



Leopardstown Park Hospital Board

Annual Report

2015



Contents

Leopardstown Park Hospital Board Members 2

Audit Committee Non Executive Members 2

Finance Sub Committee Non Executive Members..... 2

Integrated Quality & Safety Sub Committee Non Executive Members 2

Senior Hospital Staff..... 2

Bankers..... 3

Solicitors..... 3

Auditors..... 3

Leopardstown Park Hospital Audit Sub Committee of the Board – Attendance 4

Leopardstown Park Hospital Finance Sub Committee of the Board – Attendance 4

Leopardstown Park Hospital Integrated Quality & Safety Sub Committee of the Board – Attendance 5

Chairman’s Report 6

Chief Executive’s Report..... 7

Infection Prevention and Control 17

Medical Services 18

Pharmacy Department..... 19

Social Work..... 21

Nutrition and Dietetic Department..... 23

Speech & Language Therapy 24

Physiotherapy Department..... 25

Chaplaincy/Pastoral Care..... 30

Catering..... 36

Supplies Department..... 37

Information Communications Technology (ICT) 38

Appendix 1 - Income & Expenditure Accounts..... 40

Appendix 2 - Overview of Services and Activity 41

Appendix 3 - Glossary..... 43

Leopardstown Park Hospital Trust..... 43

Friends of Leopardstown Park Hospital..... 43

Leopardstown Park Hospital Foundation..... 43

Leopardstown Park Hospital Board Members

Chairman:	Mr. Eugene F. Magee
Members:	Mr. Dermot Magan
	Ms. Diane Duggan
	Ms. Elizabeth Cogan
	Prof. Helen O'Neill
	Ms. Frances Ní Fhlannchadha
	Mr. Denis Duff

Audit Committee Non-Executive Members

Chairperson:	Mr. Martin Cowley (External)
Members:	Ms. Christine Long
	Mr. Dermot Magan
	Mr. Peter O'Leary
	Mr. Eugene Halley

Finance Sub Committee Non-Executive Members

Chairperson:	Mr. Anthony Morris
Members:	Mr. Dermot Magan
	Ms. Frances Ní Fhlannchadha
	Mr. Denis Duff

Integrated Quality & Safety Sub Committee Non-Executive Members

Members:	Ms. Elizabeth Cogan
----------	---------------------

Senior Hospital Staff

Chief Executive Officer	Ms. Ann Marie O'Grady
Hospital Accountant	Mr. Nicholas Kelly
Director of Nursing	Ms. Elaine Flanagan
Assistant Director 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

Telephone: (01) 2955055

Website: www.lph.ie

Email: info@lph.ie

Leopardstown Park Hospital Board - Attendance

Name	Board Meetings attended in 2014	
	Expected No. of meetings to attend 2015	No. of Meetings attended 2015
Mr. Eugene F. Magee – Chairman	8	8
Mr. Dermot Magan	8	8
Ms. Diane Duggan	8	5
Ms. Elizabeth Cogan	8	7
Prof. Helen O’Neill	8	7
Ms. Frances Ní Fhlannchadha	8	8
Mr. Denis Duff	8	6

Leopardstown Park Hospital Audit Sub Committee of the Board – Attendance

Name	Audit Meetings attended in 2015	
	Expected No. of meetings to attend 2015	No. of Meetings attended 2015
Mr. Martin Cowley - Chairman	6	6
Mr. Dermot Magan	6	6
Ms. Christine Long	6	3
Mr. Eugene Halley	6	4
Mr. Peter O'Leary	6	5

Leopardstown Park Hospital Finance Sub Committee of the Board – Attendance

Name	Finance Meetings attended in 2015	
	Expected No. of meetings to attend 2015	No. of Meetings attended 2015
Mr. Anthony Morris - Chairman	4	4
Ms. Frances Ní Fhlannchadha	4	4
Mr. Dermot Magan	4	4
Mr. Denis Duff	4	4

Leopardstown Park Hospital Integrated Quality & Safety Sub Committee of the Board – Attendance

Name	IQS Meetings attended in 2015	
	Expected No. of meetings to attend 2015	No. of Meetings attended 2015
Ms. Elizabeth Cogan	3	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, the Hospital has expanded its range of services and has developed into a specialist Hospital for the care of older persons and provides a broad range of services including sub-acute rehabilitation, respite care, residential care, welfare home (supported living for clients with low dependency needs) and day care services. The Hospital sits at the interface between the acute and community sectors and supports older persons and the two sectors in this context.

Chairman's Report

I am pleased to present the Annual Report for Leopardstown Park Hospital for the year 2015. 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.

We had to deal with a 10% reduction in budget with no recourse to a reduction in services.

The Board, which had been reduced to seven by a rearrangement of relationships between Her Majesty's Government, The Leopardstown Park Hospital Trust and the Department of Health, was reduced to four by virtue of resignations etc. We struggled to have a quorum of four, not to mention that the resources of the Board were severely stretched. I should complement the four who continued under this difficulty and thank them for their excellent commitment. We welcomed the new Ministerial appointments in 2015 which brought our number up to seven.

There are residual issues around board governance and these would need a revision of the terms of the 1979 Establishment Order which we will be asking the Minister to address in due course.

Everyone in Leopardstown Park Hospital was pleased to learn that our Hospital has been included in the HSE's 5 year Capital Plan to the tune of €12m. Whereas this funding would not meet the cost of a complete new unit, it allows us to begin to plan for such a unit. With the collaboration of the Trust, the Department of Health and the HSE we have begun the process to plan for and build a new Hospital.

In the meantime to satisfy the HIQA standards we are forced to invest significant funding in the modification of the Nightingale Wards (Tibradden, Kilgobbin, Enniskerry and Kiltiernan). The modification will have a life span of less than 5 years, will cause significant disruption to services in its implementation and I feel that the time, money and other resources would be better used in the project to build our new Hospital.

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, patients and clients.

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, patients and clients. We and the residents, patients and clients are very grateful to the Trust for this support.

Eugene F. Magee
Chairman

Chief Executive's Report

It was my privilege to be appointed as Chief Executive at Leopardstown Park Hospital in January 2015. The Hospital's reputation for care and compassion was well known, as was its commitment to older persons across all areas of service provision and its flexible approach to supporting the community and acute hospital sectors.

The Hospital continued to provide high quality care in services for older persons in 2015.

Our 12 rehabilitation beds continued to provide an essential service to St. Vincent's University Hospital (SVUH) patients. In 2015 these beds, previously funded on a temporary month to month basis were put onto a more permanent footing. Patient and SVUH feedback remains 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 improvements in patient flow and ultimately enhances the patient journey.

Demand for respite and day care continued unabated in 2015 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 (HSCPs), which can pre-empt 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.

The Hospital worked closely with SVUH and St. Michael's Hospital Consultant Geriatricians and the Hospital values their ongoing and continued input. We hope to develop this relationship further in 2016.

