

ANNUAL REPORT

2024





Our Mission

To deliver quality specialist services for older people, with a very high standard of clinical care, within a social care model and on a person centred basis.

Our Values

To be a leading provider of high quality, person-centred services for older people within a compliant, enabling and empowered environment.



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A Glance of Leopardstown Park Hospital



228

STAFF

74% FEMALE 26% MALE



98

LONG TERM BEDS



REHAB BEDS

7



25

DAY CENTRE PLACES



4032 HRS
STAFF
TRAINING



1 HIQA
VISITS 2024



Chairman's Address



As we reflect on 2024, we recognise a year marked by continued progress, recovery, and renewal at Leopardstown Park Hospital. With the challenges of Covid-19 now largely behind us, we have focused our efforts on service enhancement, embedding quality improvement initiatives, and future planning for the hospital's development.

I would like to extend my sincere thanks to my fellow Board and Committee members for their continued commitment to the delivery of high-quality services for our residents, patients, and Day Centre attendees. Each member fulfils their role in a voluntary capacity, and I am deeply appreciative of the time, expertise, and support they continue to give.

I would also like to acknowledge the dedication and professionalism of our staff across all departments. Their compassion and commitment are at the heart of everything we do, and I am grateful for their continued efforts to enrich the lives of those in our care.

2024 saw the successful completion and operational integration of our hospital-wide refurbishment programme, which has transformed living and care environments across the campus. We also advanced several strategic priorities, including our digital transformation journey, sustainability commitments, and continued participation in national programmes such as dementia-inclusive care.

We remain grateful to the HSE for their ongoing financial and operational support, and we look forward to continued collaboration as we plan for the long-term growth and modernisation of our services.

Anthony Morris Chairperson



Message from the Chief Executive



Having been appointed as Interim CEO in December 2023, I am delighted to welcome you to the Leopardstown Park Hospital Annual Report for the first time.

I had previously been the Director of Nursing/Person in Charge and was familiar with the Mission and Vision of the Hospital as outlined earlier in this report. I have seen these values demonstrated every day by our exceptional and dedicated staff as they go about their work.

This year, we marked a return to full operational capacity across all our units, following the completion of our extensive capital refurbishment programme. The reopening of Orchard Unit in late 2023, alongside the phased reintroduction of admissions, set the stage for a renewed focus on quality improvement and service development throughout 2024.

We also continued to advance our strategic priorities, including the implementation of digital transformation initiatives AND investment in transport sustainability. Our commitment to inclusive and future-focused healthcare remains steadfast, and I am particularly proud of our work in expanding community and volunteer engagement, in line with Sláintecare principles.

Significant progress was made in collaboration with the HSE National Estates Office and CHO 6 on the design and planning of our proposed 125-bed residential development—an important step in safeguarding the future of care provision at Leopardstown Park Hospital.

I wish to express my sincere thanks to the Hospital Board, who continue to give so generously of their time and expertise on a voluntary basis. I am also grateful to the Senior Management Team for their support and professionalism, both in my previous role and in my current position as Chief Executive. I would also like to pay special tribute to my predecessor, Ann Marie O’Grady, whose leadership and commitment were especially valuable throughout the pandemic period.

Finally, I would like to extend my heartfelt thanks to every member of staff across the hospital. Your collective effort, care, and dedication have shaped another year of progress—and I look forward to building on this momentum together in the year ahead.

Adrian Ahern
Interim Chief Executive



Leopardstown Park Hospital

Leopardstown Park Hospital (LPH) was established by Lady Gertrude Dunning a member of the Power family of whiskey fame as a hospital for returning First World War wounded soldiers. It operated in this manner for many years and in 1979 the Leopardstown Hospital as we know it now was established as a State Body under the Leopardstown Hospital (Establishment) Order, 1979. As a State Board it adheres to the Code of Practice for State Boards. The Chairperson and Board are appointed by the Minister for Health for a term of five years and all act in a voluntary capacity. LPH operates in partnership with the HSE (CHO 6) Community Healthcare Organisation to provide services to Older People ranging from Day Centre, Respite, Rehabilitation, Long Stay Residential services and supported living. There are 120 beds registered with HIQA providing long term care and seven Rehabilitation beds and employs over two hundred staff from over twenty nationalities. Leopardstown Park Hospital is funded directly by the HSE under Section 38 of the Health Act 2004 and resident fees under the Nursing Home Support Scheme (Fair Deal)

The Board of Leopardstown Park Hospital has collective responsibility for Leopardstown Park Hospital by leading and directing the activities of the organisation guided by the Code of Governance and Code of Conduct for State Boards. The Board meets an average of eight times per year and takes responsibility for compliance with all statutory obligations applicable to them. The Chief Executive and Director of Finance attend Board meetings and other members of the Senior Management Team attend as required.

The Board has established several sub committees to assist in its Governance function. These committees are outlined below.

- Integrated Quality and Patient Safety
- Audit and Risk Committee
- Finance Committee
- LPH Board Veterans Committee
- Each has agreed terms of reference, and these are regularly reviewed.

The Board has also established a Charitable Foundation which is registered with the Charities Regulator and assists in supporting the hospital in providing additional services to the hospital.



Board Members



Anthony Morris,
Chairperson



Frances Ní Fhlannchadha,
Board Member



Mary Farrelly, Board Member



Denis Duff, Board Member



Ciara Davin, Board Member



Dóirín Mulligan,
Board Member



John Brassil, Board Member
Resigned 23/01/2024



Board Committee Members

Integrated Quality and Safety Committee Non-Executive Members

Chairperson: Mr. John Brassil (Resigned 24/01/2024)
Ms. Frances Ní Fhlannchadha (Appointed 14/02/2024)

Audit & Risk Committee Non-Executive Members

Chairperson: Dr Nicolas Marcoux (Resigned 15//02/2024)
Members: John Byrne (Appointed 09/05/2024)
Dóirín Mulligan
Ms. Mary Farrelly
Ms. Aoife Holmes

Finance Committee Non-Executive Members

Chairperson: Ms. Mary Farrelly
Members: Mr. Denis Duff
Mr. James Rogan

Veterans' Committee Non-Executive Members

Mr. Denis Duff (Chairperson & Board Member)
Mr. John Brassil (Member) Resigned 24 Jan 2024)
Ms. Dóirín Mulligan (Member) (Appointed 20/06/2024)
Ms. Oonagh Maher (Member)
Ms. Joy Guthrie (LPH Trustee)
Dr Ann Montgomery (LPH Trustee) (Resigned 20/09/2024)
Ms. Oonagh Maher (LPH Trustee) (Appointed Oct 2024)

Bankers

Allied Irish Bank, Stillorgan Plaza,
Upper Kilmacud Road,
Stillorgan, Co. Dublin

Solicitors

Hayes Solicitors, Earlsfort Terrace,
Dublin 2

Auditors

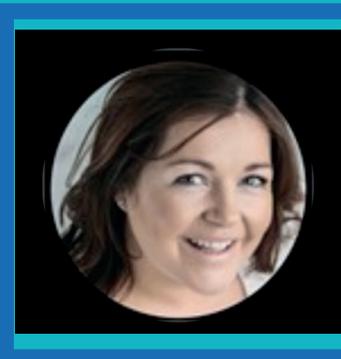
The Comptroller & Auditor General,
Dublin Castle, Dublin 2



Senior Management Team



Adrian Ahern
Chief Executive



Sandra Caroll HR Manager
Appointed June 2024



Rajini Benish
Director of Nursing/P.I.C



Mary O'Toole
O.T. Manager



Dr Bernadette Carr
Medical Officer



Jason Denman HR Manager
Resigned March 2024



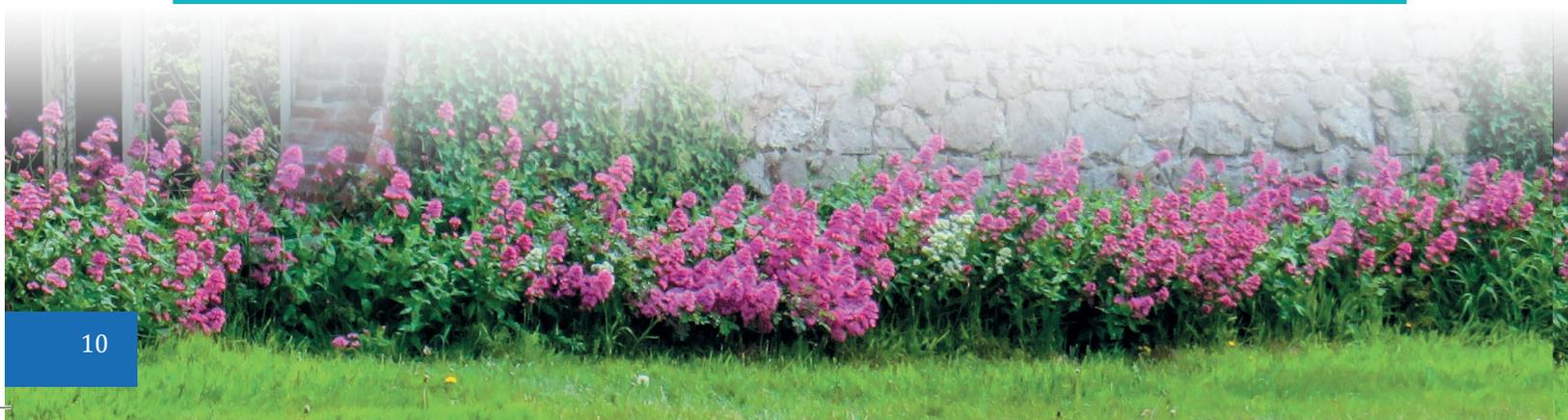
Geraldine Lee
Secretary



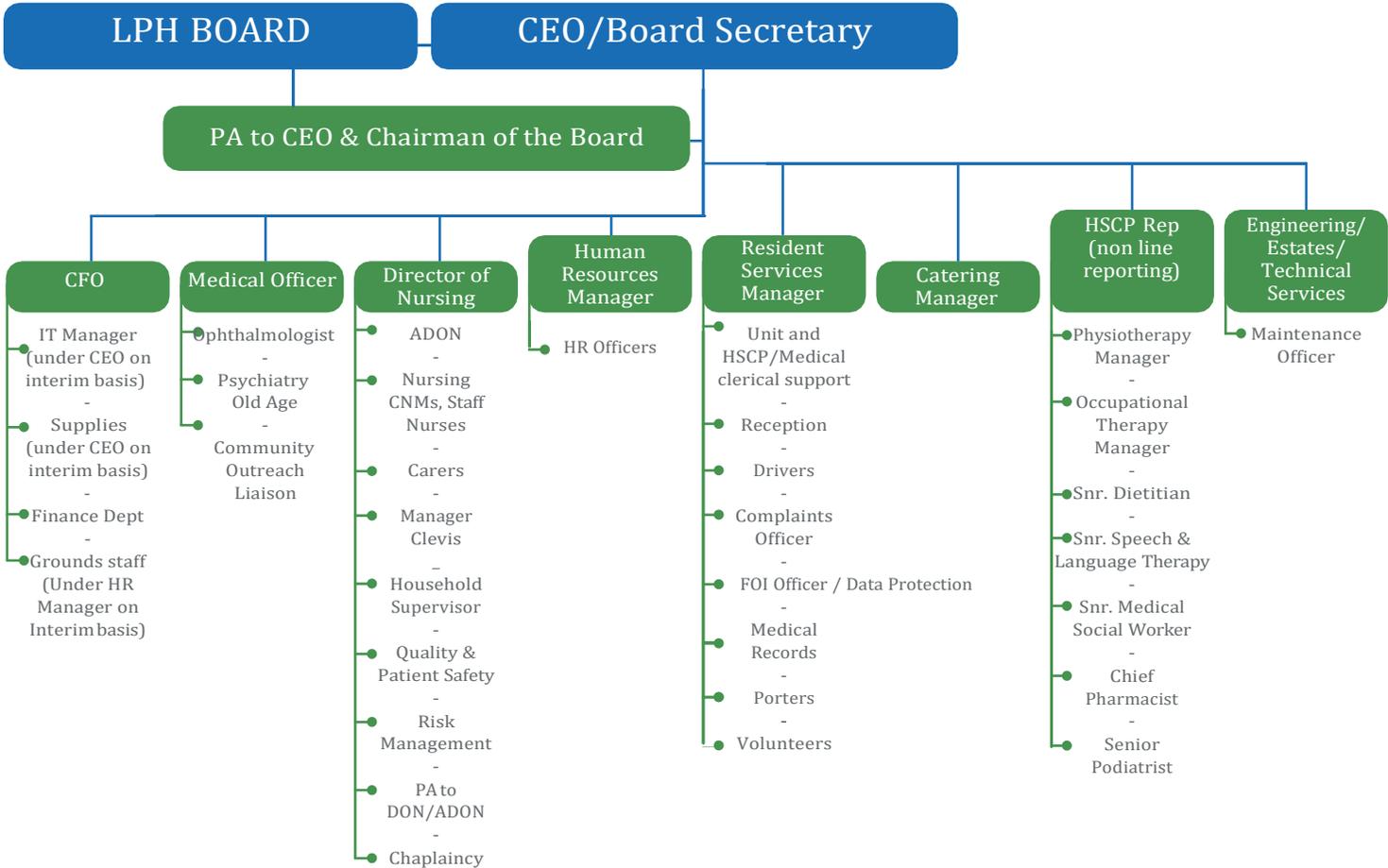
Edel Ambrose
Resident Services Manager



Robert Hegarty CFO
Appointed Dec 2024



Leopardstown Park Hospital Board



Nursing Department

The Director of Nursing is also the Person in Charge (P.I.C.) Rajini Benish, Interim Director of Nursing, Merlin Raji, Interim Assistant Director of Nursing and Interim C.N.M.3 Princy Kurian from December 2024. Five CNM2s and eight CNM1s, 40 nurses and 79 HCAs

The Nursing Department is responsible for the provision of nursing and care services to our residents and includes resident/patient and staff safety, risk management and household services. The Nursing Department in partnership works with the other disciplines to provide a high standard of evidence based care and support to all our residents.

Summary of Developments 2024

Throughout 2024 several quality improvement initiatives were introduced, as in other years, these initiatives are aimed at promoting the various themes of the standards of care for older people in Ireland and provide a method of assurance of compliance with the standards.

The Hospital Board takes a particular interest and encourages the promotion of quality improvement initiatives across the hospital. The Board's Integrated Quality, Safety and Risk Committees are formal subcommittee of the Board and reports regularly to the Board.

Nutrition

We continued in partnership with our Dietitian, Speech and Language Therapist and Catering Manager to review menus, resident choice and snacks. Residents were surveyed during the year and the results were discussed at the interdisciplinary catering & nutrition committee. A nutritional review of typical menus was undertaken and an action plan agreed to address its findings. Unit-based training was provided around nutrition and swallowing by the senior dietitian and senior speech & language therapist which was very beneficial.

Hygiene and Cleanliness

An external competent auditor was engaged to monitor and improve standards of cleanliness and hygiene throughout the Hospital. This independent service produced twice annual audit reports and an action plan developed to rectify any identified issues. Internal audits were also conducted by the IPC team.

Care of the Dying

The Hospital continues to participate in the CARU initiative. All deaths are reviewed using the CARU team and the learning shared. Staff also attended training organised by this group.

Medication Management

Nursing staff undertook certified medication management/administration during the year. Nursing staff participate as members of the interdisciplinary Medication Safety & Therapeutics committee. The pharmacist conducts regular medication reviews and chairs the Medication Safety & Therapeutics committee.

Policy Reviews

Policy documents were reviewed to ensure compliance with the Health Acts, Health and Safety Acts, etc. Policies are also reviewed to ensure compliance with Regulation 4, Schedule 5 and changing information, national and international policy.



Care Plans

A review of care plans and resident assessments was conducted, and changes implemented along with CNM 3 and QPS. One-to-one information and training sessions were provided to staff to address the shortfalls identified. Regular audits using the National Metrics dataset were carried out and improvements were identified in practice. We also have a number of Enhanced Nurses auditing care plans and assessments under the Governance of a senior Nurse Management group. The QPS leads on this initiative.

Residents Forum and Advocacy

In 2024, the Residents' Forum remained an integral part of life at Leopardstown Park Hospital, offering residents a structured and supportive space to share their views and contribute to the ongoing development of services. Facilitated by the Senior Medical Social Worker and the Resident Services Manager, the forum was regularly attended by the Director of Nursing or CEO, ensuring a direct line of communication between residents and senior management. Relatives also participated on occasion, further enhancing the forum's inclusive approach.

The Hospital continued its partnership with an independent advocacy agency, under a standing Memorandum of Understanding, to ensure that any resident seeking advocacy had access to independent and confidential support as required.

Infection Control

- **Flu Vaccination Campaign:** The ADON / IPC team led on this with one of our senior pharmacists and one of our doctors on the influenza vaccination campaign for residents and staff and achieved an uptake of 70% for healthcare workers and almost full uptake for residents. This ADON/IPC team also provided advice to staff, residents and relatives and led an awareness campaign.
- **Hand Hygiene Awareness:** A successful awareness of good hand washing etiquette was also held to lessen the impact of infection transmitted in this manner to the Hospital.
- **Covid-19:** We developed a detailed contingency plan in line with the NPHET, HSE and DOH guidance and this has been kept under review to meet the changing

and emerging demands and information. We reviewed our Risk Register and we worked closely with the other disciplines to develop and review robust processes to manage the situation. We worked closely with the HR Department to support staff and develop staff welfare Programme. Care plans and assessments were developed and adapted to suit individual resident needs. We were able to successfully contain the infection within the units and to avoid cross infections. The COVID team along with IPC review COVID preparedness plan and meet every 6 weeks.

- We published a major report entitled "Management of COVID - 19 in a community facility for older people" which was presented to Minister Mary Butler

Joint Occupational Therapy (O.T.) and Nursing Department Initiative

We continued to focus on activities with residents. As part of this, the OT and nursing management agreed Activity HCA (AHCA) involvement in existing OT groups. A few projects were expanded upon, and new ones added during 2024 including the expansion of the use of IT to support activities having regard to heightened infection prevention and control requirements. We have new Activity facilitators employed to the activities team.

IDT Participation

During 2024 Nurses and carers participated in the Interdisciplinary team processes, resident reviews, falls management, etc. We responded to Covid by developing an electronic IDT form which is visible to all staff, and we also conducted these meetings by face to face.



Employment Matters

During the year, nursing and care staff were recruited as required to fill arising vacancies. A number of general staff and management meetings were held to share updates on key developments and to provide an open forum for feedback and discussion.

While we acknowledge the challenges of delivering the highest quality of care within the constraints of our existing physical environment, progress was made in 2024 to enhance our facilities.

Work on the design of the new hospital continued, with nursing teams playing a pivotal role in shaping both the design and workflow considerations. Throughout the year, we engaged extensively with stakeholders to advance quality improvement, strengthen regulatory awareness, and support excellence in resident assessment and care planning.

Staff Induction Nursing

In 2024, the Induction Programme was enhanced to align with the changing regulatory environment, evolving hospital priorities, and valuable feedback from staff. This ensures the programme remains relevant, comprehensive, and supportive of high-quality care delivery.

Our commitment is for all new employees to complete the induction within their first three months of employment. Staff working within or alongside the Nursing Department begin their induction on their first day, working in a supernumerary capacity for up to three days, depending on their previous experience. The programme provides a strong foundation in key areas including fire safety, safeguarding, use of ICT systems, and other essential competencies, equipping staff to deliver safe, effective, and person-centred care from the outset.

Medical Social Work Department

In 2024, the Social Work Department continued to provide vital emotional and practical support to residents and their families, with a focus on promoting wellbeing and enabling informed decision-making. The department plays a key role in guiding residents and families through the Nursing Home Support Scheme (NHSS) process when long-term care is required.

The Social Worker also offers individual counselling and emotional support to residents and rehabilitation patients, ensuring their psychological and emotional needs are addressed alongside their physical care. This holistic approach helps to enhance quality of life and supports a smooth transition through different stages of care.

Rehabilitation

The Social Worker plays a key role in discharge planning, particularly in supporting applications for home care packages. With the patient's consent, the Social Worker liaises closely with patients and their families to identify the supports required to ensure a successful transition home. This may include facilitating family meetings and coordinating with community services such as Public Health Nurses, Meals on Wheels providers, pendant alarm suppliers, and local housing agencies.

Where long-term care is deemed necessary, the Social Worker can guide and assist families through the Fair Deal process. They also participate in the weekly Rehabilitation meeting alongside other members of the interdisciplinary team to review patient needs and plan for discharge.

