the Hospital as part of the reregistration process. From a care perspective the resultant report was very positive, however the ongoing issue with old, unsuitable environment was again highlighted. In November 2014 we received a notice of proposal from HIQA that indicated their intention to put additional conditions on reregistration which included cessation of admissions to the Nightingale wards until an acceptable plan was submitted to HIQA that would enhance privacy and dignity. Members of the executive team met with HIQA in late 2014 to discuss proposed refurbishment options. The Hospital was advised to revert in early 2015 with a formal funded proposal for consideration. The Hospital will have to seek and secure capital funding for this capital development to support the required proposal in order to ensure ongoing ability to admit to the Nightingale wards and ongoing access for the community and acute sector to high complexity residential beds.

The staffing situation remained difficult across 2014, with a number of key pressure areas:

- Overdependency on agency nursing and carer staff as a result of moratorium and requirement to remain within HSE designated headcount ceiling. While the Hospital is fortunate to have many consistent agency staff it would be far more preferable to have staff directly employed and would ensure consistent staffing profile as well as reducing staffing costs considerably.
- Management roles had been significantly eroded leading to a very small number of senior managers carrying multiple briefs and specific technical expertise, eg HR and ICT, not being available. This situation posed significant risks in terms of operational effectiveness, corporate governance and compliance with legislative and regulatory requirements. Shared services available to other statutory providers are not available to voluntary providers. The requirement

to have sufficient management capacity and capability to operate and manage a stand alone agency will have to be resolved as a matter of urgency in 2015.

We continued to provide student placements for nursing and health and social care professionals for a number of Universities and have formal links with UCD Undergraduate Medical School. The medical department liaises and works closely with St.Vincent's University Hospital Consultant Geriatricians and the Hospital values their ongoing and continued input. Ongoing input from Consultants in Old Age Psychiatry and Opthamology remains essential in meeting the care needs of our patients/residents and clients. There are essential links with the Blackrock Hospice for Palliative Care services.

I would like to pay tribute to all members of staff who each in their own way contributed to delivering these essential services to older persons with expertise but also importantly with care and compassion, a core value and ethos of the Hospital which is essential to the delivery of safe, effective and quality care.

The support of the Leopardstown Park Hospital Trust must be acknowledged as must the great contribution made by Volunteers, who contribute in so many ways to the activities and the quality of life of our residents.

Ann Marie O'Grady  
Chief Executive Officer  
(from January 2015)

## **Overview of Services**

### **Continuing Care**

The hospital provides a total of 118 long stay beds with an average occupancy rate of 96% for the year 2014.

### **Respite Services**

The hospital provides 11 respite beds. The service provides home carers with an opportunity for short breaks, family holidays or temporary respite during family crises.

### **Welfare Home – Clevis.**

The Clevis is a residential facility which strives to provide a homely residential atmosphere. The Home caters for 30 residents and had an average occupancy rate of 84% for the year.

### **Glencairn Day Centre**

The Glencairn Day Centre provides day care to approximately 200 older persons over seven days a week and recorded 6,460 attendances for the year. From Monday to Friday, clients can avail of Physiotherapy, O.T input, Coagulation Clinic, B.P Checks, Dressings and Bathing.

### **Carman Day Centre for Older Persons with Dementia**

The Carman Centre for older mentally infirm clients operates five days a week and recorded 1,932 attendances for the year.

### **Rehabilitation**

The Board undertook a number of initiatives facilitating accelerated discharges from the acute sector and providing a rehabilitation pathway to facilitate older persons being able to return home.

**HOSPITAL DEPARTMENTS**

|  |                                    |
|--|------------------------------------|
| Pharmacy                               | Medical Social Work                |
| Dietetics                              | Physiotherapy                      |
| Occupational Therapy                   | Speech & Language Therapy          |
| Nursing                                | Medicine                           |
| Residents Service                      | Quality Safety and Risk Management |
| Catering Department                    | Housekeeping & Laundry             |
| Supplies Department                    | Engineering/Technical Maintenance  |
| Grounds Maintenance                    | Pastoral Care                      |
| Hairdressing & Shop                    | Human Resources                    |
| Information & Communication Technology | Laundry                            |
| Finance                                | Household                          |
| Podiatry                               |                                    |

**Leopardstown Park Hospital Trust**

The Board operates the hospital under licence from the Leopardstown Park Hospital Trust. The Trust continues to provide valuable assistance to ex service personnel in both the hospital and the community. The Board has a close working relationship with the Trust and acknowledges the support and encouragement provided to the Board in its aims and objectives.

**Friends of Leopardstown Park Hospital**

The Friends of Leopardstown Park Hospital are people who volunteer their time and services in a variety of ways to assist and improve the quality of care afforded to our residents. The Board acknowledges the great contribution made by volunteers to the life of the hospital.

**Leopardstown Park Hospital Foundation**

The Leopardstown Park Hospital Foundation is the vehicle where proceeds of fundraising, donations and bequests are administered.

**Appendix 1**

A summary of the Revenue Income & Expenditure Account 2014 is as follows:

| Revenue I & E         | 2014     | 2013     |
|-----------------------|----------|----------|
|                       | € '000's | € '000's |
| Deficit/(Surplus) Fwd | (551)    | (433)    |
| Pay Costs             | 13,300   | 13,234   |
| Non-Pay Costs         | 2,700    | 2,631    |
| Gross Expenditure     | 15,449   | 15,432   |
| Less Income           | (15,973) | (15,983) |
| Deficit/(Surplus)     | (524)    | (551)    |

The cumulative surplus at December 2014 is brought forward into 2015.

The Board complies with the standard accounting format and standards as set out by the DoHC publication "Accounting Standards for Voluntary Hospitals" published on 01.01.1999. In common with many publicly funded voluntary bodies, the Board does not comply with FRS 17. The financial statements are audited by the Comptroller & Auditor General.

**Appendix 2****Activity Statistics**

| <b>Bed Day Activity</b>           | <b>2014</b> | <b>2013</b> |
|-----------------------------------|-------------|-------------|
| Geriatric                         | 36,163      | 33,838      |
| St. James's Hospital              | 3,410       | 4,441       |
| War Pensioners                    | 1,758       | 3,289       |
| Principal Beneficiaries           | 0           | 0           |
| Respite, Intermittent & Crisis    | 3,337       | 3,151       |
| Special Delivery Unit Initiatives | 3,655       | 3,752       |
| Clevis Welfare Home               | 9,162       | 10,158      |
| Total Bed Days                    | 57,485      | 58,629      |

| <b>Day Centre Activity</b>            | <b>2014</b> | <b>2013</b> |
|---------------------------------------|-------------|-------------|
| Glencairn Day centre (older persons)  | 6460        | 6794        |
| Carmen Day centre (dementia specific) | 1932        | 1972        |