An overview of services and Hospital activity levels are detailed in Appendix 2

Key Challenges

In 2015 there were a range of very significant challenges that the Hospital faced in order to ensure the ongoing viability of the Hospital as a key provider of services to older persons within the region. These included:

- The Health Information and Quality Authority (HIQA) had issued a *notice of proposal* in late 2014 which indicated that, unless an acceptable and funded plan to improve privacy and dignity within the nightingale wards was provided to the Authority, new admissions to these wards would cease. The Hospital engaged with HIQA in relation to plans around an interim refurbishment plan (in advance of a full Hospital replacement). In addition assistance was sought and received from HSE Estates for the development of a design brief for this refurbishment during 2015. An unannounced HIQA inspection took place in August and a significant number of the

standards were directly impacted by the physical environment and deemed as non-compliances. Engagement with HSE Social Care Division and the Community Health Organisation took place in relation to funding throughout the year, however in September 2015, in the absence of confirmed funding, HIQA applied the restriction on new admissions. This resulted in an immediate impact on acute hospital discharges and a significant reduction in income for the Hospital. Subsequent engagement with the HSE Social Care Division resulted in a confirmation of the ongoing role of the Hospital in provision of services and commitment for replacement of the Hospital as part of the HSE's capital plan. HIQA still require that interim works would take place to enhance privacy and dignity until the Hospital replacement was complete. The HSE provided a further €2.5m for refurbishment of the nightingale wards, which the Hospital intends to progress in 2016. HIQA amended its conditions of registration at the end of the year, allowing for the reopening of the vacant beds.

- The HSE funding allocation was reduced by 10% in 2015 compared to 2014, with an expectation of existing level of service. While the Hospital had an ongoing cost containment programme in place, the ability for the Hospital to remain within this budget and deliver safe patient care at the same level was not feasible. Many initiatives from previous years had been implemented and much of the "low hanging fruit" for cost containment had been addressed. Tight financial stewardship, deferred spending, procurement initiatives, conversion of agency staffing to direct employ along with many other initiatives looked to deliver value for money/savings throughout 2015. However difficulties recruiting to nursing posts, HIQA bed closures and requirement by the HSE for the Hospital to accept patients on an unfunded basis to address acute hospital bed pressures created further cost pressures. There was ongoing and detailed engagement throughout the year at local and national level between Hospital Management/Hospital Board and the HSE. This resulted in additional funding being made available to allow for a close to break-even position in the last quarter. It will be critical to ensure a sustainable and realistic funding allocation in 2016 otherwise it is likely that there will be similar difficulties. Many areas of deferred spending will need to be addressed in 2016.

- Recruitment and retention of nursing staff was an ongoing difficulty for the Hospital and replicated the national shortage of nursing staff. Nursing and HR worked towards innovative recruitment approaches to try to address this key area.

Corporate Governance

This was a key focus for the year and the Board established an Integrated Quality and Safety (IQS) Subcommittee of the Board, with Board representation and key members of Hospital staff. The Board was provided with composite reports of all IQS meetings which facilitated more in-depth reporting of the various initiatives in place and issues arising in relation to quality, patient safety and risk.

In view of the exceptional financial situation faced by the Hospital, the Board also established a Finance Subcommittee, with Board representation and an independent non-executive Chairman, to allow for more detailed exploration of the Hospital's financial matters.

The Audit Subcommittee of the Board had established a strong internal audit programme for 2015 and these internal audits identified areas for improvement which were very helpful for the management team.

A new HSE Service Arrangement with all Voluntary (Section 38) agencies was proposed in 2015 and there was a high level of discussion and detailed work required to consider the implications of the changes proposed. The Leopardstown Park Hospital Chief Executive and Board Chairman were actively involved with the Association of Hospital Chief Executives (AHCE) and Voluntary Hospital Board Chairmen for a significant part of 2015 in relation to this matter. There were specific challenges/complexities for the Hospital including that new provisions in the Service Arrangement impacted on the legislative basis on which the Hospital was established. Following extensive engagement, including the support of the Leopardstown Park Hospital Trust, matters were resolved sufficiently to allow for signing of the Arrangement.

Staff Engagement

This critical area for recruitment, retention and patient safety was developed in 2015. A social committee was established which identified and delivered on a range of initiatives and activities to enhance staff engagement. Many of these aligned with Healthy Ireland initiatives e.g. Mindfulness, walking groups, staff involvement in local 5k run. A workshop involving both staff and residents entitled *Design and Dignity*, in collaboration with *SAGE Advocacy*, in preparation for future capital developments was well received. The introduction of CEO “Townhall” events took place in 2015 and will be continued into 2016. There was a conscious increase in the visibility of the senior management team in the year. In 2016 it is the intention to carry out a staff survey to further identify areas for improvement for the Hospital and to build further on 2015’s progress.

Education & Training

We continued to provide student placements for nursing and Health and Social Care Professionals (HSCPs) for a number of Universities and will look to continue and develop this further in 2016.

A wide range of education and training opportunities for staff took place in 2015 and many are detailed in department specific reports. Where relevant training was carried out on a multidisciplinary basis. Examples of some of the cross departmental training and education programmes are as follows:

- **A Journey of Change (Palliative Care):** The Hospital enrolled on a one year programme with Irish Hospice Foundation called ‘Journey of Change’. The programme requires participation to 4 full day workshops per year and will ultimately provide the staff with the skills and competencies needed to deliver best end of life care. The 12 selected participants from the Hospital (from various disciplines) will have a leadership role and be given tasks to complete between the workshops to engage with other staff throughout the Hospital in order to bring about change.
- **What Matters to Me Workshop:** This workshop was facilitated by the Irish Hospice Foundation. Aimed at promoting a culture of person-centeredness among all

residential care staff and to support the development of good communication skills in staff, especially those who have direct contact with residents and their families.

- **Dementia Elevator Programme:** Three day training on dementia awareness delivered to 17 staff from various disciplines.

Corporate Social Responsibility

The Hospital staff were involved in a number of initiatives in 2015. Margaret Hegarty, CNM1 Day Centre coordinated the Hope Shoebox Appeal at the end of the year. Mary George, Catering Manager, along with the catering team led out on our own Alzheimer's Tea Day in support of the Alzheimer's Society. Staff, residents, patients, clients and families were very supportive of these important charitable initiatives.

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. This has been reflected in the many letters of compliment from residents, patients and families I have received over the year.

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

I would like to thank the Board and Board Subcommittee non-executives who give of their time, knowledge and expertise so generously and on a completely voluntary basis. Their support and guidance has been invaluable.

Finally I would like to thank Ger Lee in my office for her tireless work, support to me and others and her great patience under pressure.