Medical Cards/Social Welfare

The Social Work Department also supports residents with medical card renewals and new applications, as well as GP visit card applications for those who may not qualify for a full medical card. Where required, the Social Worker provides guidance and practical assistance with social welfare applications, helping residents to access the supports and entitlements they need to maintain their health, wellbeing, and independence.

Safeguarding

The Senior Medical Social Worker is an active member of the LPH Safeguarding Committee and provides guidance and support in making referrals to the HSE Safeguarding and Protection Teams. Emotional support is offered to residents and rehabilitation patients as needed during safeguarding processes.

Working in partnership with the Director of Nursing, the Senior Medical Social Worker co-facilitates safeguarding training for staff. This mandatory training, required under the National Safeguarding Policy, must be completed by all staff every three years to ensure awareness and compliance.

In 2024, we continued to promote safeguarding awareness across the hospital, including participation in National Safeguarding Day, and further enhanced our staff training programme to strengthen the protection of vulnerable adults.



Departments



Financial/Legal issues

The Senior Medical Social Worker supports residents with future planning by providing information and guidance on matters such as making a will, establishing an Enduring Power of Attorney, and completing a "Think Ahead" assessment. Assistance is also provided to residents who wish to open a Patient Private Account within LPH.

Where appropriate, or at the resident's request, referrals are made to Sage, the independent advocacy service, to ensure residents have access to an objective advocate who can support them in addressing issues that matter most to them

Resident Fora

In 2024, Resident Forums were jointly facilitated by the Senior Social Worker and the Resident Services Manager, providing residents with a dedicated platform to share their views and experiences. Feedback was overwhelmingly positive, particularly in relation to staff, while constructive suggestions for improvement were also received. These insights were shared with the Senior Management Team and informed the development of follow-up action plans to address identified areas for enhancement.

Emotional Support

The Social Worker provides compassionate emotional support to residents and their families, with particular focus on helping new residents adjust and settle into their new home at LPH. This personalised approach helps ease the transition and promotes a sense of comfort, belonging, and wellbeing.

Key Achievements and highlights 2024

- Actively promoted National Safeguarding Day, reinforcing awareness and best practice across the hospital.

Delivered a comprehensive programme on the Assisted Decision-Making (Capacity) Act 2015, including presentations, education sessions, webinars, participation in forums, and review and feedback on draft Codes of Practice, in collaboration with the Quality and Patient Safety Manager.

Facilitated Resident Forum meetings in partnership with the Resident Services Manager, providing residents with a platform to share feedback and contribute to service improvements.



The Clevis 2024

Originally opened in Nov 1980, The Clevis Welfare home, known as the Clevis, continued throughout 2024 to offer accommodation and support to residents with low dependency needs. Residents refer to the Clevis as 'home' where they feel safe and supported. The home operates on a social model of care where the residents are seen as individuals with real hopes, fears and expectations. The residents are supported by a dedicated team who work together to maintain a homely environment for each of the residents. The team of fifteen is comprised of one manager, 11 carers and 3 nurses. All roles are interconnected and interdependent whilst also utilising each team member's specialised skills.

Each resident has individualised care plans, which reflect 'their story' and they are assisted and encouraged to manage as independently as they can. Staff 'fill in' the gaps respectfully where assistance is needed. Each Carer 'owns' an activity for which they are responsible. Activities range from knitting, crafts, mindfulness colouring, poetry, relaxation, hair care and manicures, trivia, group word games, sing alongs, bingo and the Clevis choir. The provision of sky sports on the 2 SMART tv's was also greatly appreciated by many of the residents. Daily trivia questions are now an integral part of the daily notice board which highlights activities scheduled to take place during the day.



The Clevis is well supported by all the departments throughout LPH. IDT meetings continued every month which facilitated improved collaboration between all the relevant departments (Welfare, Physio, Social Work, OT, and Medical Officer) and ensured provision of comprehensive care to the residents. Physio continued to keep us all active and strong with classes three times a week and regular 1:1 sessions. The weekly GP clinic on a Wednesday morning continued as a great service which provided medical care to each resident in their home. The nursing team in LPH continued to provide back up and support to the Clevis when needed.

During 2024 there were 6 residents discharged from the Clevis, 5 of whom availed of long term care in LPH under the fair deal scheme. One resident, and RAF Veteran who had lived in the Clevis for eleven years passed away at the age of 98. His family generously donated a Christmas tree and lights to the Clevis in his memory in Dec 2024. The Clevis welcomed seven new residents during 2024 with ages ranging from 63-90 years young.



Occupational Therapy Department

The Occupational Therapy (OT) Department continues to play a vital role in delivering comprehensive, resident-centred care throughout the hospital. OT services were provided to residents and rehabilitation patients, included assessments, tailored treatment programmes and interventions, equipment provision, and specialist advice. The department actively contributed to the interdisciplinary team (IDTs) and plays a key role in falls prevention and rehabilitation initiatives through regular participation in Falls IDT reviews, Repeat Falls Meetings, IDT review meetings and Rehab IDT meetings.

OT staff remained integral contributors to several hospital committees such as the Falls and Bone Health Management Committee, Health and Safety Committee, CARU, and the Senior Management Team. Additionally, the department provided advisory input to the Nutrition and Catering Committee and maintained national engagement through participation in several OT professional advisory groups and committees for example a Senior OT is an member of the "AOTI Working group on restraint and restrictive practice."

Interdisciplinary Collaboration

- The OT Department continued close collaboration with the Nursing Department and Activity Facilitators.
- Staff actively participated in the "Working in Partnership" campaign for the annual HSCP Day in April 2024, which showcased the value of interprofessional collaboration in delivering high-quality, integrated healthcare.
- OT staff contributed to the planning and design of a new hospital garden in collaboration with Grounds, Maintenance, Procurement, and Physiotherapy departments, including organising site visits to Laura Lynn gardens for inspiration.
- Assistance was provided to the Procurement Departments in implementing a new asset tagging system and during the acquisition of a new hospital bus by the Resident Services Dept for the hospital.
- OTs continued to work alongside Physio and Nursing staff as part of the "Positioning and Contracture working group", which expanded its focused-on care plans. At the end of the year with the interest generated via the Lottery funded workshop, a team evolved that focused on introducing a Sensory Informed Dementia Care approach in LPH of which therapeutic positioning and handling are a significant component. This new team comprised of many depts as it involved many different aspects. The level of input from various depts changed depending on the projects and their phases. The main depts involved were OT, Physio, Procurement, and Nursing. Support and input for many other depts/personnel were essential e.g. CEO and his office, Finance Dept, Resident Services and Catering to name a few.

Key Achievements/ Service Developments

The department upheld its commitment to professional growth and clinical education in 2024:

- A long-standing LPH staff member joined the OT team in summer 2024 and began the OTA training course at Bray College of Further Education.
- A Senior OT continued work on a master's in advanced healthcare practice with the University of Limerick and presented a research poster "Informal caregiver, staff and resident's experiences during the transition to long-term care - A Meta-Ethnography" at the AOTI Annual Conference in September 2024.
- The department supported OT student placements from Trinity College and contributed to the training of other clinical students and transition year students within the hospital.
- OT and Physiotherapy Managers established a partnership with Dundrum College of Further Education to support assistant-level clinical placements, leading to both departments first OTA and Physiotherapy Assistant student placements from the college in January 2024.
- Innovation Through Lottery Grant Funding
In May 2024, the OT department was awarded a Lottery grant from the HSE National Lottery Grant Scheme to fund two innovative projects under the theme of Sensory Informed Dementia Care Approach. The implementation and success of these projects involved a high level of collaboration and cooperation with many staff and depts including Procurement, Physio, Nursing and Senior Management.
 1. A two-day educational visit from Belgian dementia care expert Jo De Clercq, who provided training on 24-hour Therapeutic Positioning and Handling in Dementia Care for clinical staff.
 2. Funding for sewing equipment and materials to assist volunteers in modifying residents' clothing. The residents' clothing will be adapted in a manner that will make donning and doffing of these items easier for residents and staff during care activities.

Occupational Therapy/Activities



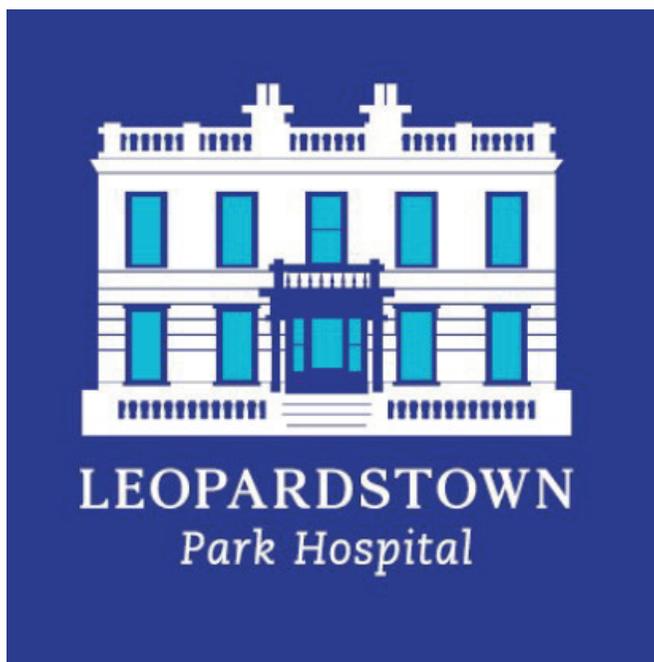
Physiotherapy Department

The Physiotherapy Department continue to deliver individually tailored therapy following assessment as well as individual and group exercise therapy to our Long Term Care, Clevis and Short Term Rehab clients. A tailored strength and balance programme is delivered to our Day Centre clients in a group setting.

Our positive approach to health and well-being encourages the resident/client's involvement in their own care through education, awareness and active participation.

Physiotherapy membership of, and involvement in professional bodies and committees both within and external to Leopardstown Park Hospital assists in contributing to continuing professional development, quality improvement projects and enhanced service delivery.

The Physiotherapy Department provides continued input in capital development and refurbishment projects hospital wide to enhance the lived experience of our residents/clients. This involves improved wayfinding, moving and handling consideration and room layouts.



Key achievements & Projects 2024

- Senior Physiotherapist completed Post Graduate Certificate in clinical exercise at TCD
- Poster presentation at Irish Gerontological Society Conference October 2024 and abstract published in Age and Ageing September 2024
- “Client survey – Day Centre functional physiotherapy classes for older persons”
- Progression of working group and initiation of pilot project (together with OT, Procurement and Nursing) to introduce specific sensory informed 24 hour positioning and handling in dementia care including the use of dynamic modular support systems and specific people handling techniques.
- Physiotherapy team completed “Specific therapeutic positioning and handling in dementia care training” with Jo De Clerq to support the working group.
- Physiotherapy team completed HSE 2 day programme “Enhancing and enabling well-being for the person with dementia” to support the working group.
- Site visits to Laura Lynn gardens and outdoor spaces in conjunction with OT, Grounds staff and Procurement to gather information for the planning and design of a new hospital garden.
- Continued Moving and Handling and People Handling training sessions for staff and provision of ergonomic assessment where required to support on-site and remote working environments.
- Continued facilitation of undergraduate and professional masters Physiotherapy placements in conjunction with UCD.
- Facilitation of Physiotherapy Assistant student in conjunction with local Education and Training board.
- Continued facilitation of transition year programme and Nursing Students

Speech and Language Therapy Department



The Speech and Language Therapy (SLT) Department consists of 0.6 WTE Senior Speech and Language Therapist, Mary Byrne, who is CORU registered. Mary is also a member of the Irish Association of Speech and Language Therapists and the Dementia and Dysphagia special Interest groups.

Mary provides assessment and therapy to residents experiencing communication and swallowing difficulties as well as providing an extensive staff training in dysphagia and accessible communication.

The SLT service aims to maximise the resident's safety and enjoyment of eating and drinking in the context of positive, risk managed, patient centred care. Additionally, SLT seeks to maximise each resident's ability to communicate their daily needs, wants and desires on a functional and social level. The Speech and Language Therapist regularly assesses each resident in relation to their swallowing and communication abilities, while providing regular staff and student training.

2024 Activity and Achievements

Feeding, Drinking, Eating and Swallowing

All residents admitted to long term care are screened by SLT in relation to their swallowing abilities using the following assessment tools

- Oral-motor examination.
- Mealtime observation.
- Choking and Aspiration risk assessment.
- Dementia mealtime assessment tool.
- Edinburgh Feeding evaluation in Dementia.

These tools enable SLT to select interventions and generate person centred care-plans to support residents to eat and drink safely while maximising their independence, dignity, engagement and enjoyment, using the following multidisciplinary strategies.

Feeding, Drinking, Eating and Swallowing

- Food and drinks are modified, appropriate to each resident's current needs in line with the IDDSI (International Dysphagia Dietary Standardisation Initiative).
- All staff and students preparing, serving and assisting residents to eat and drink are trained in IDDSI (on unit training sessions, audits, written handouts and information boards throughout the facility).
- Each resident's IDDSI and dietary requirements are updated by SLT and Dietetics regularly and communicated to all members of the MDT including catering, via the food requirements section of epicCare.
- Each staff member is familiar with the PATH acronym (Position, Alert, Texture and Help) to guide mealtime care and management.
- Modification of each resident's mealtime environment, ensuring a relaxed, well-paced, unhurried dining experience.
- If required SLT refers residents for videofluoroscopy or Fiberoptic Endoscopic Evaluation of Swallowing to an acute hospital.

Communication

On admission all aspects of a resident's communication are screened by SLT e.g. Speech, Voice, Language comprehension and expression across all modalities (reading, writing, spelling, sign, gesture and augmentative communication devices).

The results of these assessments are then reported to the multidisciplinary team, to assist staff communicate effectively with residents, particularly in the context of making decisions and choices in relation to their care.

Total communication, tailored towards each resident's individual abilities, focusing on functionality is the therapeutic goal for each resident.

SLT provides, information, guidance and training for residents, their families and staff on the Communication Access and Supported Conversation programmes using, Talking Mats, Spelling boards, amplifiers, wordfinding strategies and picture boards.

Families are encouraged to attend SLT sessions and communicate with SLT via phone or email in-order to provide holistic, person centred care for their family member.



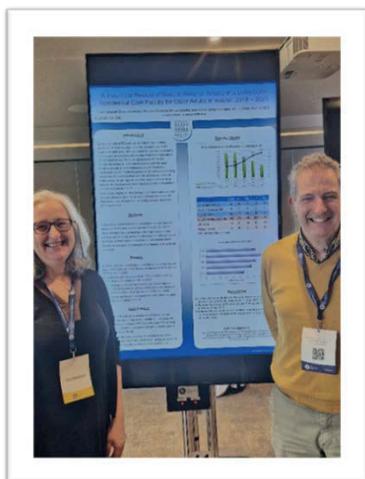
Nutrition and Dietetic Department

The dietetic service at LPH is provided by a part-time (0.68 WTE) Senior Dietitian, Una Hendroff who provides expert input and quality nutritional care. Each dietetic consultation involves providing tailored dietary advice to meet each person's individual therapeutic needs, while considering preferences, ethnic, religious, and psychosocial requirements. The dietitian closely collaborates with the Catering Department and the wider IDT and also provides education to staff on the importance of nutrition in the treatment of many conditions.

Key Achievements and Highlights 2024

Nutrition

- The nutrition and catering committee only met twice this year with limited capacity for any new initiatives or projects. This was primarily due to the commissioning of an external Catering Review (Mar-Jul 2024) and the subsequent focus on an 'Implementation of recommendations' working group for the remainder of the year involving the catering department and nursing teams.
- Mealtime audits: Breakfast time audits completed Jan 2024.



Picture taken at IGS Conference 4th Oct 2024
Una Hendroff, Senior Dietitian & Adrian Ahern

Clinical Nutrition and Dietetic Service

Specialist dietetic input, education and support regarding 'Nutrition and Hydration' continued to be provided to residents and staff.

- Evaluation of the combined 'dietetic therapy and IDDSI food requirement' summary report on EpicCare included a SurveyMonkey survey with LPH staff.
- Nutrition in Older Persons Policy revised and updated.
- Catering placement supervision of three student dietitians in liaison with catering management, including design and supervision of the 'Finger Food' stage two project.
- Submission of Poster Abstract for the Irish Gerontological Society and presentation Oct 2024:
- A Five-Year Review of Dietetic Referral Activity in a Long-Term Residential Care Facility for Older Adults in Ireland: 2019 – 2023
- Dietetic up-skilling included HSE mandatory training and professional CPD relevant to supporting older persons in residential care.
- Initiatives completed in liaison with catering and SLT included revision of LPH Ice-cream options and development of a freshly made fruit smoothie daily for residents.

Chaplaincy

The Hospital continues to engage with Caru – a continuous learning programme which supports care and compassion at end of life in nursing homes. The programme is provided by Irish Hospice Foundation, the HSE and the All Ireland Institute of Hospice & Palliative Care. Ten staff have now been trained to facilitate End-of-Life Reflections following the death of a resident. "The purpose of a Caru Reflection is to offer staff the opportunity to remember the resident who has died and to reflect on the palliative, end-of-life, and bereavement care provided to them. Reflection on the residents' care will help to identify areas for improvement. It is an opportunity to acknowledge what staff did well as individuals, a team, and an organisation. It also helps to identify ways in which care could be improved." (CARU). Feedback from Caru Reflections is taken to the Caru Group who can then recommend or implement changes needed.

Our Chaplain is a valued member of the interdisciplinary team and attends weekly IDT meetings. The Chaplain works co-operatively with other hospital departments and assisted Activities staff organise a May Procession which was much enjoyed and appreciated by residents. Fostering a sense of community, togetherness, belonging, meaning, fun and joy is an important aspect of the chaplaincy role. This sense of community was evident when staff and resident choirs sang at the Service of Remembrance, Carol Service and at the switching on of Christmas lights. Our Chaplain is also actively involved with Caru Group and is trained to facilitate Caru Reflections.

Chaplaincy at LPH is well supported by St. Mary's Sandyford and Tullow Church of Ireland, Foxrock. Mass is celebrated in our Chapel twice monthly and is well attended by residents and Day Centre clients. An inter-faith Service of Remembrance for deceased residents and family members of staff, was held on 11th September 2024. Military connections are still important to LPH and Remembrance Day on 11th November 2024 was marked with a service in the chapel once again. A representatives from the British Embassy, RBC. ONE. UNVA attended as well as members of veteran societies. Our remaining resident veteran laid a wreath during the service.



James Houston & James Doyle



Pharmacy Department

2024 saw a change in personnel; changing the department cover to one Chief II Pharmacist (1.0 WTE) and one Senior Pharmacist (1.0 WTE).

The pharmacy department is dedicated to providing a high-quality service that strives for optimal medication outcomes for our residents. The pharmacy team is committed to meeting the needs of our residents by providing efficient, professional, and cost-effective pharmaceutical care services in an environment that encourages excellence, teamwork, innovation and continuous improvement.

The pharmacy department provides a comprehensive range of professional pharmacy services to the residents and staff at Leopardstown Park Hospital. The pharmacy team works closely with medical, nursing and health and social care professional colleagues to ensure that all of our residents get optimal care.

There is ongoing work led by Pharmacy to promote good antimicrobial stewardship (AMS).

Antimicrobial stewardship is a set of coordinated measures designed to improve and measure the appropriate use of antimicrobials. This is done by promoting the optimal antimicrobial course of treatment, dosage, duration of therapy and the way in which the medication is taken (for example, oral).

Incidents are reported to the QPS department for inclusion in the National Incident Management System (NIMS).

Chief Pharmacist attends the weekly Falls IDT.

A clinical pharmacy service is provided to the general IDT. A comprehensive review is conducted for all residents at a minimum of three-monthly intervals, in partnership with the Medical Officer, Clinical Nurse Managers and HSCP colleagues. This process ensures optimal medication optimisation within the hospital. Reviews are documented in epicCare.

Chief Pharmacist is a member of the Falls Management Committee.

Chief Pharmacist chairs the Medication Safety Committee, meeting bimonthly.

- Dispensing activity and volumes increased significantly in 2024, reflecting the reopening to admissions into the long stay beds.

Table 2: Dispensing activity 2023-2024

No of items dispensed	2023	2024
	8,292	10,600
Total Cost € '000	110	110

- Medicines Complete™ continues to be used successfully by all stakeholders.
- Pharmacy ran flu vaccination clinics in partnership with the HSE CHO6 Flu Lead. All vaccination records were recorded on COVAX the 'HSE Vaccination Platform' application within Salesforce to manage, monitor and support the process of administering COVID-19 vaccinations across Ireland. Twenty staff members were vaccinated by pharmacy, reflecting a reduction in uptake, taking into consideration the vaccines administered on-site by the HSE vaccination team (Ref COVAX).
- Healthmail.ie was utilised increasingly, enabling confidential correspondence with hospitals, GPs, pharmacies and nursing homes, facilitating compliance with pharmacy and medicines legislation. Both Pharmacy and Nursing have access to different accounts, so Healthmail can be used 365 days a year and 24 hours a day if required for communication.
- Rehab discharge planning streamlined by Pharmacy so that a seamless transfer of care occurs when a person completing rehab transfers home. Pharmacy liaises with the GP and community pharmacist prior to discharge, ensuring the medication reconciliation process at discharge is also completed and optimal.
- Professional training and development: The Chief Pharmacist successfully completed the HSE Leadership Academy's Nominated Person further training module.
- The full-time pharmacist completed Hibernian Healthcare's accredited Medicines Administration and CPR courses, enabling Pharmacy to administer influenza and COVID-19 vaccinations to staff where required.



Pharmacy 2024 Briefly

10,600

items dispensed to residents and staff

300

medication reviews completed by clinical Pharmacist

25

flu vaccines administered to hospital staff

100

IDT meetings attended

EMPAR

Installation complete in all units in the hospital - EHR throughout

Reported to IQS on Medication Safety and Medicines Optimisation

Appel Programme (RCSI) - facilitated placement for pharmacy student

Resident Services Department

The Resident Services Department, led by Edel Ambrose, comprises a team of 20 dedicated staff members committed to delivering a service that respects residents' individuality, promotes independence, and fosters a safe, supportive environment. The department provides a broad range of essential services, including Unit Administration, administrative support to the Health and Social Care Professionals (HSCPs), Portering, Reception, Transport, and Medical Records.

In 2024, we continued to strengthen our commitment to resident-centred care through a range of initiatives that supported a pluralistic approach to resident engagement, consultation, and feedback. These efforts have reinforced the department's role in ensuring that residents' voices and experiences remain central to the continuous improvement of services at Leopardstown Park Hospital.

This year also saw the successful integration of the Household team under the remit of Resident Services, further enhancing collaboration and continuity of care across departments, and ensuring a more holistic approach to the resident experience.

Resident Consultation: Fostering Resident Choice and Collaboration in 2024 Building a Culture of Collaboration

At LPH, a collaborative approach ensures better outcomes for our residents. By encouraging open communication, mutual respect, and shared decision-making, we align care with residents' values and preferences, leading to improved satisfaction for both residents and their families.

Capturing Resident Voices

We actively gather feedback through multiple channels to ensure resident voices are heard and reflected in our services:

- **Quarterly Residents' Fora:** Thematic, peer-to-peer meetings facilitated by the Resident Services Manager (RSM) and Senior Medical Social Worker (SMSW).
- **Individual Discussions:** Tailored meetings with the RSM and MSW for personal feedback.
- **Independent Advocacy:** Partnering with an independent advocacy agency to empower residents in shaping their care.

Keeping Residents Informed

After resident forums, staff disseminate information through:

- **Easy-Read Minutes:** Simplified summaries of key takeaways.
- **Social Stories:** Personalised updates on upcoming activities and developments.
- **Unit Availability:** Accessible minutes and stories in each residential unit.

These initiatives empower residents to be active participants in their care, ensuring LPH remains a place where they feel valued, respected, and empowering individuals.

Resident Feedback: A Commitment to Continuous Improvement Streamlined Feedback Process

LPH values resident feedback, utilising a user-friendly electronic Customer Relationship Management (CRM) system to record compliments, complaints, and comments. This system offers:

- **Convenience and Efficiency:** Easy recording of feedback.
- **Real-time Data:** Prompt review and faster resolution of concerns.
- **Transparency and Accessibility:** Accessible updates for residents and staff.

Prioritising Resident Rights

The Resident Services Manager is also the Complaints Officer, Freedom of Information Officer, and ensures:

- **Proper Implementation of Procedures:** Upholding the complaints management process.
- **Resident and Staff Support:** Guidance throughout the complaints process.
- **Compliance:** Adherence to legislative and policy requirements.

During 2024, we received 6 complaints and 13 FOI requests.



Learning from Feedback

We conduct quarterly audits to identify trends and areas for improvement. This commitment to continuous improvement ensures residents feel heard and valued.

Resident Services: Fostering Connections in 2024 Inclusive Celebrations and Activities

Throughout 2024, Resident Services organised a wide range of activities and events that fostered community connection, inclusion, and celebration, working closely in partnership with the Activities Team. A continued strong relationship with the Irish Defence Forces remained a significant feature of the year, including ongoing engagement with the No. 1 Army Band. This partnership supported the continuation of our longstanding and much-valued traditions, most notably the annual Summer Concert and Christmas Concert, both of which remain key highlights for residents, families, and staff alike.

- **Festival in a Van:** The event was a wonderful celebration filled with live music and poetry
- **St. Patrick's Day Festivities:** Handmade cards and a visit from Rosemount School students.
- **Intergenerational Connections:** Fellowship days with Rosemount School choir, coinciding with International Women's Day.
- **Valentine's Day:** Story-sharing activities fostering connection.
- **Christmas Celebrations:** Nostalgic Christmas grotto and annual No. 1 Army Band concert.
- **Carol Singing:** Local primary schools performing carols throughout LPH.
- **Christmas Competition:** Most creative Christmas Jumpers created by residents and staff.

These activities enriched residents' lives, fostering a vibrant and engaging community.



No.1. Army Band

Keeping Residents Connected: Robust Transport Services in 2024 Transport Services Overview

LPH's dedicated transport team ensured reliable access to essential services and social activities:

- **Day Centre:** 4868 trips to the Day Centre, with November being the busiest month.
- **Blood Tests & Specialist Assessments:** 682 trips for medical appointments.
- **Hospital Appointments:** 302 hospital appointments facilitated via Free Now/My Taxi.

In total, LPH facilitated 5852 trips in 2024, reflecting the growing demand for transport services. We are committed to continually expanding and improving our transport options.

Balancing Mobility with Sustainability

While prioritising resident mobility, LPH is committed to reducing our environmental impact:

- **Fuel Consumption:** 2840.3 litres used, with seasonal trends observed.
- **CO2 Emissions:** 7.61T, with AdBlue technology reducing nitrogen oxide emissions. Helping to lower overall environmental impact and improve air quality, particularly in urban or residential settings
- Switched the transport fleet to HVO biofuel as part of ongoing sustainability measures.

Future Initiatives

We are exploring:

- **Fuel-Efficient Vehicles:** Transitioning to electric or hybrid options.
- **Route Optimisation:** Reducing mileage and fuel consumption.
- **Staff Education:** Promoting sustainable transportation options. These efforts aim to create a more sustainable future while ensuring vibrant and connected community engagement.

Human Resources Department

The Human Resources Department provides a strategic and coherent approach to the support and development of the Hospital's most important asset – its people. We are committed to ensure that the culture, style and structure of the Hospital and the quality and commitment of staff, contribute to continuously improving Resident care and make a real difference to those we serve together.

During 2024, the HR Team was led by Jason Denman, HR Manager, followed by Sandra Carroll, with a complement of three additional staff members.

The HR function supports all areas of the Hospital by focusing on five key themes. These themes are as follows:

- Attracting and Retaining the Best People
- Engaging and Communicating with our People
- Supporting Hospital Performance
- Continuously Improving Human Resources in Leopardstown Park Hospital
- Changing and Developing the Organisation

HR Activity 2024

HR activity continued throughout 2024 which was another busy year for the Department as it continued to focus on its core activities:

- Recruitment advertising and candidate management
- Garda Vetting which includes re-vetting for all staff every 3 years
- Reference processing
- Contracts of employment
- Payroll authorisation
- HR records
- Absence Management (including the recording and reporting of sick leave statistics to the HSE monthly)
- Covid-19 Absence and Occupational Health Pathway (including reporting of staff Covid cases to the HSE and LPH Covid Team)
- Career Break management
- Family leave administration
- Policy updates
- Occupational Health liaison

- Pension administration
- Retirees
- Coordination of Mandatory Training sessions (non-nursing)
- Management of Grievance, Disciplinary and Trust in Care procedures
- Coordination of mediation and investigation professional service

Recruitment

The Hospital continues to recruit suitable staff. Nursing, care, catering, administration, and household staff were recruited during the year. All staff are subject to Garda Vetting and Reference Checks prior to commencing employment. Upon commencement of employment, meetings to ensure completion of the probationary review process are scheduled with the Line Manager. As of 31st December, there was almost two hundred WTEs in post.

Pensions/Superannuation

LPH manages both the Local Government Superannuation Pension Scheme and the new Single Public Service Pension Scheme for all employees.

Staff Wellbeing

Women's Health (supporting the menopause) The menopause is potentially a significant issue for some LPH staff and the wider organisation. HR implemented an intervention to support our people which was led by the CEO. This intervention was provided by our EAP provider.

Catering Roster

Management engaged with the SIPTU in relation to Catering Staff rosters and changes were introduced that met our obligations to maximise benefits to staff whilst meeting service needs.

Management Development - Upgrading Systems

There have a number of projects commenced around HR I.T systems and HR process improvement namely around reporting, digitisation and time management. The hospital has sourced and purchased four clocking machines with the view of implementing a clocking policy. This project is expected to begin in 2025. Strategic planning has also been carried out in relation to the digitisation of of Employee files and HR forms with the aim of significantly reducing the use of paper

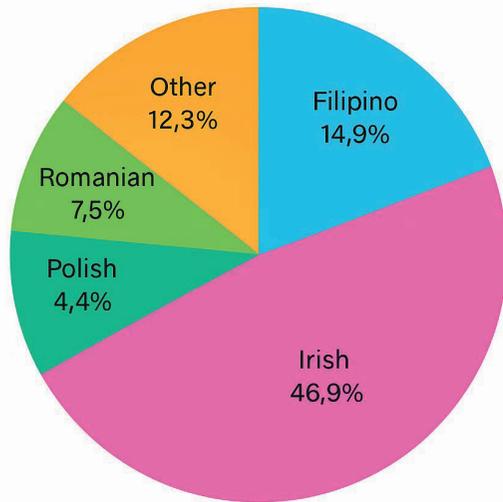
Staff Training Undertaken during 2024

Responding to Fire	Open Disclosure	Infection Control
Clinical Audit	People Handling	Clinical audit
Food handling	IDDSI	Assisted decision making
Wound care	Dysphagia Training	AMRIC -E learning
Falls Management	Medication Management	Hand hygiene- Practical
Care of the Dying	Safeguarding	Dementia care
Compassionate End of Life Care	Nursing management	Risk Management
Children First	Chemical Awareness	DSE training
Venepuncture	Preceptorship	Gerontology Nursing
Dignity at work	Food safety training	CPR Basic/Advance
Medical Gas safety for clinical staff	Male catheterisation	National Consent Policy
Cyber security	Restrictive practices	Nursing documentation and Planning workshop.



Staff Nationalities

Distribution of Staff by Nationality
(n=228)



228

STAFF

- Nationalities
- Belgian
- Brazilian
- British
- Chilean
- Chinese
- Hungarian
- Indian
- Irish
- Japanese
- Latvian
- Mauritian
- Nigerian
- Polish
- Portuguese
- Romanian
- South African
- Thai
- Ukrainian
- American



Catering Department

The Catering Department at Leopardstown Park Hospital plays a vital role in supporting the health and wellbeing of both residents and staff through the provision of high-quality, nutritious meals across the entire campus. This service is managed by the Catering Manager and delivered by a dedicated team of 19 staff members who uphold the highest standards of food safety, hygiene, and person-centred service.

All meals are prepared and freshly cooked on-site in our central kitchen facility. To ensure timely and safe distribution, meals are transported to individual units using specially designed, temperature-controlled food trolleys by the hospital's portering team. The units of Avoca, Orchard, Glencree, and Glencullen are each assigned dedicated Catering staff who are present on-site to serve meals, support residents during mealtimes, and address any specific dietary needs or preferences.

Throughout 2024, the Catering Department implemented a number of service improvements. These changes were introduced in direct response to resident feedback gathered via satisfaction surveys and mealtime observation audits, as well as recommendations outlined in Environmental Health Officer (EHO) inspections and internal insurance risk assessments. Enhancements focused on improving the dining experience, reinforcing food safety protocols, and promoting choice and dignity during mealtimes.

The department also supports the professional development of future dietitians by facilitating student placements in partnership with accredited academic institutions. Dietetic students undertake practical learning experiences within the department and are required to complete and present an assignment to the hospital's Dietetics and Nutrition Committee as part of their placement.

To ensure ongoing compliance with best practice standards, all Catering staff, as well as relevant personnel across the wider hospital, receive annual in-house food safety training. This training is delivered by Ashby Food Safety Associates and tailored to the hospital's unique operational environment. In addition, members of the Catering Management team actively contribute to broader hospital governance and workplace wellbeing through their participation on the Hospital's Health and Safety Committee.

Housekeeping Department

The Household Department, under the leadership of Nursing, plays a vital role in maintaining the highest standards of hygiene and cleanliness throughout Leopardstown Park Hospital. The team ensures that the hospital environment complies with all relevant infection prevention and control (IPC) guidelines, upholding best practice standards in line with healthcare regulatory requirements.

The department is responsible for the delivery of comprehensive cleaning services across all wards, departments, and communal areas, as well as the management of the hospital's internal laundry service. Its primary objective is to mitigate infection risks by implementing and adhering to best practice protocols and maintaining a consistently high standard of cleanliness.

All Household staff have completed thorough training in all aspects of their role, ensuring competency in infection prevention measures and adherence to hygiene protocols. In-house training delivered by the Household Supervisor throughout the year included key topics such as:

- Laundry handling and manual tasks

Colour coding systems to prevent cross-contamination
Safe and effective use of cleaning equipment and chemicals
Infection control procedures, including cleaning of isolation rooms and units
Health and safety, hand hygiene, and fire safety
Manual handling, ladder safety, Children First, and data protection and Deficits.

An internal 'on-the-spot' audit process supports infection control monitoring across the hospital. In addition, the hospital continues to operate an external annual auditing programme, providing independent verification of cleanliness standards. In 2024, the average audit score achieved was 94%, reflecting a strong and consistent level of compliance. Results of these audits are reported to the Integrated Quality and Safety (IQS) Committee and the Hospital Board, and where applicable, a compliance plan is developed to address any areas identified for improvement.

Throughout the year, new equipment was procured to further enhance cleaning schedules and reduce manual handling demands. A comprehensive review and update of departmental policies was also undertaken, ensuring alignment with current standards and hospital-wide protocols. In addition, successful recruitment efforts saw the onboarding of new staff, strengthening the department's operational capacity.



Finance Department

The Finance Department at Leopardstown Park Hospital is led by Chief Financial Officer, **Robert Hegarty**, supported by a skilled team of four staff members with expertise in finance, payroll, and compliance. Together, the team provides essential financial oversight and management to ensure the hospital's continued stability and sustainability.

The Finance Department supports:

Budgeting and forecasting

Cash management

Payroll and pensions

Residents' personal accounts

Nursing Home Support Scheme (Fair Deal) administration

Insurance management

Accounting and audit preparation

Oversight of capital projects

The team also supports the work of the **Audit, Risk and Compliance Committee** of the Board, and the CFO represents the hospital at monthly IMR meetings with the HSE.

As a member of the Senior Management Team, the CFO prepares and presents monthly and annual reports in line with **IFRS and HSE reporting requirements**.

At a Glance 2024

- Total Expenditure: €20.2m
- Total Income: €20.3m
- Income Growth: +24% vs 2023
- Fair Deal Income: +29% increase following reopening of refurbished beds

Income & Expenditure Overview

Category	2023 (€'000)	2024 (€'000)	%Change
Total Expenditure	18.165	20.214	+11%
Other Income	2.334	3.178	+36%
HSE Allocation	7.831	9.677	+24%
HSE Fair Deal	4.083	5.273	+29%
Capital Income	1.617	2.129	+32%
Total Income	16.367	20.257	+24%

Regulatory and Capital Developments

In recent years, HIQA compliance requirements led to temporary restrictions on admissions and a reduction in capacity, which in turn impacted income. These challenges were addressed through targeted refurbishment works, the completion of which in **Q2 2024** allowed the Regulator to lift restrictions, restoring admissions and driving income growth.

The Finance Department also managed significant **capital investment projects**, generously supported by the HSE, including the refurbishment of 40 beds, upgrades to electrical systems, and procurement of new equipment to meet the needs of residents with higher dependency levels.

As a Section 38 agency, Leopardstown Park Hospital is subject to statutory audit by the **Comptroller and Auditor General**, in addition to periodic Internal Audits.

Financial Performance

In 2024, Leopardstown Park Hospital reported **total expenditure of €20.2m** and total income of **€20.3m**, marking a significant improvement compared with 2023.

This increase reflects:

Higher HSE allocations

Growth in Fair Deal income following the reopening of refurbished beds

Continued financial support from the HSE to mitigate earlier deficits caused by regulatory restrictions

Expenditure Profile 2024

Pay Costs: €14.9m

Non-Pay Costs: €3.9m

Capital Expenditure: €1.4m

By comparison, in 2023 total expenditure stood at €18.2m, comprising pay costs of €14.2m, non-pay costs of €2.9m, and capital expenditure of €1.05m.

Internal Controls FY2024

BDO our internal auditors carried out 2 audits during 2024 and reported the following conclusion on our internal controls:

"Leopardstown Park Hospital has an adequate control environment with respect to the organisation's internal controls and systems, based on the areas reviewed as set out in the Terms of Reference. The controls are generally well-designed and working effectively."

Forward Look 2025

Building on the progress of 2024, several financial and systems initiatives are planned for 2025 to further improve efficiency and transparency:

Procurement System: Implementation planned for Q4 2025 to streamline purchasing and strengthen compliance.

WebWise System Upgrade: Enhancing financial reporting and business intelligence.

Payroll Process Improvements: Continued modernisation of payroll systems to improve accuracy and efficiency.

Asset Register Management System: Introduction of a digital asset management system to improve oversight of hospital assets.

These initiatives will ensure Leopardstown Park Hospital continues to strengthen its financial management, support service delivery, and remain fully aligned with HSE and national governance requirements.

Risk Management

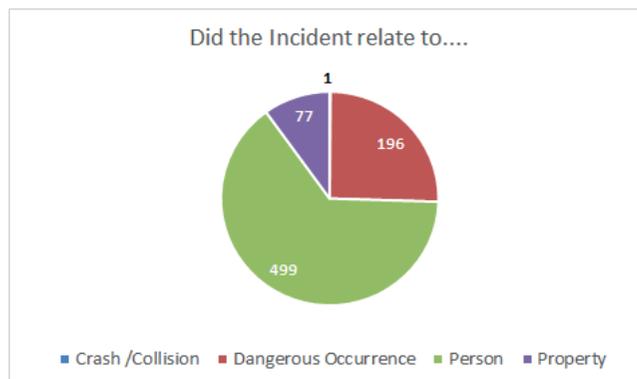
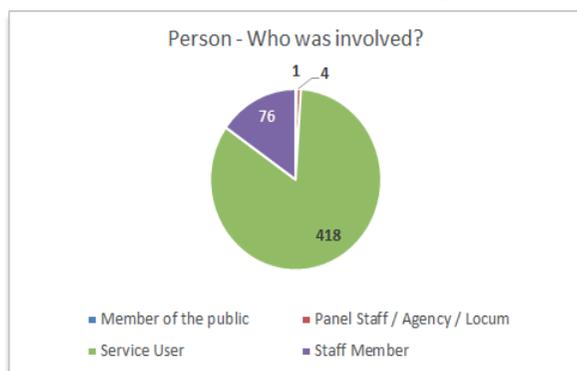
Nicola Keogh is the Risk Coordinator in Leopardstown Park Hospital, who oversees the reporting and management of incidents. We have a robust system for incident identification and management. There is a 'Just Culture' of incident reporting in the organisation. Resident Safety incidents are reviewed using the HSE Incident Management Framework 2020. Incidents are reviewed to share learning and mitigate against recurrence.

Our Risk Coordinator successfully undertook a Diploma, QQI level 7 in Occupational Health & Safety. They also attended training in the HSE incident management framework and advises on the implementation of HSE Enterprise Risk Management Policies and Procedures.

All incidents are reported to the State Claims Agency through the National Incident Management System (NIMS). Reports are also supplied to the various committees who oversee the management of issues such as Medication Safety, Falls Management and Health and Safety. These committees report to the Integrated Quality and Safety Committee (IQS) which is a sub – committee of the Board. The Risk Coordinator and Quality and Patient Safety Manager work very closely in this area.