Ann Marie O'Grady
Chief Executive

Nursing Report

Key Achievements

- Established Link Nurses to champion certain areas such as falls, restraint, wounds/ tissue viability, palliative care, nutrition and dementia.
- **Implementation of COMPASS guidelines for Nursing Staff:** The COMPASS guidelines contribute towards the Hospital's drive towards clinical excellence. These are accompanied by a comprehensive education programme, designed to enhance the understanding of patients whose clinical condition deteriorates and the significance of altered clinical observations. It also seeks to improve communication and develop clinical reasoning skills between health care professionals and enhance timely management of patients. Nurses received this education and training in early recognition of the deteriorating patient and how to respond effectively to same.
- **Promotion of Quality and Patient Safety:** The Director of Nursing and Quality and Patient Safety (QPS) Manager produced a Quality and Patient Safety Newsletter (quarterly) to inform staff of the principles of QPS. The aim was to inform regarding various QPS initiatives and to actively promote and enhance the safety culture.
- **Metrics Project:** This project commenced at the end of 2014 but became embedded in 2015. Nursing metrics provide a measure of fundamental nursing care, where performance can be monitored against agreed standards and other relevant benchmarks. Metrics enable nursing staff to frequently review real time data fed back to them and improve clinical practice appropriately (see Figure 1). Action Plans are then implemented to address areas where deficits are identified. Monthly metrics are collected using a sample size of 25% of the overall unit/ward. The following metrics have been generated for Older Person Services.
 - Pressure Ulcer Assessment.
 - Falls.
 - Medicinal Product Storage and Custody.
 - Nursing Documentation.
 - Medication Administration.
 - Restraint.
 - Drug Prescription.
 - Environment.

The Standards measured against are:

- An Bord Altranais (2002) Recording Clinical Practice.
- An Bord Altranais (2007) Guidance to Nurses and Midwives on Medication Management.
- Local Organisational Policies, Procedures, Protocols and Guidelines.
- HSE (2013) Nursing Metrics Guidance Framework.
- HIQA (2012) National Standards for Safer Better Healthcare.
- HIQA (2009) National Quality Standards for Residential Care Setting for Older People in Ireland.

The project has been successful in improving standards across all areas of audit and allows for ongoing review of standards. It will be continued into 2016.

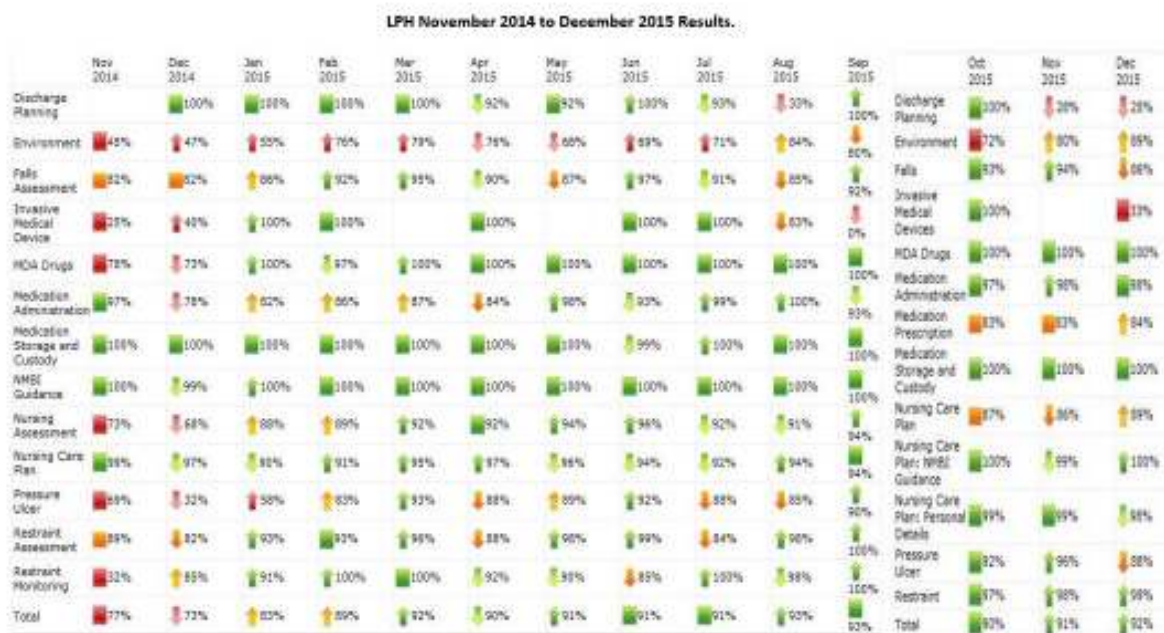


Figure 1: Metrics Overall Data 2014 - 2015

- **Contribution to High Level Position paper on Workforce Planning (Nursing Midwifery Planning & Development Unit (NMPDU)):** Leopardstown Park Hospital contributed to this paper by carrying out and providing a time and motion study on our rehabilitation staff workload. Also involved in a national project led by Dr. Siobhan O’Halloran, Department of Health, on workforce planning in elderly care.

- **Pressure Ulcer to Zero Collaborative:** National collaborative with the Royal College of Physicians Ireland. The Hospital commenced preparatory work on this and are in line to join stream two of this initiative.
- **External Accreditation:** The Hospital is registered with the Irish Heart Foundation as an accredited centre for Cardiopulmonary resuscitation (CPR) and Automatic External Defibrillation. The intention is to further expand number of trainers.
- **Nurse Prescribers:** The Hospital has four nurse prescribers. They also carry out medication Kardex audits and supervised medication rounds with nurses in order to ensure best practice and ongoing education and training. Working closely with the medical officer, this has contributed to increased rate of medication error/near miss reporting and safer culture regarding medication administration and documentation. Two nurse prescribers attended training in Assessment, Diagnosis, and Pain Management Challenges in the Older Person organised by NMPDU.
- **Restraint Committee:** Aim: To ensure that the practice of using restraint in Leopardstown Park Hospital is minimised to essential use only, in line with HSE / HIQA guidelines on the use of restraint. (HIQA Standards 2008. HSE National Policy on the Use of Restraint in Older Person's Residential Care Units 2010). There is a nurse representative from each ward. The committee meets on a three monthly basis.

In House Training by Nursing/Carers

- **CPR:** Melissa Dunleavy, CNM 2, Elma Daly, CNM 2, Helen Beirne, CNM 2
- **Manual Handling:** Maurice Meagher, HCA, Olivia Hughes, HCA in conjunction with Janice Soncuya Physiotherapist, Pat Hynes, Household Supervisor/Health & Safety.
- **Infection Control:** Elma Daly, CNM2
- **Recognising and Responding to Elder Abuse:** Florence Hogan CNM2 in conjunction with Fiachra McCabe, Senior Medical Social Worker
- **Appropriate Use of Restraint:** Florence Hogan, CNM2
- **Palliative Care 'Journey of Change Initiative:** Jackie O'Shea, CNM2. Emma Cristea, CNM1

- **COMPASS Training:** Florence Hogan CNM2
- **Dementia Awareness and Responsive Behaviours:** Patricia Noone CNM2. Emma Cristea CNM1.