Incidents

There were 773 incidents reported in 2024 (493 reported in 2023).



Incidents Involving Residents

1. Falls and Injuries

- Most common type of incident.
- Often resulted in bruises and skin tears.
- Falls protocol being followed
- Managed with vital checks, neuro-observations, and care plan updates.

2. Medical Conditions

- COVID-19, herpes zoster, and pressure ulcers were frequently reported.
- Residents were isolated, treated symptomatically, and monitored.

3. Behavioural Issues

- Aggression towards staff and other residents.
- Included verbal abuse, physical assaults, and property damage.
- Managed through de-escalation, behavioural care plans and occasionally PRN medication and a medical review
- Some referred to Safeguarding team



Incidents Involving Staff

1. Injuries

- Common causes: manual handling, aggressive residents, and equipment accidents.
- Injuries included back strain, bruises, scalds, and needle-stick injuries.

2. Violence and Harassment

- Staff were punched, bitten, or verbally abused.
- Often occurred during personal care or redirection of residents.
- Involving a small number of residents

Environmental and Property Issues

- Damaged flooring, broken doors, missing dentures, and leaking ceilings.
- Fire alarms were sometimes triggered by dust, resident interference and hot pans being put into the pot wash area in the main kitchen creating excessive steam setting off the fire alarm.
- IT and communication failures disrupted medication administration and documentation.

3. Dangerous Occurrences

- Medication errors: wrong dose, missed dose, or incorrect route.
- System failures: non-functional call bells, fire doors, and IT systems issues.
- Policy breaches: unauthorised access, improper waste disposal, and data protection issues.

Exposure to Biological Hazards

- Multiple COVID-19 outbreaks among residents and staff.
- Managed with isolation, PPE protocols, and infection control measures.

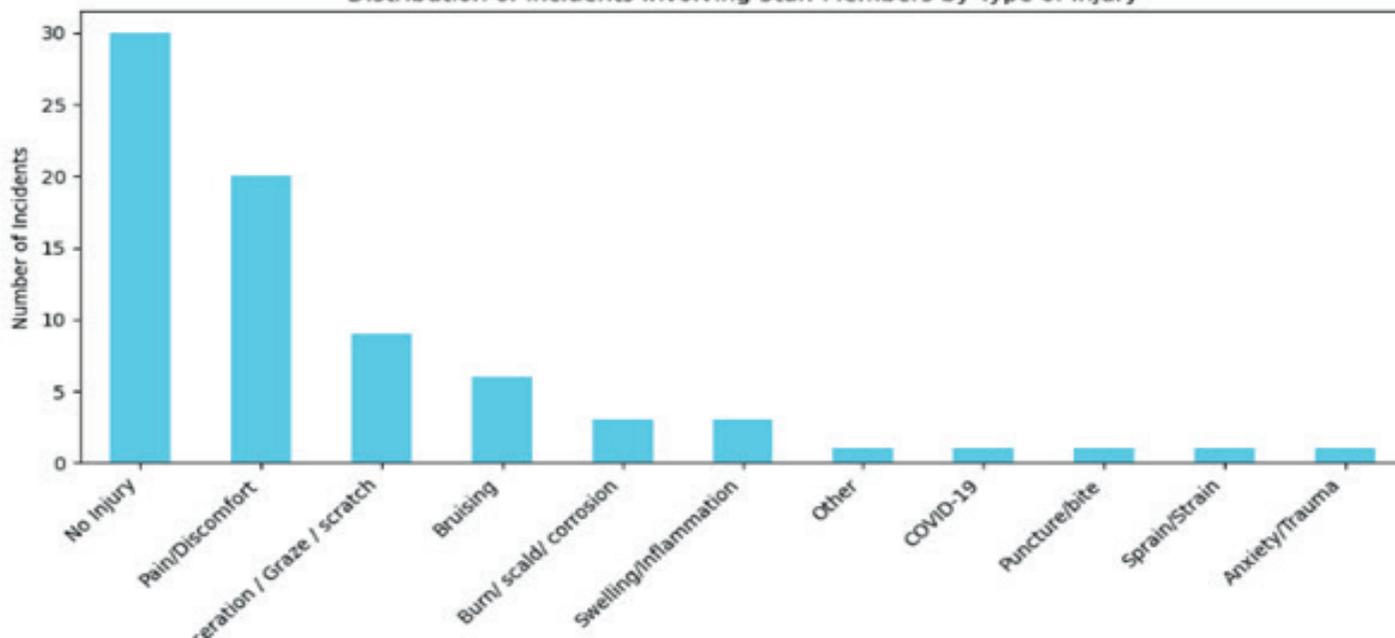
Severity Ratings

- Most incidents were rated “Negligible” or “Minor”.
- A smaller number were “Moderate”, and a few were “Extreme” (e.g., deaths).

Common Immediate Actions

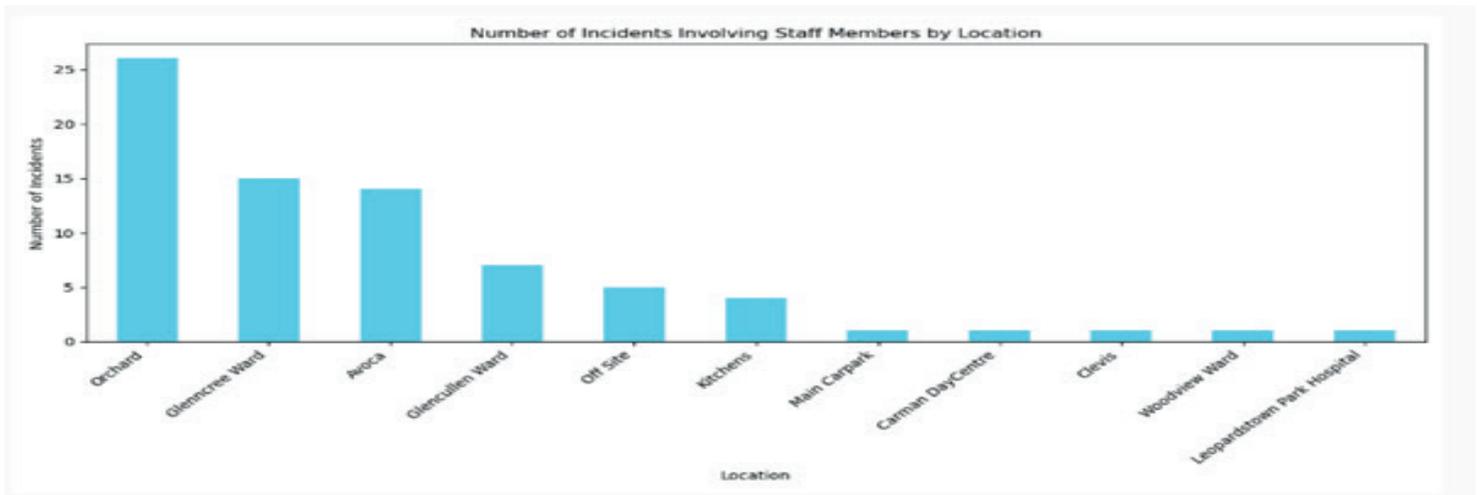
- Medical assessments
- Wound care and dressings
- Neuro observations
- Family notifications
- Maintenance or IT alerts
- Behavioural interventions
- Care plan review
- After Action Review

Distribution of Incidents Involving Staff Members by Type of Injury



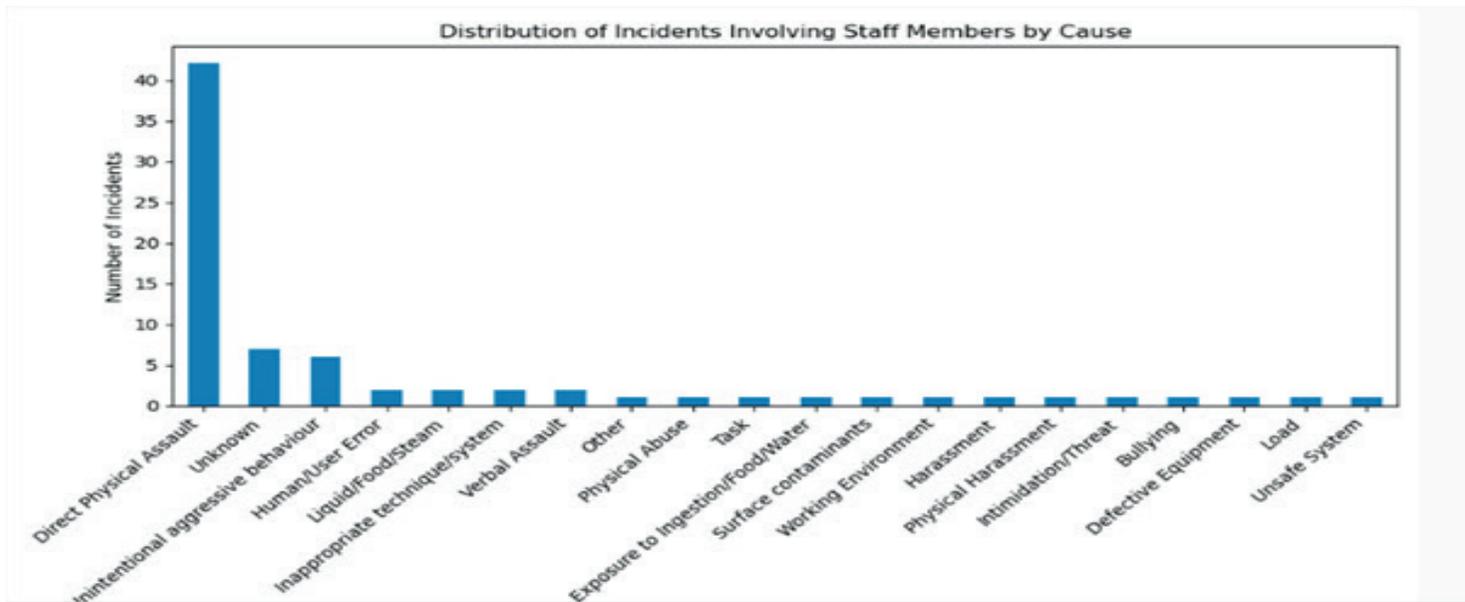
Key Insights:

- Pain/Discomfort and Soft Tissue Injuries are the most common types of incidents among staff.
- Other notable categories include Swelling/Inflammation, Bruising, and Cuts/Lacerations.
- These patterns may point to risks related to manual handling, aggression, or environmental hazards.



Observations:

- Glencree Ward and Orchard report the highest number of staff-related incidents., review revealed incidents related to a specific resident(s)
- Other notable locations include Clevis, Glencullen Ward, and Avoca.
- These areas may benefit from targeted interventions such as manual handling training, aggression de-escalation, and environmental safety reviews.



Dangerous Occurrences

- Fire system issues: Frequent false alarms, accidental activations, and faulty equipment.
- IT failures: Disruptions in Healthlink, EpicCare, Policy systems and e-Rostering systems.
- Medication errors: Wrong doses, missed prescriptions, and unprescribed PRN administration.
- Environmental hazards: Leaks, pest sightings, broken fixtures, and blocked fire exits.



Property Damage and Loss

- Personal belongings: Missing dentures, phones, jewellery.
- Facility damage: Broken doors, windows, furniture, and medical equipment.
- Vehicle incidents: Minor collisions and tire damage involving facility transport.

Administrative and Protocol Breaches

- Data protection: Emails sent with sensitive information.
- Staffing issues: reported inadequate staffing rostered, missed medical reviews.
- Training gaps: Staff not following infection control or manual handling protocols.

Key Findings

1. Most Common Incident Types

- Exposure to Physical Hazards and Dangerous Occurrences were the most frequently reported categories.
- Clinical Care-related incidents also featured prominently, indicating ongoing challenges in patient handling and treatment processes.

2. Severity Ratings

- The vast majority of incidents were rated as “Negligible” or “Minor”, suggesting that while incidents are frequent, most do not result in serious harm.
- A smaller number were classified as “Moderate”, and very few reached “Extreme” severity.

3. Monthly Trends

- Incidents occurred consistently throughout the year, with slight peaks in certain months, possibly due to seasonal factors or staffing patterns.

4. Location Patterns

- Glencullen Ward, Orchard, and Glenree Ward reported the highest number of incidents.
- These areas may benefit from targeted interventions or additional support.

5. Person Type Involvement

- Service users were involved in the majority of incidents, especially in falls, pressure ulcers, and behavioural issues.
- Staff incidents were mostly related to manual handling injuries and aggression from residents.

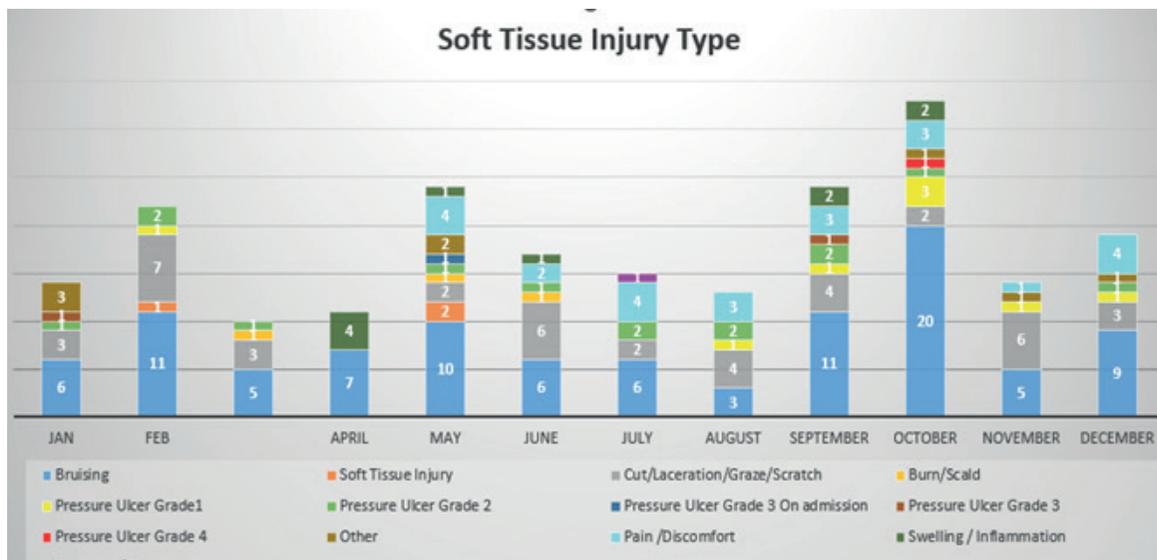
Quality and Patient Safety

At LPH we have a Quality and Patient Safety Manager, Florence Hogan. Florence holds an MSc in Nursing (Advanced Leadership), and an MSc (hons) in Healthcare Ethics and Law. Her role is to lead, advise and manage the development and implementation of Quality, and Patient Safety structures and processes in the hospital. She co-ordinates the Quality & Patient Safety Agenda and is accountable for the organisational achievement of conformance and performance with internal and external compliance requirements. She leads and manages the development of a Quality & Safety function which supports hospital managers in delivering quality and safe services. The QPS function is to overview and manage clinical incidents affecting residents / patients in the Organisation, in collaboration with the Director of Nursing. She delivers training in Human Rights and Restrictive Practices, Responsive Behaviours (Non-Cognitive Symptoms of Dementia), CPR and the Early Warning System. She leads a team of Nurses in the clinical audit and is responsible for the clinical audit process in collaboration with the Clinical Audit Team. She also leads in Quality Care Metrics and participates in Regulatory reporting, e.g. HIQA notifications

Clinical Incident Management

Leopardstown Park Hospital has a robust system for incident identification and management. The Quality and Patient Safety Manager oversees the reporting and management of clinical incidents and any issues that could affect resident safety. There is a 'Just Culture' of incident reporting in the Organisation to enable learning. Resident Safety incidents are reviewed using the HSE Incident Management Framework 2020. Incidents are reviewed to share learning and mitigate against recurrence. All incidents are reported to the State Claims Agency through the National Incident Management System (NIMS). Clinical Incident Reports are also supplied to the various committees who oversee the management of issues such as Medication Safety, Falls Management and Health and Safety. These report to the Integrated Quality and Safety Committee (IQS) which is a sub-committee of the Board

INCIDENTS BY INJURY TYPE JANUARY - DECEMBER 2024

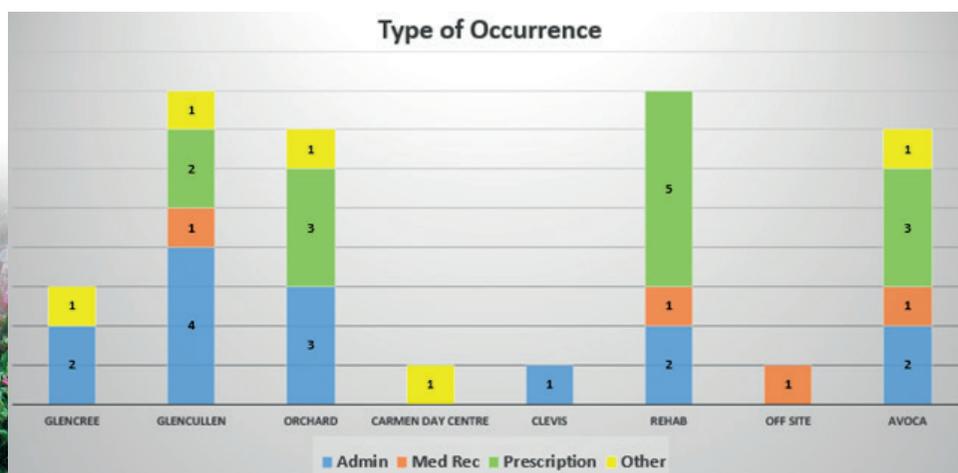


Soft Tissue Injuries

All skin tears, cuts or bruises over 2 centimetres require reporting to HIQA.

Medication Occurrences

There were 28 Medication Occurrences reported January to December 2024. This gives a reporting rate of 0.93 per 1,000 Occupied Bed Days which is substantially below HSE National Service Plan 2024 (p.87) where 3:1000 OBD was the target reporting rate to reach. For 2023, 1.1 Medication Occurrences per 1,000 OBD were reported. For 2021 there were 1.8 and 1.98 for 2022. There were no occurrences greater than D according to the NCCMERP.



Falls

Based on approximately 126 beds and a total bed occupancy rate of 66% there were 6.0 per 1,000 OBD in 2024. This was 3.5 for 2023, 2022 and 2021. The highest incidence of falls was 28 in December. Repeat falls occurred with 31 residents sustaining 149 falls (81.8% of total falls incidents).

The evidence gives us varying rates for falls incidence in the older person to benchmark against but averages between 4.8 and 6.36 falls per 1000 OBD (NPSA,2007; RCP,2015). Each resident post 2nd fall or 1st fall with injury requiring medical treatment is discussed at weekly Falls IDT. When the resources of this group have been exhausted for residents with repeat falls, they are transferred to the Repeat Falls Group which meet two monthly

FALLS, SLIPS, TRIPS, & UNKNOWN UNIT BREAKDOWN JANUARY - DECEMBER 2024

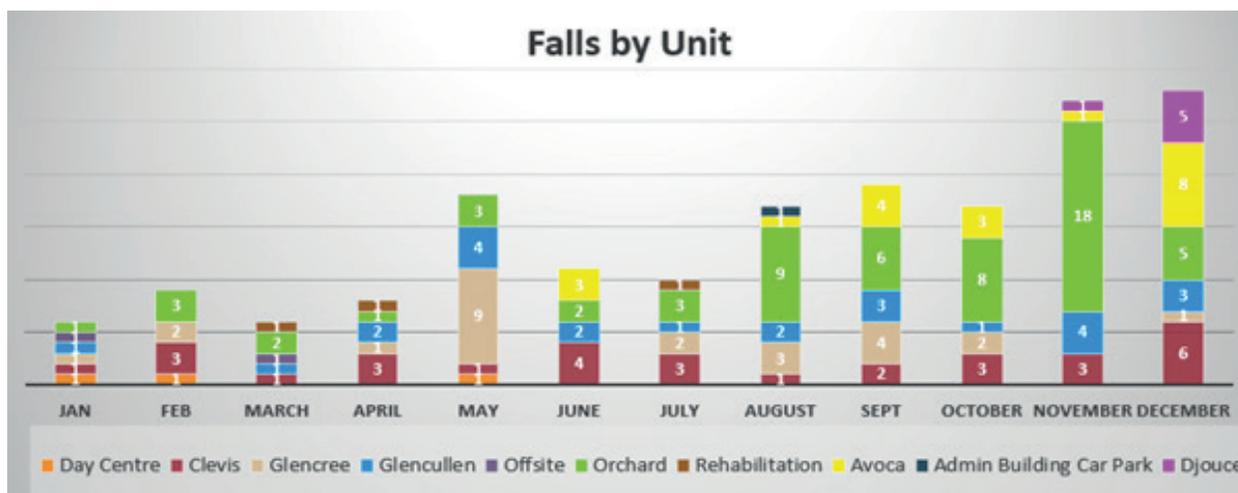
Level of Harm according to the HSE Impact Table

Negligible: No Injury and Injury not requiring First Aid = 148 (81.3%)

Minor: Injury or Illness requiring First Aid = 28 (15.3%)

Moderate: Injury Requiring Hospital/ Medical Treatment = 6 (3.2%).