Education

Nursing Staff Degrees/Diplomas 2014 - 2015

- Florence Hogan CNM2, MSc Nursing (Leadership) from RCSI
- Emma Cristea CNM1, MSc Elderly Rehabilitation from University of Limerick
- Paddy Rodgers S/N, MSc Elderly Rehabilitation from University of Limerick
- Catherine Kelly CNM1, Post Grad Diploma in Person Centred Care
- Sinead McGuinness S/N, Post Grad Diploma Tissue Viability and Wound Management

Post Graduate Education and Training Commenced in 2015

- Ansamma Joseph RGN: BSc Nursing Management RCSI
- Merlin Raji RGN: BSc Nursing Management RCSI
- Lucy Ann Gannon RGN: Diploma in Psychology: applied for in 2014
- Vinod Sasidharan CNM1: MSc Nursing- Person Centred Care- UCD
- Patricia Noone CNM2: Diploma in integrative counselling and psychotherapy: Institute of Integrative Counselling and Psychotherapy.

Funding of €20,630 was successfully obtained via individual business plans to NMPDU to support postgraduate education.

Areas of Challenge for Future and How These are being Addressed/Plan to be Addressed

- Physical infrastructure and delivery of privacy and dignity in present physical environment which also indirectly affects other standards of care. Transition process from present environment to new structure and how this situation will impact on residents/relatives and other stakeholders and action required to lessen any potential negative impact.

- Staffing issues: Similar to other healthcare agencies there is a particularly challenging recruitment environment in relation to nursing staff. This is expected to be an ongoing issue going forward.

Infection Prevention and Control

The management of infection prevention and control (IPC) is a key challenge in all healthcare settings that requires ongoing vigilance. Elma Daly, CNM2 Infection Control Nurse is also the Chairperson of the Infection Control/Hygiene Committee (Subcommittee of the Integrated Quality & Safety Committee of the Board). The committee meets every 2 months or more frequently if an outbreak occurs. The committee's objectives are to review and reduce the occurrence of Healthcare Associated Infections (HCAIs) and ensure the correct management of sepsis by adhering to the National Standards for the Prevention and Control of Healthcare Associated Infections (HIQA 2012). To ensure that all policies are up to date, communicated and audited for compliance.

Policies and Guidelines

Ebola and Legionella Policies were implemented.

Surveillance

A new database was introduced to track all microbiology specimens follow up on results and monitor the use of antibiotics. Notifiable diseases are reported to HSE, Department of Public and Population Health.

Influenza Programme

The majority of residents received the influenza vaccination except for 9 refusals and 1 resident too ill. Viral swabs and Tamiflu were made available for diagnosis and treatment of cases.

The Hospital linked with Health Protection and Surveillance Centre for their staff uptake survey with 48.1% of Hospital staff receiving the vaccine, which was one of the highest uptakes nationally.

Education and Training

All staff receive infection control and hand hygiene annually.

Elma Daly

Infection Control, CNM2

Medical Services

During 2015 we had another busy and challenging year. With high occupancy rates both in our long term beds and the rehabilitation unit. Newly admitted patients are now coming in older and have far more complex medical issues.

We had recorded 36 deaths in 2015 versus 38 deaths in 2014, a 7 % drop but still within our normal rates.

The medical team works in tandem with the Health & Social Care Professionals (HSCPs) and nurses, to provide the residents, patients and clients of Leopardstown Park Hospital with the best care possible with the resources available.

We have a good working relationship with St. Vincent's University Hospital, our major partner in the acute sector, the local community services and the Coroner's office.

Major improvement in reporting of medication errors occurred in 2015. This however comes on foot of quite a low starting point.

The Kardex system has been improved with IT support which should have a positive beneficial impact on patient care with safer dispensing of medications going forward.

The average age of our newly admitted residents has increased over the last ten years, so has the average life expectancy and their length of stay.

The Clevis Welfare Home was running at high levels of occupancy in 2015 with many of our patients becoming more dependent and requiring more input as their needs and their complex medical issues grow.

As we move into 2016 we look forward to a more positive collaboration and support from the acute sector and the HSE in maintaining and improving the medical and nursing care of our residents at Leopardstown Park Hospital.

Dr. Joseph Yazbeck

Medical Officer

Pharmacy Department

[Pharmacy Mission Statement](#)

The Pharmacy Department at Leopardstown Park Hospital is dedicated to providing a high quality pharmacy service that results in optimal medication outcomes for our residents and patients. We are committed to meeting or exceeding the needs of our residents and patients by providing efficient, caring, professional and cost-effective services in an environment that encourages excellence, teamwork, innovation and continuous improvement.

[Role of Pharmacy Department](#)

The Pharmacy Department provides a comprehensive range of pharmaceutical services to our residents, patients and staff at Leopardstown Park Hospital. We work closely with the medical and nursing staff and other Health and Social Care Professionals to ensure that our

residents get the best pharmaceutical care possible. The Chief Pharmacist chairs the bimonthly Medicines Management and Therapeutic Committee meetings (Subcommittee of the Integrated Quality and Safety Subcommittee of the Board) and is an active member of both the Infection Control and the Prevention of Falls Committee.

[Medicines Information](#)

The Medicines Information Service promotes the safe, effective and economical use of medicines by the provision of up-to-date, accurate and comprehensive information and advice.

[Resident Dispensary Service](#)

The dispensary plays a pivotal role in the activities of all pharmacy staff and ensures that medicines are procured, stored and supplied promptly, safely and cost effectively. The Pharmacy Department is responsible for dispensing medications daily in a timely, safe and efficient manner for an average resident population of 170 residents and staff at a cost of €229,000 in 2015. There is a software system in place, which supports the pharmacy dispensing process. This enabled 21,730 actual dispenses to be carried out during 2015. The Kardex Electronic System provides the clinical support which permits medications to be prescribed electronically on an individual basis by the Medical Officer.

[“Step Down” Dispensary Service](#)

Medications are supplied on an individual basis to each person admitted from St. Vincent’s University Hospital (SVUH) for rehabilitation. We liaise with the Pharmacy Team in SVUH to ensure that there is a seamless transfer of care with regard to the availability of the correct medication. During 2015, there were approximately 86,000 individual tablets dispensed at an approximate cost of €35,000 for these patients.

[Staff Dispensary Service](#)

There is a prescription and over the counter medicines service provided to all Hospital staff. During 2015, there were approximately 16,000 individual tablets/units dispensed to staff, providing them with a convenient method of filling their prescriptions.

Medication Safety

The pharmacy team foster an environment that promotes the safe, efficacious, and cost-effective use of medications. We constantly identify risks to the individual's safety associated with the use of all prescribed medication and recommend measures to reduce this risk. We monitor and review all medications regularly in line with HIQA Guidelines (2015).

Interdisciplinary Team/Rehab IDT Meetings

These two types of meetings are held weekly and are attended by a pharmacist whose role is to ensure that all medications prescribed for each resident or patient being discussed are appropriate in terms of safety and their individual requirements.

Education

Further education is encouraged by the Senior Management Team at the Hospital. This has enabled one of the pharmacists to undertake a Diploma in Clinical Pharmacy. Continuous Professional Development (CPD) is now a mandatory requirement from the Pharmaceutical Society of Ireland. Each pharmacist employed by the Hospital is responsible for ensuring that this is completed in an effective and timely manner.

Michelle Anderson

Chief Pharmacist

Social Work

Description

- Department is concerned with the overall welfare of all residents and patients and, where appropriate, also engages with family members in relation to problem solving on their behalf.

- Advice, information and assistance is given in relation to a broad range of matters including finance, welfare, legal or psycho-social matters that affect the well-being of the person.
- Different services include complicated discharge planning, social work counselling, advice and information, advocacy, elder abuse assessment/protection of vulnerable adults, assistance with Fair Deal applications.

2015 Activity

- There was a change in reporting structure during this year, with social work now reporting directly to the CEO. This has been a positive development along with the establishment of a Health and Social Care Professional team grouping.
- Other considerable achievements include the senior medical social worker re-joining the Irish Association of Social Workers (IASW) special interest group on aging which has gone through a reorganisation of its own and now has new purpose and drive.
- The senior medical social worker has also joined the Head Medical Social Work forum which is very helpful in keeping abreast of happenings, changes, developments within the profession.
- The senior medical social worker has received training on the Assisted Decision Making (Capacity) Act, 2016 and has a good working knowledge of the new law coming into effect and how it will impact upon residents, patients and clients.
- The social work department has facilitated a student placement for the first time in a number of years. This has been a welcome development and has assisted the senior medical social worker in developing supervision and peer mentoring skills. It was a good CPD opportunity in the liaison with the University and facilitated staying informed on academic developments happening in the field of social work.
- The senior medical social worker has received regular external supervision on a monthly basis throughout the past year.

- With the advent of regulation of social workers under CORU, there is now a regulatory requirement for CPD and the senior medical social worker has developed appropriate documentation of professional development activities.
- Minor office refurbishment was been completed, which has provided a better environment for meeting with residents, patients and families and also facilitated the student placement.
- The senior medical social worker also made a significant contribution to changes made around the Hospital admissions process.

Fiachra McCabe

Senior Medical Social Worker

Nutrition and Dietetic Department

Description

Provide dietetic assessment, advice and management on a prioritised referral basis to residents, patients and clients in the hospital. Professional advisor for the organisation on matters relating to nutrition and dietetics. Contribute as an active member of the HSCP group and contribute as a senior manager within the organisation. Ensure all relevant ward staff have a basic knowledge of nutrition in the care for older people. Advise and provide evidence based dietetic specific guidelines and policies for the Hospital. Liaise with catering, nursing and hospital management in the provision of good nutrition practices for residents and patients.

2015 Activity

- Referrals received by dietetic department from January 2015- November 2015. Note some residents may have been previously known to dietetics or re-referred if a change in condition.
 - Rehabilitation referrals: 44

- Resident (LTC) referrals: 115
- Respite Referrals: 24
- Updated *Enteral Feeding Policy*
- Provided regular nutrition training for ward staff and catering staff
 - No. of staff trained in 2015: 54
- Developed *Protected Mealtimes Policy* and rolled out on wards with suitable audit tool to monitor compliance of staff and visitors with policy.
- Set up and chaired Nutrition and Catering Group to support provision of good nutrition to residents and patients within the hospital and develop systems to help meet HIQA nutrition guidelines.

Ruth Case

Dietitian

Speech & Language Therapy

Description

Provision of a high quality Speech and Language Therapy service to the residents and patients appropriate to the practice setting. Engagement with the multidisciplinary team in the management of the residents and patients. Provision of insight into the service provision in the Hospital from a Speech and Language Therapy aspect.

Supporting and educating staff in areas of Speech and Language Therapy that may be relevant to their daily practices. The service is part time in commitment

2015 Activity

- Key contributor to new nutrition and catering committee in conjunction with dietetics, catering and ward staff.
- Working with catering in developing picture based menus for the wards.

- Introduced idea of Plate Pals volunteer service to Resident Services Manager (RSM) to support residents at mealtimes. Worked collaboratively with the RSM on developing this service. This includes providing training for volunteers for the programme.
- From April 2105 to year end, there were 124 new referrals encompassing all inpatient areas. All residents who are on any modified food and fluids are reviewed at three monthly intervals or more frequently if clinical indications require.
- A key area of development for 2015 was the introduction of a greater input into communication, as well as the existing focus on swallowing difficulties (dysphagia), from within existing resources. Focussed intervention in communication therapy blocks with identified residents has taken place ranging from direct therapy to augmentative and alternative communication.
- Aisling McEntee, Speech and Language Therapist was selected to do an oral presentation of the research carried out for her Masters to the Congress of the European Society of Swallowing Disorders in Barcelona in October 2015. The research was entitled: *Evaluating the Effectiveness of a Dysphagia Training Programme in a Residential Care Setting: Applicability of the Kirkpatrick Model.*

Aisling McEntee

Speech and Language Therapist

Physiotherapy Department

At Leopardstown Park Hospital the physiotherapy team strives to provide a high standard of care and treatment enabling residents, patients and clients to achieve their optimum standard of health and independence. Residents, patients and clients are reviewed regularly at interdisciplinary team (IDT) meetings. Links are maintained with physiotherapists in the community to facilitate follow-up on discharge home from rehabilitation and review of clients availing of respite and day centre services.

Physiotherapy Department Provides treatment in Following Areas

- Short Term Rehab patients from SVUH
- Long Term Residents including the Clevis
- Day centre clients (Glencairn and Carman Day Centre)
- Respite clients

Physiotherapy Staff are Members of the Following Hospital Committees

- Senior Management Team (HSCP rep)
- Health and Safety Committee
- Prevention and Management of Falls and Fall Related Injuries
- CEOL (Compassionate End of Life Committee)
- Moving and Handling Instructors Group
- Leopardstown Park Hospital Social Committee

All Physiotherapy Staff are members of the Irish Society of Chartered Physiotherapists and are involved in clinical interest groups such as Chartered Physiotherapist in Neurology and Gerontology and Chartered Physiotherapist in Palliative Care and Oncology.

Physiotherapy Main Areas of Focus in 2015

- **Moving and Handling Training:** Successfully completed training in Patient/People Handling at instructor level in order to deliver Moving and Handling and People Handling Training in the workplace. Subsequently established moving and handling instructors group who reviewed the *Moving and Handling Policy*, produced training resources and conducted an audit of moving and handling equipment in order to make recommendations for minimal requirements at ward level. Liaised with Prevention and Management of Falls and Fall Related Injuries Committee to restructure individual people handling forms and incorporate aspects of falls prevention and management into moving and handling training.
- **Prevention and Management of Falls and Fall Related Injuries:** Physiotherapy Manager, Ruth Lordan accepted position as interim chair of this committee (a subcommittee of the Integrated Quality and Safety Subcommittee of the Board). The following was achieved over the year

- Introduction of link physiotherapist/link CNM with specific responsibility for post falls evaluation
- Designed and introduced Post Fall Evaluation Form,
- Liaised with IDT to restructure of IDT Meeting Form to improve multidisciplinary input to the prevention and management of falls and fall related injuries
- Restructured *Falls Policy* to reflect the above changes.