There were no incidents resulting in 'Major' or 'Extreme' injuries.



Clinical Auditing

Clinical audit is an integral component of safety in all modern healthcare systems. Clinical audit should be a core activity of every healthcare facility and organisation, with coordinated activity linked to service plans and local and national priorities. Thus sponsored, supported, and prioritised, clinical audit will be a key determinant of any organisation's self-awareness and continuous development (HSE National Review of Clinical Audit, 2019). Eleven Nurses with the Enhanced Nurse grade were trained in Clinical Auditing. Training was a blended approach; HSE Land Module on Clinical Auditing, GDPR and mentoring through the first audit. There is a Clinical Audit Governance group in place to oversee the standardisation of auditing and Reporting in the hospital. Clinical Auditing and Surveys have been conducted across a number of disciplines in the hospital.

E.S.G. (Environmental, Social & Governance)

The Green Energy and Sustainability Team continued to strengthen Leopardstown Park Hospital’s environmental leadership throughout 2024, expanding its membership and scope to encompass a wider sustainability remit. The team championed a balanced approach, combining behavioural responsibility among staff with strategic infrastructural improvements aimed at reducing the hospital’s overall carbon footprint.

Through continued collaboration with the Office of Public Works (OPW) and its Optimising Power at Work Programme, the hospital achieved further progress in reducing consumption of electricity, water, heating, and energy. Partnership with the Sustainable Energy Authority of Ireland (SEAI) and the Energy Bureau remains integral to achieving the Government’s 2030 Climate Action Targets, supported by our detailed Gap Analysis and Climate Action Roadmap.

Our commitment was further demonstrated during Energy & Environment Week 2025, which celebrated the collective impact of staff-led sustainability actions across all departments.

Key Highlights 2024

Fleet Transition to Biofuel

Conversion of hospital transport vehicles to Certa HVO biofuel, achieving measurable reductions in carbon emissions and advancing our goal of a carbon-neutral fleet.

Digital Efficiency

Introduction of digital energy monitoring systems and expansion of the Microsoft 365 infrastructure to enhance sustainability through reduced paper use, improved data management, and remote efficiency tools.

Smarter Travel Programme

Active participation in TFI Smarter Travel initiatives, including Walktober and cycle-to-work campaigns, encouraging sustainable commuting and staff engagement in low-carbon travel.

Waste Reduction and Recycling

Implementation of Re-Turn recycling bins, improved segregation systems, and awareness campaigns to support waste minimisation and responsible disposal practices.

Sustainable Infrastructure

Enhanced collaboration with State agencies to improve water conservation, upgrade lighting systems, and refine heating controls for greater energy efficiency.

Monitoring and Roadmap Development

Delivery of a comprehensive Climate Action Roadmap and Gap Analysis to identify key actions, prioritise capital projects, and measure progress against the 2030 national targets.

Looking Ahead – 2025 and Beyond

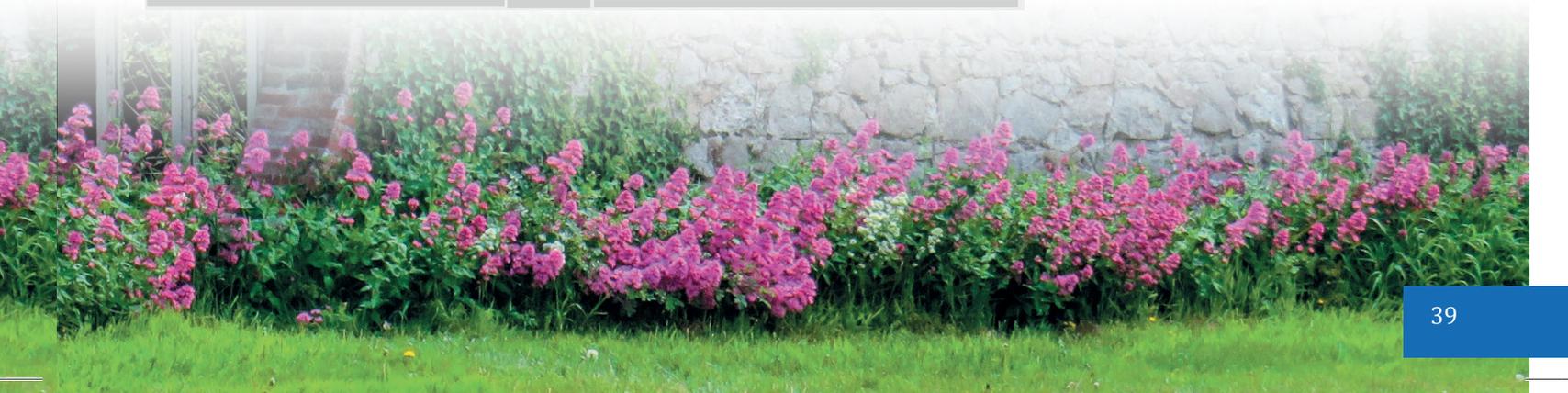
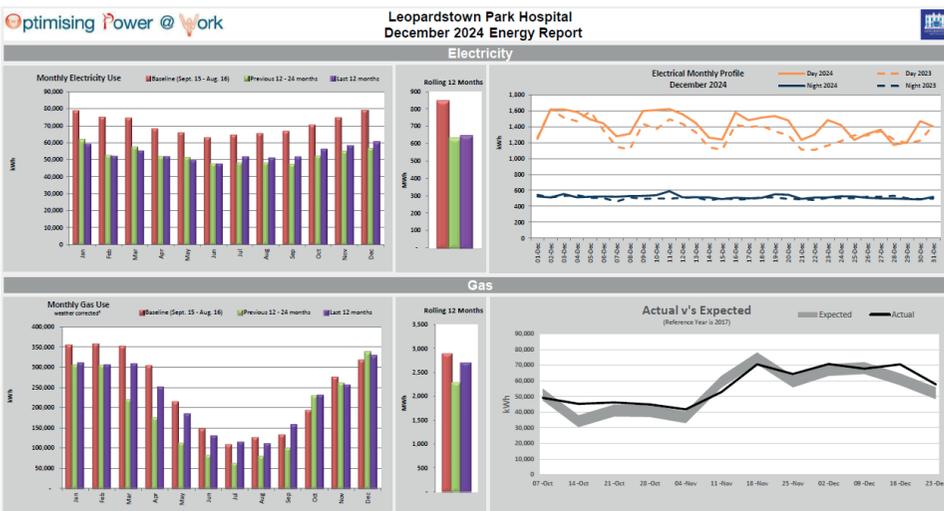
Leopardstown Park Hospital remains firmly committed to advancing its sustainability, energy efficiency, and climate action goals in alignment with the Government’s 2030 Climate Action Targets and the HSE Climate Action Strategy.

As we move through 2025 and into 2026, the hospital will continue to evolve from a phase of planning and analysis to one of implementation, integration, and measurable impact.

Our Commitment to 2030

By the end of 2026, Leopardstown Park Hospital aims to demonstrate measurable reductions in carbon emissions, energy consumption, and waste generation. These efforts will ensure the hospital remains on track to achieve compliance with the 2030 Climate Action Mandate, while also cultivating a workplace culture grounded in sustainability, innovation, and social responsibility.

Through sustained leadership, collaboration, and education, Leopardstown Park Hospital continues its transformation into a climate-conscious, low-carbon healthcare campus, setting a benchmark for environmental stewardship within the healthcare sector.



Estates and Facilities Department

The final design for the Orchard Paths and sensory garden was finalised with landscape architect Jenny Green providing the drawings. We sat with residents to listen to what they would like in the garden. We also did site visits to get ideas and listen to learnt experiences along with liaising with all relevant departments to get their input. The design has been well received with the procurement department securing quotes and submitting it to the capital estates and sustainability officer to source funding for it.

2024 Activity



In keeping with our zero emissions initiative, we disposed of our Diesel tractor and diesel mowers along with our petrol hand tools. The capital generated from this allowed us to purchase battery powered hand tools, push mower and a ride on mower. There has been no change in the quality of the output and also residents noting that the tools make much less noise. There was excess capital from this sale to contribute towards a new bus.



We continued expanding our biodiversity drive in trying to introduce new wildflower areas with native flowers including corn cockle and poppy.

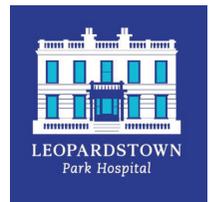


- Welcomed the addition of Robert Kelly who moved into a maintenance / gardening position from the household department
- In June of 2024 with funding from the Capital & Estates Sustainable Infrastructure Office we have received a Ridan food composter and maturation boxes. This allows us to deal with the waste food from the kitchen and turning it into compost for the flower beds on the grounds. The heat source we use to break the food down in the composter is fallen trees on the grounds that have been mulched which provides a complete circular environmental economy. We have minimised our brown bin waste by 8 tons .



- New wildflower areas added to carmen and admin area
- Organised training from Panda for the entire hospital in waste management.
- Positive meetings with HSE estates to progress more sustainability projects that will hopefully deliver in 2025.
- Clevis residents were supported in many projects around the hospital campus along with some new residents with a keen interest in gardening
- All gardens received seasoning planting with upgrades due in 2025

Procurement and Supplies Department – 2024



Overview

The Procurement and Supplies Department plays a central role in supporting the operations of Leopardstown Park Hospital by overseeing all aspects of materials management, purchasing, and supply chain activity. The department ensures the continuous availability of essential goods, services, and equipment across all hospital units while maintaining full compliance with Government procurement regulations and public sector tendering requirements.

In collaboration with the Office of Government Procurement (OGP) and the Health Service Executive (HSE), the department delivers efficient and transparent procurement processes that achieve both value for money and service quality. It also manages and maintains the hospital's medical devices and equipment, ensuring safety, functionality, and adherence to national standards.

A significant milestone in 2024 was the appointment of a new Head of Procurement and Supplies, who now leads a dedicated team comprising a Stores Officer (full-time) and a Stores Porter (part-time). The year marked a period of transformation and modernisation within the department, with a focus on strengthening internal processes, introducing digital tools, and embedding sustainability principles across all procurement practices.

While the department's core mission remains the timely and efficient fulfilment of hospital-wide purchasing needs, its broader vision is to act as a strategic enabler—enhancing operational resilience, supporting clinical colleagues, and contributing to the hospital's sustainability and cost-reduction goals.

Key Achievements and Highlights – 2024

Stockroom Optimisation – Comprehensive decluttering and reorganisation of the hospital's central stockroom, supported by the introduction of a structured stock control system to enhance efficiency and visibility.

Internal Ordering System – Implemented a new unit ordering and delivery schedule, creating predictable supply patterns and improving accountability.

Procurement Savings – Achieved unit price reductions across 40+ products through the strategic use of HSE contract frameworks and supplier negotiations.

Digital Ticketing for Stores – Rolled out a new internal ticketing platform enabling end-users to track orders in real time and streamline requests.

Vendor Optimisation – Introduced a new supplier for incontinence wear, resulting in reduced costs and improved clinical training and product support.

Smarter Stock Management – Reduced on-site stock levels by transitioning to regular scheduled ordering using suppliers' online portals for greater speed and accuracy.

Occupational Therapy Support – Assisted the Occupational Therapy team with equipment maintenance and National Lottery-funded projects.

Operational Support for Unit Reopenings – Provided logistical and sourcing support for the successful reopening of three hospital units, including procurement of essential clinical and operational equipment.

Sustainability Initiatives – Collaborated with the HSE Sustainability Team to secure funding and implement two major environmental innovations:

- Positive Carbon food waste monitoring system, reducing kitchen waste and associated costs.
- Ridan composter, significantly lowering food waste disposal expenses and contributing to the hospital's carbon reduction goals.

Recycling and Waste Reduction – Supported installation of a second compactor for dry recyclable waste, improving segregation and reducing collection frequency.

Tendering Activity – Commenced formal tender processes for linen rental and ICT services, ensuring compliance and value-driven procurement.

Access Control Upgrade – Replaced the legacy on-premise access system with a modern cloud-based platform, issuing new secure access cards to all employees.

Managed Print Fleet Rollout – Introduced a campus-wide managed print solution, consolidating over 20 standalone printers and achieving measurable savings in toner, maintenance, and energy consumption.

Looking Ahead – 2025

The Procurement and Supplies Department will continue to modernise systems and strengthen governance in 2025, with planned priorities including:

Expansion of digital procurement tools and analytics to enhance transparency and performance reporting. Integration of sustainability criteria in purchasing decisions in line with the **HSE Green Procurement Policy**. Implementation of a centralised asset-tracking solution for medical equipment. Continued collaboration with the OGP and HSE to ensure compliance with updated procurement frameworks.

The department remains committed to delivering an efficient, sustainable, and value-driven service that underpins the daily operations and long-term strategic goals of Leopardstown Park Hospital.



Appendices - Appendix 1

A schedule of attendance at the Board meetings for 202 /2024 is set out below

Mr. Anthony Morris

Mr. John Brassil esi ned 24 0 2024

Ms. Ciara Davin

Ms. Dóirín Mulligan

Ms. Mary Farrelly

Ms. Frances Ni Fhlannchadha

Mr. Denis Duff

Board 2024	Board 202
5	8
0	7
6	7
6	7
6	6
6	6
7	7

Audit & Risk

Dr Nicolas Marcoux - Chairperson

Mr. John Byrne

Ms. Dóirín Mulligan

Ms. Mary Farrelly

Ms. Aoife Holmes

No. Meetings to attend 2024

No. Meetings to attended 202

0	5
3	5
3	5
4	5
3	2

Finance Committee

Ms. Mary Farrelly - Chairperson

Ms. Denis Duff

Mr. James Rogan

No. Meetings to attend 2024

No. Meetings to attended 202

4	4
4	4
2	4

Integrated Quality, Safety & Risk Committee

Mr. John Brassil - Chairperson

Ms. Frances Ni Fhlannchadha - Board

Member

No. Meetings to attend 2024

No. Meetings to attended 202

0	4
3	4

Veterans' Committee

Mr. Denis Duff - Chairperson

Mr. John Brassil - Resigned Jan 2024

Major Ed Hillan - resigned May 2023

Dr Anne Montgomery

Ms Joy Guthrie

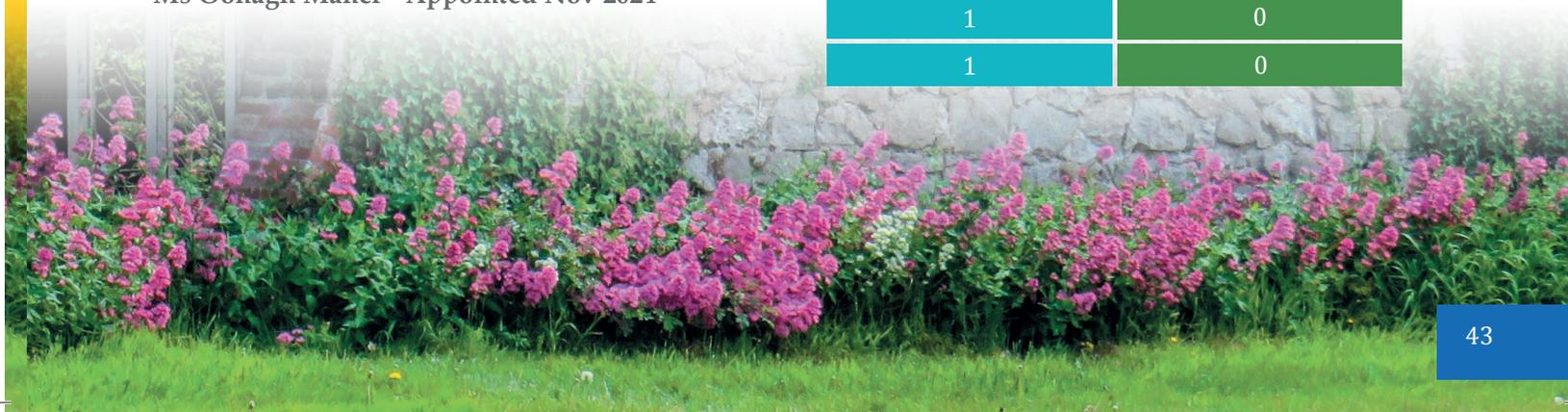
Ms Dóirín Mulligan - Appointed Nov 2024

Ms Oonagh Maher - Appointed Nov 2024

No. Meetings to attend 2024

No. Meetings to attended 202

2	2
0	2
0	2
1	2
2	2
1	0
1	0



Appendices - Appendix 2

Research & Conference Presentations

Host	Presentation Type
Irish Gerontological Conference	Accepted for oral presentation <i>'Day Centre Functional Physiotherapy Classes for Older People; Client Survey'</i>
Irish Gerontological Conference	Accepted for poster presentation <i>'A Five-Year Review of Dietetic Referral Activity in a Long-Term Residential Care Facility for Older Adults in Ireland: 2019 – 2023'</i>
National Office of Clinical Audit	Accepted for Poster Presentation <i>'Auditing to Drive Quality Improvements in an Older Person Residential Service'</i>
National Patient Safety Office Conference	Accepted for Poster Presentation <i>'Point Prevalence Auditing of Prescribed Antibiotics in an Older Person Residential Care Facility'</i>
RCSI Annual Scientific Conference	Accepted for poster presentation <i>'Enhancing Human Rights for Older People in Residential Care'</i> .
RCSI Annual Scientific Conference	Accepted for poster presentation <i>'Socratic Education on Restrictive Practices through the Human Rights Lens'</i>

Working Group / Organisation
Irish Gerontological Society
Nurses and Midwives Practice Development Forum
Voluntary Healthcare Agencies Risk Management Forum (VHARMF)
VHARMF Falls Working Group
HSE Older Person Nursing Forum
HSE Safeguarding Office 'Making Safeguarding Personal' project
Education Working Group Implementation of National Clinical Guideline 21 'Appropriate Prescribing of Psychotropic Medication for People with Non-Cognitive Symptoms of Dementia'
HSE National Frailty Education Programme facilitation
HSE National Transfer Document
Patient Safety Community
Irish Clinical Audit Network

External Relationships

The QPS Manager collaborates with a wide range of external agencies and participates in a number of national quality improvement forums. Information for quality improvements is also shared with other Older Person Care facilities.

- HSE National Frailty Programme
- HSE National Clinical Programme for Older People: Membership of Expert Advisory Group: Development of National Transfer Document for Residential Services for Older People
- HSE National Dementia Office: Membership of Expert Advisory Group: Development of Clinical Guidelines for the Appropriate Prescribing of Psychotropic Medication in People with Dementia
- Member of All Ireland Gerontological Nurses Association (AIGNA)
- Nurses and Midwives Practice Development Unit
- Member of the Voluntary Healthcare Agencies Risk Management Forum
- Member of the Voluntary Healthcare Agencies Health and Safety Forum

HIQA Three Day Notifications

Type	Number
NFO1	4
NFO2A	7
NFO3	4
NFO6	10
NFO7	1
NFO9	1



QPS Reviews

Aggregate Reviews, Falls, Medication Occurrences, Soft Tissue Injuries	12
Falls Preliminary Assessments	3
Pressure Ulcer Preliminary Assessments	2
Preliminary Assessments Unexpected Death	4

Safeguarding Allegations

Allegation	Number
Staff to resident	2
Resident to resident	8

Clinical Auditing/Surveys 2024

Audit/Surveys	Total
Clinical Documentation	1
PRN Psychotropic Medication Review	3
Hypnotic Medication Review	3
Protected Mealtime Breakfast	1
Quality Care Metrics	12
Point Prevalence Antibiotics	12
Sharps audit	1
Person Centred Care Plans	2
IPC Environment Audit	2
Moving and Handling Clinical	1
Moving and Handling nonclinical	1

General Information

Board Members

Mr. Anthony Morris	Appointed 18th February 2021
Mr. Denis Duff	Reappointed 18th February 2021
Ms. Frances Ní Fhlannchadha	Reappointed 18th February 2021
Ms. Mary Farrelly	Appointed 18th February 2021
Ms. Ciara Davin	Appointed 18th February 2021
Ms. Doírín Mulligan	Appointed 18th February 2021
Mr. John Brassil	Resigned 24th January 2024

Chief Executive

Mr. Adrian Ahern	Appointed 15th December 2023
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Main Bankers:

Allied Irish Bank
Stillorgan Place
Stillorgan
Co.Dublin.