Physiotherapy Manager became involved in the Voluntary Hospital Risk Management Forum falls sub-committee along with the QPS Manager and contributed to the drafting of guidelines for falls management policies for use nationally

- **Hospital Design/ Refurbishment / Rebuild project/ Dementia Friendly Dwellings:**
Involvement in scoping out projects for refurbishments including advice to Hospital in relation to space utilisation in proposed designs, visits to recommended sites, in-house workshops and evening lectures regarding dementia friendly dwellings
- **Compassionate End of Life (CEOL):** Attended Compassionate End of Life Workshop, involvement in hospital wide survey regarding End of Life Care at LPH and the establishment of regular End of Life Review meetings
- **Effective Use of Technology**
 - Liaised with ICT to restructure physiotherapy content on the electronic patient record
 - Updated physiotherapy section on Hospital intranet
 - Consider using technology more effectively within the physiotherapy department, freeing up time for direct client care
- **Streamlining Rehabilitation Admissions and Follow-Up Appointments:** Attended meetings/discussions to streamline/improve rehabilitation admissions and transfers and improve communications regarding follow up appointments

Education/Training Undertaken in 2015 to Support the Above Key Areas of Focus

- **Moving and Handling:**
 - People Handling Instructor's Course

- **Prevention and Management of Falls and Fall Related Injuries**
 - Care of the Older Person Study Day
 - Three F's (Falls, Fractures and Frailty) Conference
 - Falls and Frailty Conference
 - Benign Paroxysmal Positional Vertigo Study Day
 - Falls Prevention Conference
- **Hospital Design/Refurbishment/Dementia friendly Dwellings**
 - International Dementia Care Conference
 - Dementia Friendly Dwellings
 - Introduction to Dementia Design
 - Design and Dignity Workshop
- **Compassionate End of Life**
 - Journey of Change (Irish Hospice Foundation)

Ruth Lordan

Physiotherapy Manager

Occupational Therapy

The Occupational Therapy (OT) Department provides a service to the long term care residents (including Clevis), Glencairn day centre clients and rehabilitation patients. There is a strong focus in the OT Department on enabling the resident, patient or client to achieve as good a quality of life as they want and we can facilitate in Leopardstown Park Hospital. Examples of OT intervention include retraining in activities of daily living, recommending equipment and adaptations to an older person's home, addressing seating and posture needs, wheelchair training, training in the use of computers. We also provided a number of group activities include baking, newspaper and discussion groups, movement to music sessions, activities on the Wii.

2015 Activity

The Occupational Therapy Department's main focus in 2015 was in the areas of:

- **Hospital Design:** Staff members actively contributed towards the scoping out projects in relation to the proposed renovations of the nightingale wards, including participating on site visits, in house workshops and attending study days and evening presentations regarding new design guidelines for people with dementia and their families and carers.
- **Prevention and management of falls:** Staff were involved in the redesigning/piloting of the IDT meeting form to be more informative and reflective of falls management and the designing/piloting of a post fall evaluation form.
- **Rehabilitation Service:** OT staff contributed to meetings to streamline rehabilitation patient admissions.
- **Technological improvements:** Staff were involved in the re-structuring of the intranet, electronic patient record and discussions with ICT regarding the use of technology by residents.
- **Dementia Care:** Staff attended courses in the area of Dementia care, including one staff member successfully completing the European Certificate in Holistic Dementia Care. We are using the information learned to improve our occupational therapy practice.

Occupational Therapy Staff are Members of the Following In-House

Committees

- Equipment Management Committee
- Health and Safety Committee
- Prevention and Management of Falls and Fall Related injuries Committee
- Integrated Quality and Safety Committee (as Health and Social Care Representative)
- CEOL Committee (Compassionate End of Life) which is a Hospice Foundation programme
- Leopardstown Park Hospital Social Committee.

Mary O'Toole

Occupational Therapy Manager

Chaplaincy/Pastoral Care

Leopardstown Park Hospital has continued in 2015 to support a holistic approach to the care of its residents, patients and clients by providing the services of a Chaplaincy Team. There is awareness in the team of the vulnerability that is present, not only in the physical fragility of the residents, but is also present at the emotional and spiritual levels. It is in this context that we offer a space for residents to be heard, thereby putting a face and listening ear to the healing ministry. The chaplains are available to people of all belief systems and none. Each person's faith and religious traditions are honoured and respected.

Church Services

- Mass is celebrated twice a week – Saturday and Tuesday by the priests from Sandymount Parish, who form part of the pastoral team. It was remarked recently by a resident that they so enjoyed coming to the Chapel for Mass, as it made them feel they were part of the wider community. In April the time of the Saturday Mass was changed from 4.00 p.m. to 3.30p.m, in order to facilitate the priests to meet their other parochial commitments. Mass is also celebrated on every 1st Friday of the month and on all prescribed feast days.
- A Church of Ireland Eucharist is celebrated on the 1st and 3rd Friday of each month at 3.00 p.m. by Rev. John Tanner.
- The Sacrament of the Sick is celebrated with all Roman Catholic residents four times a year by our priests, assisted by our resident chaplains.
- Sr. Annette Byrne and Miriam Molan continued to offer communion and prayer services three times a week. They also prayed with the residents when visiting them, if that was their wish, and also brought people for quiet visits to the chapel, out of regular service times, along with accompanying them to the music afternoons and walks around the grounds.
- In November we had the Remembrance Service for residents and family members who had died during the past 12 months. Nursing administration sent out the invitations and Miriam and Annette were responsible for the immediate preparations e.g. making sure the chapel was prepared and ready and also ensuring that the ministers were notified and could be present. For the Remembrance Service on 11th November to

remember and honour those who have sacrificed themselves to secure and protect our freedom, a very important service particularly for our veterans and families, the pastoral team ensure that necessary chapel arrangements are in place and facilitate a very moving service.

- Good Friday Service: This was, as usual, very well attended, presided over by Sr. Annette and Miriam.

Other Activities

Visiting the wards daily, as far as possible, is the major part of our work. It is these visits which help us develop and maintain significant relationships with the residents and patients, in particular, but also with their families. Sometimes these encounters with families were in a casual way e.g. on the corridor or grounds. It builds up a trust which can be supportive through the duration of their time with us. Sometimes we have been able to pass on information of a non-confidential nature to the staff, which has been helpful for the on-going care of the resident. As chaplains we very much see ourselves as part of a multi-disciplinary team and work as closely as possible with all members of the team. We attend the I.D.T. meetings, alternating with each other. This is a valuable exercise as it often gives us a new insight into a resident's difficulties (where the resident cannot relate these difficulties) thereby helping us in our relationship with that resident or patient.

End of Life Care and Death: Support and help was provided at end of life. This included:

- Sitting with residents who had no family with them.
- Offering on-going support to residents and the families who were present, in as far as they wanted it in as unintrusive a way as possible.
- Encouraged staff to call the priest or minister when it seemed this would bring the family comfort.
- Praying with the families.
- Where possible, at the time of death, praying with the deceased and their family.
- Facilitated having funeral mass/service in the Hospital chapel, if the resident had been with us a long time or had only a small family.
- Facilitated the viewings of a significant number of the deceased.
- Conducted prayer services for gatherings of family and friends.

- Conducted prayer services at the time the funeral was leaving the Hospital.
- When there was a mass or service in the chapel, carried out all the preparatory work of ensuring that the physical environment was both welcoming and dignified.
- Services were also carried out to those who wished to have the Hospital chaplain celebrate the funeral service.
- As far as possible attended funeral masses or services that were celebrated in the previous parish of the resident.
- Visited, as far as possible, many of the residents who were transferred to another hospital for various reasons.
- All Church of Ireland residents are ministered to by Rev. John Tanner. John is generously attentive to those in his care, visiting regularly any who are sick or dying. Sr. Annette and Miriam as the resident chaplains are however available for all our residents.

Training: We are in on-going training, attending talks and conferences organised by the NAHC (National Association of Healthcare Chaplains) – these form part of our on-going accreditation requirements.

- NAHC Annual Conference.
- Various Evenings and lectures organised by the above during the year.
- Attend and follow the Diocesan Board Policies and Procedures re Chaplaincy
- Child protection mandatory training (Church requirement)
- Both of us attended a lecture on “Chaplaincy for the non-believer” at TCD.
- We have taken part in The End of Life Care programme delivered by the Irish Hospice Foundation and participate in the “Compassionate End of Life (CEOL)” meetings.
- In-house training mandatory training: Moving and handling, health and safety, fire procedures.

We continue to be aware of the need for self-care and take time to reflect and pray, along with spiritual direction and supervision.

Deanery Meetings: As part of his wish to raise the profile of all the chaplains in his diocese Archbishop Martin has invited all chaplains to be part of the local deaneries. This requires attending a meeting 4 times a year. It has helped raise awareness of the residents and patients and the work being done in the Hospital.

Working with Others: Besides co-operating with all the members of the staff, we also liaise with Rev. John Tanner and the priests of Sandyford Parish. We hold an annual meeting with the latter to review how we are serving the Hospital and if anything needs to be improved. We also look at dates and provision of services for the coming year.

A new initiative was started by a group of chaplains working within the area – Loughlinstown, St. Vincent's University Hospital, St. John of God's Hospital, National Rehabilitation Hospital and Leopardstown Park Hospital. We met to discuss the transfer of patients to the various hospitals in order to ensure a continuity of care for the person. We met once a month but with our busy remit a decision was reached to put these meetings on hold.

We also cooperated with others in supporting the recreational activities of the residents, patients and clients e.g. Garden Fete, No. 1 Army Band sessions, Garden Party and various concerts and music sessions.

Volunteers: The Eucharistic Ministers, Ministers of the Word and wheelchair attendants continue to be an integral part of the pastoral service to the residents. We continue to support, monitor and encourage this invaluable group of people whose service is deeply appreciated. We also include in this group the lady who arranges the flowers.

The Chapel: The hospital chapel continues to be a focal point for residents, patients, clients and staff, providing a centre of peace and quiet where people can come for reflection and prayer. The chaplaincy ensures that the environment of this sacred space is maintained. We also take care of the washing and ironing of the altar linen.

Administration: Miriam deals with any administration work, and ensures that news of hospital events are shared. Residents, on occasions have requested help in organising their funeral liturgy – Miriam has done a number of these preparations, presenting them to the resident in leaflet form. Sr. Annette also helps the families of the deceased prepare for their funeral, when asked, with information and support.

The new chaplaincy guidelines were updated and these guidelines both reflect and lead the provision of chaplaincy forward. Therefore chaplaincy is well placed to deliver the kind of 'value added' care that makes a considerable difference in terms of loss, uncertainty with distress when making a decision to choose the Hospital as their provider. We continue to

embody the core values of dignity and respect of the Hospital in all its work.

We plan to continue promoting excellence in pastoral, spiritual and religious care. The above report contains measures of processes rather than outcomes. The outcomes are harder to measure.

Sr. Annette Byrne and Miriam Molan

Chaplaincy

Resident Services

Description

Resident Services (RS) encompasses a large number of different areas. These are reception, security, porters, transport, medical records, clerical support, chaplaincy, complaints, freedom of information and volunteers. Activities and events are high on the agenda, both individual and on a group basis. Statistics and management of databases including provision of activity data to the HSE are also important roles. We currently have a large number of volunteers and RS liaises with the veteran support group.

2015 Activity

For our residents, patients and clients the RS team, during 2015, executed a new programme of activities. The drivers within RS developed a plan to maximise the use of our existing vehicles (sadly now down to three, as one unfortunately came to end of life). Now every Wednesday there is a driver and ambulance bus available to bring residents out for an excursion. This has been a significant factor in bringing joy to our residents. The pier in Dun Laoghaire and Bray seafront have been popular destinations, and of course we had to have the obligatory Teddy's ice-cream. This resource will be developed throughout 2016 to ensure our person centred approach is enjoyed by all. Relatives have also been able to accompany our residents and this extended approach will be reviewed regularly to ensure we are keeping to the highest standards possible.

We have a large cohort of volunteers working with the Hospital, and they have an extremely important role. We have those that provide a regular service, and those that provide an ad-hoc service, both of which are vital for, and positively impacts on, our residents. The volunteers provide a wide range of service. RS support the volunteers in any way they can, including training.

During 2015 a security review took place, and all aspects of security were looked at to ensure the safety of our residents, patients, clients and employees. Access and egress to our Hospital has changed significantly, and there is an ongoing review to ensure we have best practice in these areas to maintain safety for our residents.

Our complaints policy was reviewed, updated and implemented. We achieved 100% compliance with the target of completion of reviews of complaints within a 30 day period. The complaint process is a very positive aspect of the RS role and it allows us to identify areas for improvement that can directly impact our residents, patients and clients. This process has also allowed significant interaction between different departments and allows for 'joined up thinking' to ensure the best possible outcome.

Our relatives' room has been moved and upgraded, this means that relatives and residents have a private area where they can sit and relax in a more 'homely' surrounding. This room is now located in the coffee dock area, on the main corridor.

Our ICT department facilitated RS in providing a technology service for all our residents. There are two computers located in the library, and vouchers can be obtained from reception for access.

Within RS Services a new manager was appointed in 2015. This has led to the further development of RS within LPH, and we have also recruited two part time activity coordinators following the retirement of previous full time post holder. These appointments mean that we are now in a position to offer activities seven days a week, with alternating activities to ensure that social occasions are promoted with the Hospital. Feedback from residents is vital to ensure that we are making the right offering.