Auditors:

The Comptroller & Auditor
General 3a Mayor Street Upper,
Dublin 1

Solicitors:

Hayes Solicitors,
Lavery House,
Earlsfort Terrace,
Dublin 2.



Governance Statement and Board Members' Report

Governance

The Board of Leopardstown Park Hospital was established under the Leopardstown Park Hospital Board (Establishment) Order 1979. The functions of the Board are set out in Section 4 of this Act. The Board is accountable to the Minister for Health and is responsible for ensuring good governance and performs this task by setting strategic objectives and targets and taking strategic decisions on all key business issues. The regular day-to-day management, control and direction of Leopardstown Park Hospital are the responsibility of the Chief Executive Officer (CEO) and the senior management team. The CEO and the senior management team must follow the broad strategic direction set by the Board and must ensure that all Board members have a clear understanding of the key activities and decisions related to the entity, and of any significant risks likely to arise. The CEO acts as a direct liaison between the Board and management of Leopardstown Park Hospital. The Board of Leopardstown Park Hospital is also responsible for the administration of Leopardstown Park Hospital Foundation and the authorisation of transactions on the Foundation. The governance arrangements and control procedures with the Hospital apply to the Foundation.

Board Responsibilities

The work and responsibilities of the Board are set out in Corporate Governance Manual which also contains the matters specifically reserved for Board decision. Standing items considered by the Board include:

- declaration of interests,
- reports from committees,
- financial reports/management accounts,
- performance reports, and
- reserved matters.

Section 22 of the Leopardstown Park Hospital Board (Establishment) Order 1979 requires the Board of Leopardstown Park Hospital Board to keep, in such form as may be approved by the Minister for Health, all proper and usual accounts of money received and expended by it.

In preparing these financial statements, the Board of Leopardstown Park Hospital Board is required to:

- select suitable accounting policies and apply them consistently,
- make judgements and estimates that are reasonable and prudent,
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that it will continue in operation, and
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements.

The Board is responsible for keeping adequate accounting records which disclose, with reasonable accuracy at any time, its financial position and enables it to ensure that the financial statements comply with Section 22 of the Leopardstown Park Hospital Board (Establishment) Order 1979. The maintenance and integrity of the corporate and financial information on the Leopardstown Park Hospital Board's website is the responsibility of the Board.



The Board is responsible for approving the annual plan and budget.

An evaluation of the performance of Leopardstown Park Hospital by reference to the annual plan and budget was carried out on 26th January 2023.

The Board is also responsible for safeguarding its assets and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Board considers that the financial statements of Leopardstown Park Hospital Board properly presents the state of affairs of Leopardstown Park Hospital Board at 31 December 2023 and its income and expenditure for 2023

The Board consists of a Chairperson and six ordinary members, all of whom are appointed by the Minister for Health. The members of the Board were appointed for a period of five years and they met 8 times as per the detail on page 8. The table below details the appointment period for current members:

Board Structure		
Board Member	Role	Date Appointed
Anthony Morris	Chairperson	18 February 2021
John Brassil	Ordinary Member	Resigned 24th January 2024
Ciara Davin	Ordinary Member	18 February 2021
Frances Ní Fhlannachdha	Ordinary Member	18 February 2021
Denis Duff	Ordinary Member	18 February 2021
Doirín Mulligan	Ordinary Member	18 February 2021
Mary Farrelly	Ordinary Member	18 February 2021

Audit & Risk Committee: Comprises of four persons, two of which are Board members. The role of the Audit & Risk Committee is to support the Board in relation to its responsibilities for the financial reporting process, the system of internal control, the audit process, and the Hospital process for monitoring compliance with laws and regulations, the code of practice for the Governance of State Bodies and Risk Management. The Committee is independent from the financial management of the organisation. In particular the Committee ensures that the internal control systems including audit activities are monitored actively and independently. The Audit & Risk Committee provides the internal audit reports to the Board after having been reviewed by the Audit & Risk Committee and reports to the Board formally in writing annually.

The Audit & Risk Committee met 4 times in 2024. The members of the Committee were as follows:

Members of Audit & Risk Committee 2024
Dr Nicolas Marcoux - Chairperson (Resigned 15/02/2024)
Mr. John Byrne - Chairperson (Appointed 09/05/2024)
Ms. Doirín Mulligan
Ms. Mary Farrelly
Ms. Aoife Holmes



Integrated Quality, Safety and Risk Committee: This comprises of two Board members, one of whom is the Chairperson, one independent member, the other the Hospital’s risk advisor and five members of management. Its aim is to drive quality improvement and provide a level of assurance to the Board that there are appropriate and effective systems in place that cover all aspects of quality and safety and relevant areas of risk. The members of the Committee are as follows:

Members of Integrated Quality, Safety and Risk Committee
Mr. John Brassil, Chairperson - Chairperson (Board Member) (Resigned 24/01/2024)
Frances Ní Fhlannachdha Acting Chairperson 14/02/2024
Ms. Mary Connolly (Risk Advisor)
Mr. Adrian Ahern, ICEO
Ms. Florence Hogan, Quality & Patient Safety Manager
Ms. Nicola Keogh, Risk Officer
Ms. Emma Convey, HSCP Representative

Finance Committee: This comprised of two Board members, one of whom is Chairperson, and one independent member. The Finance Committee is established to assist and advise the Board in discharging its oversight responsibilities for good financial governance and stewardship of the organisation’s assets.

There were 4 meetings of the Committee in.2024 The members of this Committee are as follows:

Members of the Finance Committee
Ms. Mary Farrelly – Chairperson
Mr. Denis Duff – Board Member
Mr. James Rogan - Independent Member

Veterans’ Committee: Committee comprises two Board members one of which is the Chairperson and two nominees from the Leopardstown Park Hospital Trust. There were two meetings in 2024. The members of this Committee are as follows:

Members of the Veterans’ Committee
Mr. Denis Duff – Chairperson (Board Member)
Mr. John Brassil – Board Member (Resigned 24/-1/2024)
Ms. Joy Guthrie – LPH Trustee
Dr Anne Montgomery – LPH Trustee (Resigned Sept 2024)Oonagh Maher (Appointed Oct 2024)

Hospital Development Oversight Group

The Hospital Development Oversight Group operates on behalf of the Board to provide oversight of the planned development of the new hospital. The Group supports engagement with relevant stakeholders, alongside the Chief Executive, and keeps the Board informed of progress, key risks, and decisions requiring Board consideration throughout the life of the project. One meeting of the Group was held during 2024.

Name	Title	Organisation / Notes
Ciara Devin	Chairperson	LPH Board Member
Dennis Duff	Member	LPH Board Member
John Brassil	Member	Resigned 24/01/2024
Anthony Morris	Member	LPH Chairman
Adrian Ahern	Chief Executive	LPH

Schedule of Attendance, Fees and Expenses for Non-Executive Board/Committee Members							
A schedule of attendance at the Board and Committee meetings for 2024 is set out below including the fees and expenses received by each non-executive member:	Board	Audit & Risk Committee	Integrated Quality, Safety & Risk Committee	Finance Committee	Veterans' Committee	Fees 2024* *No fees are payable	Expenses 2024
No of Meetings 2024	7	4	4	4	2		
Mr. Anthony Morris	5						
Ms. Ooagh Maher					1		
Ms. Ciara Davin	6						
Ms. Dóirín Mulligan	6	3					
Ms. Mary Farrelly	6	4		4			
Ms. Frances Ni Fhlannchadha	6		3				
Mr. Denis Duff	7			4	2		
Dr Nicolas Marcoux		0					
Ms. Aoife Holmes		3					
Mr. James Rogan				2			
Ms Joy Guthrie					2		
Dr Anne Montgomery					1		
Mr. John Byrne		3					

Disclosures Required by Code of Practice for the Governance of State Bodies (2016)

The Board is responsible for ensuring that Leopardstown Park Hospital has complied with the requirements of the Code of Practice for the Governance of State Bodies (“the Code”), as published by the Department of Public Expenditure, NDP Delivery and Reform in August 2016. The following disclosures are required by the Code:

Employee Short-Term Benefits Breakdown – This is provided in note 8b of the financial statements

Consultancy Costs*

	2024 €'000	2023 €'000
Legal advice	21	60
Human Resources	14	24
Occupational Health	30	29
Other	70	49
Total consultancy costs	135	162

*Consultancy costs include the cost of external advice to management and excludes outsourced 'business-as-usual' functions.

Legal Costs and Settlements

The table below provides a breakdown of amounts recognised as expenditure in the reporting period in relation to legal costs, settlements and conciliation and arbitration proceedings relating to contracts with third parties. This does not include expenditure incurred in relation to general legal advice received by Leopardstown Park Hospital Board which is disclosed in Consultancy costs above.

	2024 €'000	2023 €'000
Legal fees – legal proceedings	0	0
Conciliation and arbitration payments	0	0
Settlements	0	0
Total	0	0

Travel and Subsistence Expenditure

Travel and subsistence expenditure is categorised as follows.

	2024 €'000	2023 €'000
Domestic		
Board	0	0
Employees	624	1751
International		
Board	0	0
Employees	0	0
Total	624	1751

Hospitality Expenditure

The hospital did not incur any hospitality expenditure in relation to staff or clients in 2024.

Statement of Compliance

The Board has adopted the Code of Practice for the Governance of State Bodies (2016) and has put procedures in place to ensure compliance with the Code. In 2024, Leopardstown Park Hospital has complied with the requirements of the Code of Practice for the Governance of State Bodies, as published by the Department of Public Expenditure, NDP Delivery and Reform in August 2016, with the following exceptions:

Those areas disclosed within the Statement of Internal Controls

On behalf of the Board

Board Member

Hary Jarvelley

Date 21/8/24

A Mellis

Date 21/8/24

Mr Anthony Morris - Chairman

Annual Report

Charity registered under section 39 or section 40 of the Charities Act 2009

Submission Number: SR104153

Received Date:

Charity Details

Charity Number 20059132

Charity Name Leopardstown Park Hospital Foundation

Charity Governance

Your organisation determined that: it does not need to meet the Additional Standards of the Charities Governance Code

At this time, our organisation has complied with all sections of the Charities Governance Code

Activities

Annual Return for Period 01-01-2024 to 31-12-2024

Due Date 31/10/2025

Activities Welfare of those in need because of youth, age, ill health or disability
Promotion of health, including the prevention or relief of sickness, disease or human suffering



Description of Activities

The Leopardstown Park Hospital (LPH) Foundation's purpose is categorised under the Charities Regulator headings of:

- Promotion of health, including the prevention or relief of sickness, disease or human suffering
- Welfare of those in need because of youth, ill health, age or disability

The Foundation's objectives are the enhancement of care and support for residents, patients, clients and carers/families. It aims to receive donations and generate funding to support the provision of care and services within the Hospital and to promote the Hospital within the wider community.

To further these aims the Foundation has the power to:

- Obtain, collect and receive money or funds by way of contributions, donations, grants and any other lawful method towards the aims of the Foundation.
- To agree the disbursement of charitable funds in accordance with aims of the Foundation.
- Do all such lawful things as will further the aims of the Foundation. In 2024, there was a small amount of donations which were as always gratefully received.

Due to a strong financial position the Foundation has been in a position to continue its support for residents, patients, clients and carers/families. Funding included:

- Activity programme to provide and coordinate a range of activities which included art, music and many other activities, based on the interests of residents.
- Individual Christmas presents for residents
- Funding for the activities team in Leopardstown Park Hospital to provide various themed events including Christmas, Halloween, Summer seaside and 'Valentine's Day' experience
- Specialist Equipment to enhance residents' experience
- Multi Sensory equipment

In furtherance of the requirement to improve facilities for residents, patients and clients a decision was made in 2015 to ring fence €1m to support the future redevelopment of the Hospital. This large development is supported in the HSE Capital Plan and will result in the full replacement of all residential beds within the Hospital, improving the environment in line with modern healthcare and regulatory standards. The Foundation completed a review of the Charities Governance Code Compliance in August 2025 and has identified that it is in compliance with the Code. Revised Constitution adopted by the Board 24 October 2024 and accepted by the Charity Regulator on 20 September 2024..

Beneficiaries

Those suffering from disease, disorders and ill-health
The elderly

Provides Direct Service to Individuals **No**

Fees Charged for Direct Service No

Fee Structure & consideration/selection process

Beneficiary Selection Process

Average No Full Time Employees 0

Average Part Time Employees 0

No. of Volunteers	NONE
--------------------------	------

Financials

Total Income	€5,635.00
---------------------	------------------

From Government/ Local Authorities	€0.00
------------------------------------	-------

From Other Public Bodies	€0.00
--------------------------	-------

From Philanthropic organisations	€0.00
----------------------------------	-------

From Donations	€2,406.00
----------------	-----------

Donation Income Types	Philanthropic
------------------------------	---------------

From Bequests	€0.00
---------------	-------

From trading and commercial activities	€0.00
--	-------

From Other Sources	€3,229.00
--------------------	-----------

Description of Other Sources

Total Expenditure	€26,998.00
--------------------------	-------------------

Salary Expenditure	€0.00
--------------------	-------

Other Expenditure	€26,998.00
-------------------	------------

Assets and Liabilities at the end of the financial period

Surplus / (Deficit) for the Period(€21,363.00)

Cash at Bank and in Hand	€1,315,744.00
--------------------------	---------------

Other Assets	€0.00
--------------	-------

Total Assets	€1,315,744.00
---------------------	----------------------

Total Liabilities	€5,905.00
--------------------------	------------------

Net Assets / (Liabilities)	€1,309,839.00
-----------------------------------	----------------------

Audit Details

Have the financial statements been audited	Yes The audit report was unmodified (i.e. a clean report)
--	--

International Transfers

Total income received by the charity from outside the State during the financial year	€0.00
---	-------

Select countries from which income was received

Total funds spent or transferred outside the State by the charity during the financial year	€0.00
---	-------

Select countries to which funds were transferred

Select method(s) used to transfer funds outside the State

Attachments

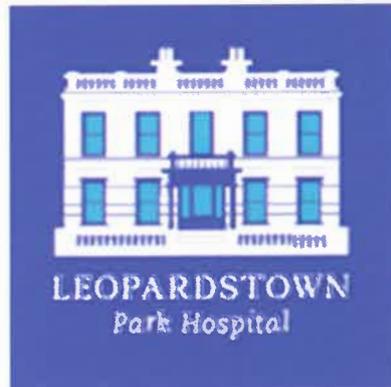
Type	Description	Barcode
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Declaration

Filer Name:	Adrian Ahern
Filer Address:	Leopardstown Park Hospital Foxrock Dublin 18 Dublin Republic of Ireland D18 XH70
Filer Email:	info@lph.ie
Filer Phone:	012160525

Filer Declaration Made: Yes

- * I am authorised to make this submission on behalf of the charity trustees;
- * All the information in this submission has been approved by the charity trustees and is correct and complete to the best of my knowledge;
- * I have read and accept the Charities Regulator's Data Protection Notice.



Consolidated Annual Financial Statements

For

Leopardstown Park Hospital Board

For The Year Ended 31/12/2024

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Leopardstown Park Hospital Board

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General Information

Board Members

Mr. Anthony Morris (Chairman)	Appointed 18th February 2021
Mr. Denis Duff	Reappointed 18th February 2021
Ms. Frances Ní Fhlannchadha	Reappointed 18th February 2021
Ms. Mary Farrelly	Appointed 18th February 2021
Ms. Ciara Davin	Appointed 18th February 2021
Ms. Doirín Mulligan	Appointed 18th February 2021
Mr. John Brassil	Appointed 18th February 2021- resigned 24 January 2024

Interim Chief Executive Mr. Adrian Ahern

Head Office: Foxrock, Co. Dublin

Main Bankers: Allied Irish Bank
Stillorgan Plaza
Stillorgan
Co.Dublin.

Auditors: The Comptroller & Auditor General
3a Mayor Street Upper,
Dublin 1

Solicitors: Hayes Solicitors,
Lavery House,
Earlsfort Terrace,
Dublin 2.

Governance Statement and Board Members' Report

Governance

The Board of Leopardstown Park Hospital was established under the Leopardstown Park Hospital Board (Establishment) Order 1979. The functions of the Board are set out in Section 4 of this Act. The Board is accountable to the Minister for Health and is responsible for ensuring good governance and performs this task by setting strategic objectives and targets and taking strategic decisions on all key business issues. The regular day-to-day management, control and direction of Leopardstown Park Hospital are the responsibility of the Chief Executive Officer (CEO) and the senior management team. The CEO and the senior management team must follow the broad strategic direction set by the Board and must ensure that all Board members have a clear understanding of the key activities and decisions related to the entity, and of any significant risks likely to arise. The CEO acts as a direct liaison between the Board and management of Leopardstown Park Hospital. The Board of Leopardstown Park Hospital is also responsible for the administration of Leopardstown Park Hospital Foundation and the authorisation of transactions on the Foundation. The governance arrangements and control procedures with the Hospital apply to the Foundation.

Board Responsibilities

The work and responsibilities of the Board are set out in Corporate Governance Manual which also contains the matters specifically reserved for Board decision. Standing items considered by the Board include:

- declaration of interests,
- reports from committees,
- financial reports/management accounts,
- performance reports, and
- reserved matters.

Section 22 of the Leopardstown Park Hospital Board (Establishment) Order 1979 requires the Board of Leopardstown Park Hospital Board to keep, in such form as may be approved by the Minister for Health, all proper and usual accounts of money received and expended by it.

In preparing these financial statements, the Board of *Leopardstown Park Hospital Board* is required to:

- select suitable accounting policies and apply them consistently,
- make judgements and estimates that are reasonable and prudent,
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that it will continue in operation, and
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements.

The Board is responsible for keeping adequate accounting records which disclose, with reasonable accuracy at any time, its financial position and enables it to ensure that the financial statements comply with Section 22 of the Leopardstown Park Hospital Board (Establishment) Order 1979. The maintenance and integrity of the corporate and financial information on the Leopardstown Park Hospital Board's website is the responsibility of the Board.

The Board is responsible for approving the annual plan and budget. An evaluation of the performance of Leopardstown Park Hospital by reference to the annual plan and budget was carried out on 20th March 2025.

The Board is also responsible for safeguarding its assets and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Board considers that the financial statements of Leopardstown Park Hospital Board properly presents the state of affairs of Leopardstown Park Hospital Board at 31 December 2024 and its income and expenditure for 2024

Leopardstown Park Hospital Board

The Board consists of a Chairperson and six ordinary members, all of whom are appointed by the Minister for Health. The members of the Board were appointed for a period of five years and they met 7 times as per the detail on page 8. The table below details the appointment period for current members:

Board Structure		
Board Member	Role	Date Appointed
Anthony Morris	Chairperson	18 February 2021
John Brassil	Ordinary Member	18 February 2021 - resigned 24 January 2024
Ciara Davin	Ordinary Member	18 February 2021
Frances Ní Fhlannachdha	Ordinary Member	18 February 2021
Denis Duff	Ordinary Member	18 February 2021
Dóirín Mulligan	Ordinary Member	18 February 2021
Mary Farrelly	Ordinary Member	18 February 2021

The 2024 Board Evaluation is required to be an internal review and this took place in October 2025.

The Board has established four Board Committees, as follows:

1. Audit & Risk Committee: Comprises at four persons, two of which will be Board members. The role of the Audit & Risk Committee is to support the Board in relation to its responsibilities for the financial reporting process, the system of internal control, the audit process, and the Hospital process for monitoring compliance with laws and regulations, the code of practice for the Governance of State Bodies and Risk Management. The Committee is independent from the financial management of the organisation. In particular the Committee ensures that the internal control systems including audit activities are monitored actively and independently. The Audit & Risk Committee provides the internal audit reports to the Board after having been reviewed by the Audit & Risk Committee and reports to the Board formally in writing annually.