For the year ahead, our key focus will be to review the medical records systems and processes and to streamline our processes to ensure that we are offering an efficient and effective service.

With the appointment of the new activity co-ordinators, new programmes will be trialed and implemented. There is a calendar of events on our notice boards, and these will change as we listen and hear more about what our residents would prefer. We have a new resident musician, who now provides four hours of music a week, and is a huge hit with our residents. We do have challenges, not least the fact that we have access to one less bus, the fact that we have a wide brief and limited resources, however during 2015 efficiencies created within our RS department has led to improved processes that impact directly and indirectly on our residents, patients and clients.

Paula Carraher

Patient and Resident Services Manager

Catering

Description

- The catering department has responsibility for providing breakfast, lunch and evening tea to approximately 160 residents and patients daily. Food is cooked on the day for each day of service. Meals are transported to the wards by heated trolleys, some of the service is bulk and some is plated.
- Provision of a Meals on Wheels service Monday to Friday to the local community (approx. 600 meals per month).
- Catering for day centre clients in Glencairn day centre seven days a week
- Catering for the Carman day centre Monday – Friday approx. 10 clients per day
- Provision of a service to staff for breakfast and lunch daily
- Catering for a number of functions throughout the year

- The Environmental Health Officer audits the catering service twice yearly

2015 Activity

- April 2015 - Maxine Doran and Brian Cullen attended the *Food Services and Best Practices* conference
- June 2015 - With the purchase of a labelling machine it allowed the department to include all allergen information on the label. This investment has enabled the provision of clear, consistent and correct labelling, has decreased food spoilage and wastage, decreased time it was taking to manually do the labelling, and provided us with a more professional approach and improved food safety
- September – 2015 Maxine Doran attended calorie posting study day in line with new calorie posting legislation
- September 2015 - Nutrition and Catering group was re-established
- All allergens have been added to menus in line with new allergen legislation.
- December 2015 – All catering staff received in-house refresher food hygiene training and allergen awareness training

Mary George

Catering Manager

Supplies Department

Description

The supplies department is responsible for the procurement and storage of all medical consumable inventory, various foodstuffs, patient feeds, oxygen and office supplies/office equipment. The Supplies Manager is also responsible for the management and maintenance of all ward medical devices and fixtures such as beds, lifting hoists, weighing scales, bedpan washers etc.

The supplies department adheres to Hospital procurement policy by utilising all available group purchasing contracts from HSE Procurement, the Office of Government Procurement (OGP) and The National Procurement Service (NPS). Policies and procedures are in place for all local and off contract procurement.

2015 Activity

The department provided a 93% fulfilment rate on all inventory requisitions during 2015. Inventory levels are maintained at appropriate levels to ensure correct balance of product supply and control of expenditure.

A number of centralised supply contracts from HSE Procurement and OGP were adopted or renewed during 2015. 80% of all inventory is now procured through such contracts.

The Hospital *Procurement Policy* was reviewed, expanded and enhanced to achieve greater governance and accountability. This could not have been successfully completed without the significant input and assistance of the Chief Executive for which the Supplies Department is grateful.

Paddy Ledden

Supplies Department Manager

Information Communications Technology (ICT)

Description

The ICT department manages the day to day of ensuring network and application services are available such as email, Maxims (electronic patient record) and Clockwise (time and attendance management). The department also helps to manage access to systems and help protect the Hospital's information and services.

2015 Activity

- There has been a drive in 2015 to upgrade core systems and services in the Hospital. Removal of older operating systems such as Windows XP/Windows Server which will help to reduce the exposure and vulnerability to external factors.
- ICT has introduced a new virtual server environment to help add redundancy and replace an existing aging infrastructure. It is very important to remove single points of failure in the hospital environment.
- Additional security measures have been added across the computer environment (desktops & servers) to help mitigate against new virus attacks such as Ransomware which have crippled businesses throughout the globe.
- Resident Services have been working closely with ICT to bring additional services to the residents such as the Internet PCs and digital display boards.
- As discussed above, ICT is currently upgrading systems and applications, but also working with the Hospital management to streamline processes and procedures. Currently there are a number of projects instream such as policy management, clocking-in and records management.
- Overall the activities achieved in 2015 will set the platform to help enable technology and services in the years to come.

Fergus O'Reilly

ICT Manager

Appendix 1 - Income & Expenditure Accounts

A summary of the Consolidated Revenue Income & Expenditure Account 2015 is as follows:

Consolidated Revenue I & E	2015	2014
	€ '000s	€ '000s
Deficit/(Surplus) Fwd.	(476)	(551)
Pay Costs	13,462	13,300
Non-Pay Costs	2,828	2,700
Gross Expenditure	15,814	15,449
Less Income	(15,981)	(15,925)
Deficit/(Surplus)	(167)	(476)

The cumulative surplus at December 2015 is brought forward into 2016.

The Board complies with the standard accounting format and standards as set out by the DoH 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.

In accordance with Sec 1.8.1 of the Accounting Standards for Voluntary Hospitals, Leopardstown Park Hospital Foundation is consolidated with the financial statements of Leopardstown Park Hospital Board."

Appendix 2 - Overview of Services and Activity

Rehabilitation

The Hospital provides a rehabilitation service for patients requiring rehabilitation post-acute hospital stay and prior to discharge home. Strong working relationships with the community sector and discharge planning is key to the success of this service which is critical to support the acute hospital sector and ensures that patients are treated in the most appropriate of settings for their needs.

Residential Care

The Hospital provides a total of 118 residential beds which are accessed under the Nursing Home Support Scheme (Fair Deal)

Respite Services

The hospital provides 10 respite beds, including one which is dementia specific. The service provides home carers with an opportunity for short breaks, family holidays or temporary respite during family crises and is critical to support older persons remaining at home in their communities.

Welfare Home – Clevis.

The Clevis is a residential facility for older persons with low dependency needs who no longer feel they can manage at home. Maintaining clients' independence is a key aim of the service. The Home caters for up to 30 residents.

Glencairn Day Centre

The Glencairn Day Centre provides scheduled social day care services over seven days to approximately 200 clients a week. From Monday to Friday, clients can avail of therapy review and input, coagulation clinic, blood pressure checks and dressings.

Carman Day Centre for Older Persons with Dementia

The Carman Day Centre is a dementia specific day care service which provides scheduled social day care services to approximately 50 clients over five days a week.

Activity Statistics

Inpatient Activity (bed days)	2015	2014
Long Stay Residential	41,763	41,331
Respite	3,479	3,337
Rehabilitation	3,649	3,655
Clevis Welfare Home	9,082	9,162
Total Bed Days	57,973	57,485

Combined Day Centre Activity (attendances)	2015	2014
Total	7,305	7,908

Appendix 3 - Glossary

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. It is a charity registered with the Revenue Commissioners (CHY 16425) and the Charities Regulatory Authority (20059132).