The Audit & Risk Committee met 4 times in 2024. The members of the Committee were as follows:

Members of Audit & Risk Committee 2024
Dr Nicolas Marcoux - Chairperson – resigned 15 February 2024 Mr. John Byrne – Chairperson – appointed 9 May 2024 Ms. Dóirín Mulligan Ms. Mary Farrelly Ms. Aoife Holmes

2. Integrated Quality, Safety and Risk Committee: This comprises of two Board members, one of whom is the Chairperson, one independent member, the other the Hospital's risk advisor and five members of management. Its aim is to drive quality improvement and provide a level of assurance to the Board that there are appropriate and effective systems in place that cover all aspects of quality and safety and relevant areas of risk. The Committee met 4 times in 2024 and the members of the Committee are as follows::

Members of Integrated Quality, Safety and Risk Committee

Mr. John Brassil, Chairperson - Chairperson (Board Member) - resigned 24 January 2024
Frances Ní Fhlannachdha - (Board Member) Acting Chairperson from 14 February.2024
Ms. Mary Connolly (Risk Advisor) – resigned end of April 2024
Mr. Adrian Ahern, Interim CEO
Ms, Rajini Benish, Interim Director of Nursing
Ms. Florence Hogan, Quality & Patient Safety Manager
Ms. Nicola Keogh, Risk Officer
Ms. Emma Convey, HSCP Representative

3. Finance Committee: This comprised of two Board members, one of whom is Chairperson, and one independent member. The Finance Committee is established to assist and advise the Board in discharging its oversight responsibilities for good financial governance and stewardship of the organisation's assets.

There were 4 meetings of the Committee in.2024.The members of this Committee are as follows:

Members of the Finance Committee

Ms. Mary Farrelly – Chairperson
Mr. Denis Duff – Board Member
Mr. James Rogan - Independent Member

4. Veterans' Committee: Committee comprises two Board members one of which is the Chairperson and two nominees from the Leopardstown Park Hospital Trust. There were two meetings in 2024. The members of this Committee are as follows:

Members of the Veterans' Committee

Mr. Denis Duff – Chairperson (Board Member)
Mr. John Brassil – Board Member - resigned 24 January 2024
Ms. Dóirín Mulligan – Board Member – appointed 20 June 2024
Ms. Joy Guthrie – LPH Trustee
Dr Anne Montgomery – LPH Trustee – resigned September 2024
Oonagh Maher – LPH Trustee – appointed October 2024

Leopardstown Park Hospital Board

Schedule of Attendance, Fees and Expenses for Non-Executive Board/Committee Members

A schedule of attendance at the Board and Committee meetings for 2024 is set out below including the fees and expenses received by each non-executive member:	Board	Audit & Risk Committee	Integrated Quality, Safety & Risk Committee	Finance Committee	Veterans' Committee	Fees 2024* <i>*No fees are payable</i>	Expenses 2024 <i>These are noted in Note 23 of AFS</i>
No of Meetings 2024	7	4	4	4	2		
Mr. Anthony Morris	5						
Mr. John Brassil	0		0		0		
Ms. Ciara Davin	6						
Ms. Dóirín Mulligan	6	3			1		
Ms. Mary Farrelly	6	4		4			
Ms. Frances Ni Fhlannchadha	6		3				
Mr. Denis Duff	7			4	2		
Dr Nicolas Marcoux	0	0					
Ms. Aoife Holmes		3					
Mr. John Byrne		3					
Mr. James Rogan				2			
Ms. Mary Connolly			2				
Ms Joy Guthrie					2		
Dr Anne Montgomery					1		
Oonagh Maher					1		

Key Personnel Changes

Jason Denman, HR Manager, resigned March 2024 and Sandra Carroll appointed June 2024.
Robert Hegarty, appointed permanent Chief Finance Officer 23 December 2024.

Disclosures Required by Code of Practice for the Governance of State Bodies (2016)

The Board is responsible for ensuring that Leopardstown Park Hospital has complied with the requirements of the Code of Practice for the Governance of State Bodies (“the Code”), as published by the Department of Public Expenditure, NDP Delivery and Reform in August 2016. The following disclosures are required by the Code:

Employee Short-Term Benefits Breakdown – This is provided in note 8b of the financial statements

Consultancy Costs*

	2024	2023
	€'000	€'000
Legal advice	21	60
Human Resources	14	24
Occupational Health	30	29
Other	70	49
Total consultancy costs	135	162

*Consultancy costs include the cost of external advice to management and excludes outsourced 'business-as-usual' functions.

Legal Costs and Settlements

The table below provides a breakdown of amounts recognised as expenditure in the reporting period in relation to legal costs, settlements and conciliation and arbitration proceedings relating to contracts with third parties. This does not include expenditure incurred in relation to general legal advice received by Leopardstown Park Hospital Board which is disclosed in Consultancy costs above.

	2024	2023
	€	€
Legal fees – legal proceedings	0	0
Conciliation and arbitration payments	0	0
Settlements	0	0
Total	0	0

Travel and Subsistence Expenditure

Travel and subsistence expenditure is categorised as follows.

	2024	2023
	€	€
Domestic		
Board	0	0
Employees	624	1,751
International		
Board	0	0
Employees	0	0
Total	624	1,751

Hospitality Expenditure

The hospital did not incur any hospitality expenditure in relation to staff or clients in 2024.

Statement of Compliance

The Board has adopted the Code of Practice for the Governance of State Bodies (2016) and has put procedures in place to ensure compliance with the Code. In 2024, Leopardstown Park Hospital has complied with the requirements of the Code of Practice for the Governance of State Bodies, as published by the Department of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation in August 2016, with the following exceptions:

Those areas disclosed within the Statement of Internal Controls

On behalf of the Board

Signed  Date 11/12/2025
Mr Adrian Ahern – Interim Chief Executive Officer

Signed  Date 11/12/2025
Mr Anthony Morris - Chairman



Ard Reachtaire Cuntas agus Ciste Comptroller and Auditor General

Report for presentation to the Houses of the Oireachtas Leopardstown Park Hospital

Opinion on the financial statements

I have audited the financial statements of Leopardstown Park Hospital for the year ended 31 December 2024 as required under the provisions of section 5 of the Comptroller and Auditor General (Amendment) Act 1993. The financial statements comprise

- the statement of accounting policies
- the consolidated non-capital income and expenditure account
- the consolidated capital income and expenditure account
- the consolidated balance sheet
- the consolidated cash flow statement and
- the related notes.

In my opinion, the financial statements

- properly present the state of affairs of Leopardstown Park Hospital at 31 December 2024 and its income and expenditure for 2024
- have been prepared in the form prescribed under article 22 of the Leopardstown Park Hospital Board (Establishment) Order 1979, and in accordance with the Accounting Standards for Voluntary Hospitals approved by the Minister for Health.

Basis of opinion

I conducted my audit of the financial statements in accordance with the International Standards on Auditing (ISAs) as promulgated by the International Organisation of Supreme Audit Institutions. My responsibilities under those standards are described in the appendix to this report. I am independent of Leopardstown Park Hospital and have fulfilled my other ethical responsibilities in accordance with the standards.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Report on information other than the financial statements, and on other matters

Leopardstown Park Hospital has presented certain other information together with the financial statements. This comprises the governance statement and Board members' report and the statement on internal control. My responsibilities to report in relation to such information, and on certain other matters upon which I report by exception, are described in the appendix to this report.

I have nothing to report in that regard.

John Crean
For and on behalf of the
Comptroller and Auditor General

12 December 2025

Appendix to the report

Responsibilities of Board members

As detailed in the governance statement and Board members' report, the Board members are responsible for

- the preparation of annual financial statements in the form prescribed under article 22 of the Leopardstown Park Hospital Board (Establishment) Order 1979, and in accordance with the Accounting Standards for Voluntary Hospitals approved by the Minister for Health
- ensuring the regularity of transactions
- assessing whether the use of the going concern basis of accounting is appropriate, and
- such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Responsibilities of the Comptroller and Auditor General

I am required under section 5 of the Comptroller and Auditor General (Amendment) Act 1993 to audit the financial statements of Leopardstown Park Hospital and to report thereon to the Houses of the Oireachtas.

My objective in carrying out the audit is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement due to fraud or error. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with the ISAs, I exercise professional judgment and maintain professional scepticism throughout the audit. In doing so,

- I identify and assess the risks of material misstatement of the financial statements whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- I obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal controls.
- I evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures.

- I conclude on the appropriateness of the use of the going concern basis of accounting and, based on the audit evidence obtained, on whether a material uncertainty exists related to events or conditions that may cast significant doubt on Leopardstown Park Hospital's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my report. However, future events or conditions may cause Leopardstown Park Hospital to cease to continue as a going concern.

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

I report by exception if, in my opinion,

- I have not received all the information and explanations I required for my audit, or
- the accounting records were not sufficient to permit the financial statements to be readily and properly audited, or
- the financial statements are not in agreement with the accounting records.

Information other than the financial statements

My opinion on the financial statements does not cover the other information presented with those statements, and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, I am required under the ISAs to read the other information presented and, in doing so, consider whether the other information is materially inconsistent with the financial statements or with knowledge obtained during the audit, or if it otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

Reporting on other matters

My audit is conducted by reference to the special considerations which attach to State bodies in relation to their management and operation. I report if I identify material matters relating to the manner in which public business has been conducted.

I seek to obtain evidence about the regularity of financial transactions in the course of audit. I report if I identify any material instance where public money has not been applied for the purposes intended or where transactions did not conform to the authorities governing them.

Certification of Chief Executive Officer and Chairperson

Certification of Chief Executive Officer and Chairperson for the Year Ended 31st December 2024.

We certify that the consolidated financial statements of the Leopardstown Park Hospital Board for the year ended 31st December 2024 as set out herein are in agreement with the books of account and have been drawn up in accordance with generally accepted practices and with the accounting standards as laid down by the Minister for Health.

These financial statements, which comprise pages 20 to 35 and the statement of accounting policies, pages 18 to 19, properly presents the state of affairs of the hospital at 31st December 2024 and of its income and expenditure and cash flow for the year then ended.

Signed  _____ Date 11/12/2025
Mr Adrian Ahern – Interim Chief Executive Officer

Signed  _____ Date 11/12/2025
Mr Anthony Morris - Chairman

Statement on Internal Control

Scope of Responsibility

On behalf of Leopardstown Park Hospital Board we acknowledge the Board's responsibility for ensuring that an effective system of internal control is maintained and operated. This responsibility takes account of the requirements of the Code of Practice for the governance of State Bodies (2016).

Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a tolerable level rather than to eliminate it. The system can therefore only provide reasonable and not absolute assurance that assets are safeguarded, transactions authorised and properly recorded and that material errors or irregularities are either prevented or detected in a timely way.

The system of internal control, which accords with guidance issued by the Department of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation has been in place in Leopardstown Park Hospital Board for the year ended 31 December 2024, and up to the date of approval of the financial statements except for the internal control issues outlined below.

Capacity to Handle Risk

Leopardstown Park Hospital Board has an Audit & Risk Committee with financial and audit expertise comprising two Board members and two external members, one of whom is the Chairperson. The Committee met four times in 2024. In addition, due to the nature of healthcare the Board also has an Integrated Quality, Safety & Risk Committee (IQS) which focuses on clinical, health & safety and related risks, while the Audit & Risk Committee focuses on more corporate related risks. The Audit & Risk Committee receives reports from the IQS Committee and has visibility on the work carried out there. The Board receives reports from both Committees.

Leopardstown Park Hospital Board has also contracted externally an internal audit function, which is adequately resourced and conducts a programme of work agreed with the Committee.

The Board has developed a risk management Appetite Statement which sets out the risk management processes in place and details the roles and responsibilities of staff and Board in relation to risk. This Statement was reviewed in 2024. The Statement has been issued to all staff who are expected to work within Leopardstown Park Hospital Board's risk management policies, to alert management on emerging risks and control weaknesses and assume responsibility for risks and controls within their own area of work.

Risk and Control Framework

Leopardstown Park Hospital Board has implemented a risk management system which identifies and reports key risks and the management actions being taken to address and, to the extent possible, to mitigate those risks.

A risk register is in place which identifies the key risks facing Leopardstown Park Hospital Board and these have been identified, evaluated and graded according to their significance. The register is reviewed and updated by the Board twice annually or more frequently as required. The outcome of these assessments is used to plan and allocate resources to ensure risks are managed to an acceptable level.

The risk register details the controls and actions needed to mitigate risks and responsibility for operation of controls assigned to specific staff.

We confirm that a control environment containing the following elements is in place:

- procedures for all key business processes have been documented,
- financial responsibilities have been assigned at management level with corresponding accountability,
- there is an appropriate budgeting system with an annual budget which is kept under review by senior management. The annual budget was reviewed by the Board and Finance Committee initially on 26th January 2024 and at multiple subsequent meetings throughout the year.
- there are systems aimed at ensuring the security of the information and communication technology systems,
- there are systems in place to safeguard the assets

Ongoing Monitoring and Review

Formal procedures have been established for monitoring control processes and control deficiencies are communicated to those responsible for taking corrective action and to management and the Board, where relevant, in a timely way. We confirm that the following ongoing monitoring systems are in place:

- key risks and related controls have been identified, and processes have been put in place to monitor the operation of those key controls and report any identified deficiencies,
- reporting arrangements have been established at all levels where responsibility for financial management has been assigned, and
- there are regular reviews by senior management of periodic and annual performance and financial reports which indicate performance against budgets/forecasts.

Procurement

I confirm that Leopardstown Park Hospital Board has procedures in place to ensure compliance with current procurement rules and guidelines. Matters arising regarding controls over procurement are highlighted under internal control issues below.

Review of Effectiveness

I confirm that Leopardstown Park Hospital Board has procedures to monitor the effectiveness of its risk management and control procedures. Leopardstown Park Hospital Board's monitoring and review of the effectiveness of the system of internal financial control is informed by the work of the internal and external auditors, the Audit & Risk Committee which oversees their work, and the senior management within Leopardstown Park Hospital responsible for the development and maintenance of the internal financial control framework.

I confirm that on 7th May 2025 the Board conducted an annual review of the effectiveness of the internal controls for 2024

Internal Control Issues

The Board is fully committed to implementing public procurement guidelines. LPH looks to adopt any HSE or Office of Government Procurement OGP contracts that it is aware of and has incrementally increased the number of contracts from HSE or OGP procurement processes. LPH's Service Arrangement with the HSE states that pursuant to the Government decision of April 2013, the HSE and all service providers funded by the HSE are mandated to use contracts put in place by HSE Health Business Service (HBS) Procurement and the (OGP). At times LPH is required to wait for completion of the tender processes being carried out by HSE or OGP to be put in place, this has caused delays in moving to compliant contracts but is outside of the control of LPH. In 2024, LPH incurred expenditure of €275,521 (excl. VAT) in relation to goods and services where the procedures did not fully comply with procurement rules and guidelines. These were in the areas of ICT, Accounting and Transport services. Progress continues to be made in relation to compliance in 2024 as new contracts both came into effect and were put in place through HSE frameworks, tendering in conjunction with HSE, OGP and other group procurement processes. Derogations were put in place, as appropriate. In December 2024, the Hospital recruited a CFO and the accounting services were no longer required.

Leopardstown Park Hospital Board

It is also noted that Leopardstown Park Hospital had been relying on an aged ICT infrastructure, which is on the corporate risk register as a high risk and detailed in internal audit reports. Progress was made in 2022 with the upgrading of PCs and transition to Microsoft 365, and a server upgrade took place in 2024. The risk has been reviewed and reduced to moderate following completion of the install. Continued management of this risk is dependent upon adequate HSE funding going forward

Signed on behalf of the Hospital:

Signed



Mr Adrian Ahern - Interim Chief Executive Officer

Date: 11/12/2025

Signed



Mr Anthony Morris - Chairman

Date: 11/12/2025

Statement of Accounting Policies

1 **Basis of Accounting**

The financial statements have been prepared on an accruals basis under the historical cost convention, in accordance with the accounting standards laid down by the Minister for Health. 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.

2 **Income Recognition**

Revenue Grants are received from the Health Service Executive towards the net annual running costs of the hospital. The amount brought to account represents the approved allocation in respect of the costs as at the reporting date.

Income includes Additional Superannuation Contribution (ASC) retained by Leopardstown Park Hospital;

Capital Grants are accounted for in the Capital Income and Expenditure Account on an accruals basis.

Income in relation to Fair Deal Funding is recognised when the service is delivered to the resident.

3 **Fixed Assets**

Expenditure on fixed assets qualifying for a capital grant from the Health Service Executive or the Trustees of the hospital or which have been funded through independent fundraising schemes are capitalised in the balance sheet since 1979.

Expenditure on fixed assets not qualifying for a capital grant from the Health Service Executive, is charged to the income and expenditure account in the year in which it is incurred. However, any fixed asset items with a purchase cost of € 3,809 or more are charged to the income and expenditure account and are also stated as tangible fixed assets in the balance sheet. Computer equipment with a purchase cost of € 1,270 or more is charged to the income and expenditure account and is also stated as a tangible fixed asset in the balance sheet.

Land and buildings taken over by the hospital in 1979, which under the revised Department of Health accounting guidelines, are normally included in a hospital's financial statements at professional and insurance valuations respectively, are not accounted for in these financial statements, as the relevant assets are held under licence between the Trustees of Leopardstown Park Hospital and the Board of Leopardstown Park Hospital. Extensions to the buildings in the period since 1979, which were the subject of approved Health Service Executive capital grants are reflected in the financial statements and are stated at cost.

4 **Depreciation**

Depreciation is charged directly to the capitalisation account and is provided on tangible fixed assets recognised in the balance sheet at rates calculated to write off the cost or valuation of each asset on a straight line basis over its expected useful life as follows

- Buildings 2% Straight Line
- Equipment 20% Straight Line
- Computers 33% Straight Line
- Motor Vehicles 20% Straight Line

Statement of Accounting Policies (continued)

5 Stocks of Consumable Stores

Stocks have been valued on the basis of cost with appropriate write-offs for stock which is damaged or obsolete.

6 Patients' Property

Monies received by the Board from or on behalf of patients for safekeeping are kept in accounts separate and apart from Board accounts. Such accounts are collectively called the Patients' Private Funds. Such monies are not the property of the Board and are administered by the Board on behalf of the patients. Independent auditors audit the accounts of the funds.

7 Superannuation

By direction of the Minister of Health, no provision has been made in the financial statements to cover any future liabilities in respect of pensions payable under the Local Government Scheme. Contributions from employees who are members of the scheme are credited to the income and expenditure account when received. Pensions payments under the scheme are charged to the income and expenditure account when paid.

The Public Service Pensions (Single Scheme and Other Provisions) Act 2012 became law on 28th July 2012 and introduced the new Single Public Service Pension Scheme ("Single Scheme"). This commenced with effect from 1st January 2013. All new entrants to pensionable public service employment on or after 1st January 2013 are, in general, members of the Single Scheme. Employee contributions under the scheme are remitted to the Department of Public Expenditure, NDP Delivery and Reform.

8 Pay Awards

Retrospective pay awards are not provided for in these financial statements until sanctioned and funded by the HSE.

9 Capitalisation Account

The capitalisation account represents the unamortised value of funds applied for the purchase of fixed assets.

10 Fundraising

Leopardstown Park Hospital Foundation is a vehicle through which fundraising activities are undertaken. The Foundation is under the control of the Board of Leopardstown Park Hospital. Funds are remitted to the Hospital in the form of grants and are awarded for specific purposes relating to the enhancement of care and support for residents, patients and clients (and their carers and families) of Leopardstown Park Hospital, and specifically excludes the cost of day-to-day operations. In the consolidation of the Hospital and Foundation accounts the funds within the Foundation accounts are restricted to use in line with the above charitable objects of the Foundation. A sum of € 1 million of the Foundation's funds has been designated by the Board as being reserved as a contribution towards aspects of the cost of the development of a new hospital building.

11 Accounting for Bad and Doubtful Debts

Known bad debts are written off in the period in which they are identified. Specific provision is made for any amount which is considered doubtful.

Financial Statements

Form 1 Income & Expenditure Account (Non-Capital)

Consolidated Non-Capital Income and Expenditure Account for the year ended 31st December 2024.

Form 1

	Note	2024 €'000	2023 €'000
Cumulative Non-Capital Deficit/(Surplus) brought forward from the previous year		(429)	(371)
Pay			
Salaries	1	13,823	12,290
Superannuation and Gratuities	1	1,863	1,899
		15,686	14,189
Non-Pay			
Direct Patient Care	1	541	415
Support Services	1	1,617	1,519
Financial and Administrative	1	910	1,005
		3,068	2,939
Gross Expenditure for the year including deficit/(surplus) brought forward from previous year		18,325	16,757
Income			
Net Expenditure for the year	1	2,187	1,610
		16,138	15,147
Determination-Notified for the year (from HSE)		10,459	10,773
HSE Fair Deal/Saver Grant		6,193	4,803
HSE Additional Funding		-	-
		16,652	15,576
Deficit/(Surplus) for the year carried forward to the following year		(514)	(429)

With the exception of fixed asset depreciation which is dealt with through the Capitalisation Account, all recognised gains and losses for the year ended 31st December 2024 have been included in the Income and Expenditure Account. The net deficit/(surplus) in both years arises from continuing operations. The financial statements, which include the accounting policies and notes, which were drawn up in compliance with the accounting standards laid down by the Minister for Health, were approved by the Board on 19th June 2025.

On behalf of the Board

Signed

Mr Adrian Ahern - Interim Chief Executive Officer

Date:

11/12/2025

Signed

Mr Anthony Morris - Chairman

Date:

11/12/2025

Form 2 Income & Expenditure Account (Capital)

Consolidated Capital Income and Expenditure Account for the year ended 31st December 2024

Form 2

Note	2024 €'000	2023 €'000
Capital Income Sources		
HSE Estates- Capital grant	1,412	1,050
Other	6	3
Total Capital Income	1,418	1,053

Capital Expenditure

Buildings	937	0
Vehicle	91	0
Computers	242	0
Equipment	443	100
Work in Progress	180	910
Capital Expenditure- Capitalised	1,893	1,010
Capital Expenditure- Not Capitalised	0	43
Total Capital Expenditure	1,893	1,053

Transferred from Restricted Funds	475	0
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Opening (Surplus)/Deficit from previous year	0	0
--	---	---

Closing (Surplus)/Deficit C/F to following year	0	0
---	---	---

With the exception of fixed asset depreciation which is dealt with through the Capitalisation Account, all recognised gains and losses for the year ended 31st December 2024 have been included in the Income and Expenditure Account. The net deficit/(surplus) in both years arises from continuing operations. The financial statements, which include the accounting policies and notes, which were drawn up in compliance with the accounting standards laid down by the Minister for Health, were approved by the Board on 19th June 2025.

On behalf of the Board

Signed


Mr Adrian Ahern - Interim Chief Executive Officer

Date: 11/12/2025

Signed


Mr Anthony Morris – Chairman

Date: 11/12/2025

Form 3 Balance Sheet

Consolidated Balance Sheet as at 31st December 2024

Form 3

	Note	2024 €'000	2023 €'000
Fixed Assets			
Tangible Assets	12	11,223	9,888
		11,223	9,888
Current Assets			
Debtors	13	2,611	2,468
Stock	14	82	88
Cash in hand and bank balances		1,440	2,040
		4,133	4,596
Creditors- Amounts falling due within one year			
Creditors	15	(2,374)	(2,420)
		(2,374)	(2,420)
Net Current Assets		1,759	2,176
Total Assets Less Current Liabilities		12,982	12,064
Creditors- Amounts falling due after more than one year			
Finance Lease	16	(51)	(0)
		12,931	12,064
Capital and Reserves			
Non-Capital Income & Expenditure Account Surplus/(Deficit)		514	429
Restricted Funds		1,271	1,747
Capitalisation Account	17	11,146	9,888
	29	12,931	12,064

The financial statements, which include the accounting policies and notes, which were drawn up in compliance with the accounting standards laid down by the Minister for Health, were approved by the Board on 19th June 2025.

On behalf of the Board

Signed


Mr Adrian Ahern – Interim Chief Executive Officer

Date: 11/12/2025

Signed


Mr Anthony Morris - Chairman

Date: 11/12/2025

Form 4 Cash Flow Statement

Consolidated Cash Flow Statement for the year ended 31st December 2024

Form 4

	2024 €'000	2023 €'000
Net Cash Inflow / (Outflow) from Operating Activities	(48)	99
Net Cash inflow From Servicing of Finance	0	0
<u>Capital Expenditure</u>		
Net deficit/(surplus) from Foundation activities	6	32
Expenditure from HSE Capital	(1,893)	(685)
Net Cash (Outflow) From Capital Expenditure Capitalised	(1,887)	(682)
Capital Expenditure - Not Capitalised	(77)	(43)
Net Cash (Outflow) From Capital Expenditure	(1,964)	(725)
Net Cash (Outflow) Before Financing	(2,012)	(626)
<u>Financing</u>		
HSE Capital grant received	1,412	1,256
	(600)	630
Net Cash Inflow / (Outflow) from Financing	(600)	630
Net Cash Flow	(600)	630
Increase/(Decrease) in Cash in hand and bank balances	(600)	630
	(600)	630

Note
18

20

Notes

Note 1 Income & Expenditure (Non Capital)

Non-Capital Income and Expenditure – Details

Pay

Management / Administration
 Medical / Dental I (NCHD's)
 Nursing
 Paramedical
 Catering & Housekeeping / Support Services

Pensions & Refunds
 Gratuities / Lump Sums

Note	2024 €'000	2023 €'000
	1,253	1,136
	160	156
	8,141	7,085
	1,057	988
	3,212	2,925
	13,823	12,290
	1,733	1,514
	130	385
	1,863	1,899

15,686	14,189
--------	--------

Non-Pay

Direct Patient Care

Drugs & Medicines
 Medical Gases
 Medical & Surgical Supplies
 Other Medical Equipment Supplies

169	106
6	5
149	188
217	116
541	415

Support Services

Catering Provisions
 Heat, Power & Light
 Laundry, Cleaning & Washing Supplies
 Furniture, Crockery & Hardware
 Bedding & Clothing
 Maintenance Materials Supplies
 Farm & Garden Supplies
 Travel & Subsistence
 Transport of Patients
 Vehicles Supplies

417	393
406	351
171	167
47	108
18	58
432	346
29	11
1	2
76	72
20	11
1,617	1,519

Non Capital Income and Expenditure - Details

Financial & Administrative	Note	2024 €'000	2023 €'000
Bank Interest			
Bank Charges		4	3
Other			
Insurance -Other	2	49	46
Audit		45	37
Legal		21	60
Office Expenses (Rent & Rates, Postage & Telephone)		133	58
Office Supplies / Contracts On		59	53
Computer Supplies / Contract On		396	230
Professional Services		107	271
Adjustment to Doubtful Debts provision		(65)	38
Miscellaneous Expenses	4	161	209
		910	1,005
Total Non-Pay		3,068	2,939
Total Gross Expenditure		18,754	17,128
Income			
Fair Deal Funding			
Money follows the patient		6,193	4,803
Patient Income			
In-Patients	5	1,672	1,155
Out-Patients	5	30	33
		1,702	1,188
Other Income			
Superannuation		159	179
Other Payroll Deductions		51	56
Income from External Agencies	6	113	113
Canteen receipts		35	29
Transport Income		6	7
Other Income (Non-Capital)	7	121	38
Total Income		2,187	1,610
Net Expenditure (Including Fair Deal funding)		10,374	10,715
Net Expenditure (Excluding Fair Deal funding)		16,567	15,518

Note 2 Insurance

Medical Defence

Other

Public Liability

Property

Other

	2024 €'000	2023 €'000
	0	0
	3	3
	30	29
	16	14
	49	46

Note 3 Miscellaneous Non-Capital Expenditure on Capital Projects

Other

	2024 €'000	2023 €'000
	0	0
	0	0

Note 4 Miscellaneous Expenses

Security

Publications

Memberships / Subscriptions

Interest on Late Payment

Education / Training

Interest of Lease

Other

	2024 €'000	2023 €'000
	1	73
	8	4
	97	70
	5	0
	41	52
	3	0
	6	10
	161	209

Note 5 Analysis of Patient Income

	2024 €'000	2023 €'000
<u>In-Patients</u>		
Long Stay Charges	1,672	1,155
	1,672	1,155
<u>Out-Patients</u>		
Other Out-Patient Charges	30	33
	30	33
 Total Patient Income	 1,702	 1,188

Long Stay charges include amounts billed to the HSE in respect of the NHSS.

Note 6 Income from External Agencies

	2024 €'000	2023 €'000
HSE- Community Healthcare Organisation 6 Carman Centre Grant	113	113
	113	113

External agency income comprises of income in respect of the provision of services not funded through the HSE revenue, fair deal or capital allocation mechanism.

Note 7 Other Income (Non Capital)

	2024 €'000	2023 €'000
Pharmacy / Stores Sales- Staff & Patients	3	4
Insurance Claims	35	0
Lotto Grants	10	0
Sundries	73	34
	121	38

Note 8 Range of Total Employee Benefits

	2024 €'000	2023 €'000
Basic Pay	9,663	8,858
Overtime	41	25
Premium Pay	1,285	1,255
PRSI Employer	1,152	1,003
Travel Allowance	319	285
Agency Costs	1,363	1,029
	13,823	12,290
 Number of WTE equivalents (excluding agency)	 196.01	 189.44

Leopardstown Park Hospital Board

Amount paid to Department of Public Expenditure, NDP Delivery and Reform, in 2024 single scheme contributions was €304,894 (2023 €264,462).

Note 8b Range of Total Employee Benefits

From	To	Number of Employees	
		2024	2023
€60,000	- €69,999	39	13
€70,000	- €79,999	12	10
€80,000	- €89,999	4	4
€90,000	- €99,999	2	2
€100,000	- €109,999	0	0
€110,000	- €119,999	0	0
€120,000	- €129,999	0	0
€130,000	- €139,999	0	1

Note 8c Key Management Personnel Compensation

Key management personnel compensation

The compensation paid to key management in 2024 was €643k (2023: €355k). Key management personnel include Chief Executive, HR Manager, CFO, Resident and Patient Services Manager, Director of Nursing, OT Manager, Medical Officer

There were no termination benefit payments made in 2024 (2023: €0k)

Note 9 Reconciliation of Expenditure to Cost of Services

	2024	2023
	€'000	€'000
Net Expenditure- Current Year	16,138	15,147
<u>Deduct</u>		
Total Deductions	0	0
Sub-Total	16,138	15,147
<u>Add</u>		
Depreciation Charge for the Year	554	259
Total Running Cost of Services	16,692	15,406

Form 1

12

Note 10 Statement of Advances and Balances due From HSE (Non-Capital & Capital)

Non-Capital

Total notified non-capital determination for the year
 Less: Remittances from HSE Non-Capital in the year
 Balance due from HSE in respect of the year
 Balance due from HSE re Previous year(s) as at 1st Jan.
 Less: Remittances from HSE in year re previous year(s)
 Balance due from HSE re Previous year(s) as at 31st Dec.

2024 €'000	2023 €'000
10,197	10,516
(8,512)	(8,642)
1,685	1,876
1,876	1,362
(1,876)	(1,362)
0	0

Total Balance of Approved Non-Capital Determination Due From HSE

13

1,685	1,876
-------	-------

Fair Deal

Money follows the patient invoiced to HSE
 Less: Remittances from HSE Fair Deal in the year
 Balance due from HSE in respect of the year
 Balance due from HSE re Previous year(s) as at 1st Jan.
 Less: Remittances from HSE in year re previous year(s)
 Balance due from HSE re Previous year(s) as at 31st Dec.

2024 €'000	2023 €'000
6,193	4,803
(5,543)	(4,416)
650	387
387	432
(387)	(432)
0	0

Total Balance of Fair Deal Due from HSE

650	387
-----	-----

Capital

Total Capital Grant notified by HSE for the year
 Less: Remittances from HSE Capital in the year
 Balance due from HSE in respect of the year
 Balance due from HSE re Previous year(s) as at 1st Jan.
 Balance due from HSE re Previous year(s) as at 31st Dec.

13

2024 €'000	2023 €'000
1,412	1,050
(1,318)	(1,050)
94	0
0	206
0	0

Total Balance of Capital Grants Due From HSE

13

0	0
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Gross Total Due from HSE Capital, Fair Deal & Non-Capital

2,429	2,263
-------	-------

Note 11 Purchase of Equipment and Vehicles from non-capital account (Capitalised)

2024 €'000	2023 €'000
0	0
0	0

Note 12 Schedule of Fixed Assets and Depreciation

	Buildings €'000	Equipment €'000	Vehicles €'000	WIP €'000	Total €'000
Cost of Valuation at 01/01/2024	9,095	1,135	202	4,212	14,644
Transfer from Work-in -Progress	1,467	355	0	(1,822)	0
Sub-Total	10,562	1,490	202	2,390	14,644
Additions from Capital	938	685	91	180	1,893
Additions from Non-Capital	0	0	0	0	0
Disposals during the year at Gross Book Value	0	(329)	(120)	0	(449)
Revaluations	0	0	0	0	0
Cost / Valuation at 31/12/2024	11,500	1,846	173	2,570	16,089
Accumulated Depreciation at 01/01/2024	3,587	971	198	0	4,756
Depreciation charge for year	230	306	18	0	554
Disposals Accumulative Depreciation	0	(329)	(115)	0	(444)
Accumulated Depreciation at 31/12/2024	3,817	948	101	0	4,866
Net Book Amount at 31/12/2024	7,683	898	72	2,570	11,223
Net Book Amount at 31/12/2023	5,508	164	4	4,212	9,888

Note 13 Debtors

	Note	2024 €'000	2023 €'000
HSE- Revenue Grant Due	10	1,685	1,876
HSE- Capital Grant Due	10	94	0
HSE- Fair Deal Grant Due	10	650	387
HSE Debtors		2,429	2,263
Patients (Closing Ledger Balance)		237	248
Less: Provision for bad & doubtful debts		(102)	(164)
Prepayments		47	121
Non-HSE Debtors		182	205
Total		2,611	2,468

Note 14 Stocks

	2024 €'000	2023 €'000
Drugs & Medicines	37	46
Medical & Surgical Supplies	27	5
Provisions	4	8
Laundry / Cleaning	8	16
Office Supplies	6	13
	82	88

Note 15 Creditors

	2024 €'000	2023 €'000
Creditors- Capital	400	531
Creditors- Non-Capital	1,071	1,064
Creditors -Taxation	435	277
Creditors -Wages and Salaries	396	497
Creditors – Finance Lease	18	0
Creditors -Other	54	51
	2,374	2,420

Note 16 Creditors - Greater than one year

	2024 €'000	2023 €'000
Deficit-Financing Account	51	0
	51	0

Note 17 Capitalisation Account

	2024 €'000	2023 €'000
Balance at beginning of year	9,888	9,137
Additions		
Capital Expenditure	1,889	1,010
Non-Capital Expenditure	0	0
Sub-Total Additions	11,777	10,147
Less:		
Depreciation for the year	(554)	(259)
Sub-Total deductions	(554)	(259)
Balance at year-end	11,223	9,888

Note 18 Notes to the Cash Flow Statement

	2024 €'000	2023 €'000
(Deficit)/Surplus (Non-Capital)	514	429
Add back deficit / (surplus) brought forward	(429)	(371)
Deficit / (Surplus) for current year	85	58
(Increase)/Decrease in Stocks	6	(43)
(Increase)/Decrease in HSE Debtors (Non-Capital)	(166)	52
(Increase)/Decrease in Non-HSE Debtors	22	(69)
Increase/(Decrease) in Non-Capital Creditors	5	101
Net Cash Inflow/(Outflow) from Operating Activities	(48)	99

Note 19 Analysis of change in Net (Debt)/Cash

	At 1st. Jan-24 €'000	Cash Flow €'000	Non-Cash Changes €'000	At 31st Dec-24 €'000
Cash in Hand & Bank Balances	2,040	(600)	0	1,440
Bank Overdraft	0	0	0	0
	2,040	(600)	0	1,440
Loans	0	0	0	0
Debt due within one year	0	0	0	0
Debt due after one year	0	0	0	0
	0	0	0	0
Finance Lease: within one year	0	(8)	0	(8)
Finance Lease: From two to five years	0	0	(68)	(68)
	0	(8)	(68)	(76)
	2,040	(608)	(68)	1,364

Note 20 Reconciliation of Net Cash Inflow to Movement in Net (Debt)/Cash

	2024 €'000	2023 €'000
Increase/(decrease) in cash in the year	(600)	630
Cash Inflow / (outflow) from increase / (decrease) in debt and lease financing	(76)	0
Changes in net (debt)/cash resulting from cash flow	(676)	630
Net cash/(debt) at beginning of year	2,040	1,410
Net cash/(debt) at end of year	1,364	2,040

Note 21 Board Members – Disclosure of Interests

The Board adopted procedures in accordance with guidelines issued by the Department of Public Expenditure, NDP Delivery and Reform in relation to the disclosure of interest by Board members and these procedures have been adhered to in the year. There were no transactions in the year in relation to Board's activities in which Board members had any beneficial interests.

Note 22 LPH Foundation

The LPH Foundation is an unincorporated association. It is a registered charity with Revenue and the Charity Regulatory Authority. The main object of the Foundation is the enhancement of care and support for residents, patients and clients (and their carers and families) of Leopardstown Park Hospital. The Directors of the Foundation are the Board members of the Leopardstown Park Hospital Board. The Foundation accounts are audited by an accounts and statutory audit firm. The consolidated accounts of the LPH Board incorporate the LPH Foundation accounts, as required under the Department of Health Accounting Standards for Voluntary Hospitals (1999). In 2024, the Foundation provided income of €0 (€38,730 in 2023) to the Hospital in line with their objects. This income is offset against the costs as part of the financial statements' consolidation process.

Note 23 Board Members – Expenses

Name	2024	2023
Mr. A. Morris	0	0
Ms. D. Mulligan	0	0
Mr. J. Brassil	0	0
Ms. C. Davin	0	0
Mr. D. Duff	0	0
Ms. M. Farrelly	0	0
Ms. F. Ni Fhlannchadha	0	0
Total	0	0

Board members received fees of €0 in respect of their Board related activities.

The Leopardstown Park Hospital Board (Establishment) Order, 1979, specifically forbids the payment of fees, salaries etc to board members. (Article 18, subsection 1).

Note 24 Board Members – Attendance at Board Meetings

	Scheduled	Attended
No of Meetings 2024	7	7
Mr. Anthony Morris	7	5
Mr. John Brassil	7	0
Ms. Ciara Davin	7	6
Ms. Dóirín Mulligan	7	6
Ms. Mary Farrelly	7	6
Ms. Frances Ni Fhlannchadha	7	6
Mr. Denis Duff	7	7

Note 25 CEO's Remuneration

	2024 €'000	2023 €'000
Basic Pay	92	128
Employers PRSI	10	3
Total	102	131

The CEO is a member of the Local Government Pension Scheme, and the entitlements in that regard do not extend beyond the terms of the model public service pension scheme. The value of retirement benefits earned in the period is not included above.

Note 26 Premises

The Board operates from a premises at Leopardstown Park which it occupies in agreement with the Leopardstown Park Hospital Trust. No rent is charged for the use of the premises.

Note 27 Additional Superannuation Contributions

In 2024 an amount of €262k in ASC (2023: €255k) was deducted and forms part of the determination for the year. Amount paid to the Department of Public Expenditure, NDP Delivery and Reform, in 2024 single scheme contributions (SPSPS) was €304,894 (2023 €264,462).

Note 28 Consolidation

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

Note 29 Reserves

	Non-Capital Income & Expenditure	Restricted Reserves	Capital Reserves	Total
	€'000	€'000	€'000	€'000
At 1 January 2024	429	1,747	9,888	12,064
Non Capital Income & Expenditure Movement	85			85
Restricted Funds Movement		(476)		(476)
Capitalised Fixed Assets Movement			1,258	1,258
At 31 December 2024	514	1,271	11,146	12,931

Note 30 Capital Development

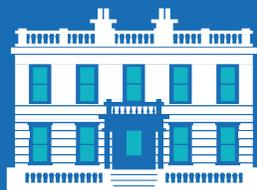
The Hospital is carrying out a capital development programme funded by the Health Service Executive. The design phase funding has been identified and confirmed as part of the HSE capital plan and is managed via project stage approval processes and oversight by the Hospital and HSE collaboratively. Each stage is funded by the HSE within the approved project funding envelope following the approval processes for each stage. Therefore, there is no risk to the Hospitals’ funding position in this regard.

Note 31 Regulatory Impact on Income

Due to Regulatory requirements relating to SI293/2016, an 11-bed reduction in Nursing Home Support Scheme (NHSS) beds took place in 2021 and a further 12 NHSS and 2 respite bed reduction was required in 2022 as part of submitted compliance plan to the Regulator. In addition, the Regulator (Health Information & Quality Authority -HIQA) paused admissions for respite and NHSS beds until further refurbishment works have been completed. These works were concluded in Q2 2024 and were inspected and approved for reopening by the Regulator. There was a significant increase in total 2024 income as a result. There were discussions on the deficit of income in 2024 with the HSE and financial support was forthcoming.

Note 32 Approval of Financial Statements

The Financial Statements were approved by the Board on 11th December 2025.



LEOPARDSTOWN
Park Hospital

Leopardstown Park Hospital, Foxrock, Dublin18.

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