Alan Quinlan, John Murray and Brent Pope at the launch of the St. Patrick’s University Hospital “Walk in my Shoes” awareness campaign
Introduction

St. Patrick’s University Hospital is recognised as Ireland’s largest, independent not-for-profit mental health service provider and accounts for circa 12% of the country’s total inpatient care and treatment needs.

Established over 260 years ago by Jonathan Swift, noted author and Dean of St. Patrick’s Cathedral, it is now known as St. Patrick’s University Hospital through its association with Trinity College Dublin and is still driven by the same vision, energy and determination first demonstrated by its founder in the 18th Century.

It is acknowledged today as a leader in providing the highest quality mental health care, promoting mental health awareness and protecting the rights and integrity of those suffering from mental illness.

Over the years, the Hospital has expanded and enhanced its range of services, with an emphasis on wellness and recovery principles that empower service users to manage their mental health and lead fulfilling lives.

Multi-disciplinary teams of highly-qualified mental health professionals provided their expertise to over 3,000 people requiring inpatient and day care services during 2011. In the same year, there were over 5,000 visits to the Hospital’s community-based Dean Clinics.

‘Mental Health Matters’, a 5-year strategic plan, was launched by the Hospital in 2008 and the organisation is on target to reach its goals by the 2013 completion date.
Report of the Chairman of the Board of Governors

It is my privilege, on behalf of the Board of Governors, to present the St. Patrick’s University Hospital Annual Report 2011.

In the twelve months since our last Annual Report, considerable progress was made at all levels in the organisation to ensure we met the targets set under our ‘Mental Health Matters’ strategic plan.

That we continue to achieve our goals speaks volumes for the invaluable input of the management, staff and volunteers. Through their efforts, we not only enhanced our existing services and introduced a number of new initiatives, but we also retained our fully compliant ‘Approved Centre’ status after the annual inspection of the Mental Health Commission. This is an outstanding achievement in its own right and we are immensely proud of it.

We continue to be the standard-bearer for improving the public’s understanding of mental health, for introducing mental health prevention initiatives and for advocating for the rights of those suffering from mental illness. Our Dean Clinic initiative goes from strength to strength, with three new clinics opened during the year, and with positive feedback from the community and the medical professionals. The Adolescent Service we introduced last year witnessed increased activity and our Wellness & Recovery Centre also made a significant contribution to our ongoing progress.

The association with Trinity College continues to blossom as we extend our research capabilities within the Hospital and we have encouraged even greater involvement with service users in how our organisation progresses.

This Annual Report also gives me the opportunity to thank my fellow Governors for their highly-valued contributions during the past year, namely:


I would also like to acknowledge and thank all of our donors, supporters and the members of the St. Patrick’s Hospital Foundation for all of their work during the year.

Ms. Caroline Preston, Chairman
When we introduced our 5-year plan - ‘Mental Health Matters’ - in 2008, we set ourselves ambitious targets of further improving our services in the critical areas of service delivery, advocacy, research & training and developing service user participation. With four-fifths of that programme complete, it is pleasing to be able to report that we continue to meet or exceed our strategic goals.

That we are yet again fully compliant with the standards set by the Mental Health Commission as identified in its annual inspections and have received a ‘best quality service’ commendation from the statutory regulatory authority are further reasons for satisfaction. It is a tribute to the dedication and commitment of our teams of highly-qualified professionals that we not only maintain such exacting standards but also seek to continually enhance and develop our range of services.

We aim to provide a clear and cohesive care pathway and we actively promote the Recovery Model to foster positive coping and management skills among mental illness sufferers. Our achievements during 2011 included the opening of three new Dean Clinics, a substantial increase in activity in the Adolescent Service and a significant contribution by the Wellness & Recovery Centre to the overall strategy aims.

Service users’ involvement in the organisation increased considerably during the year through consultations on various issues and by making valuable contributions while constructive partnerships were also fostered with other bodies such as Amnesty International and Pieta House. 2011 was a productive year for research output from our Department of Psychiatry and research clinicians in the Hospital, with many research papers published and studies completed. The relationship with Trinity College further enhances our international reputation as one of the primary service-based research institutions.

That we should be able to make such progress while also returning a small surplus is a reflection on good stewardship of financial matters and making significant savings by keeping a tight rein on budgets, non-payroll expenditure and procurement practices. That we remain at the forefront of developments in caring for and treating those with mental health problems is due to the trust placed in us by those using our services and to the expertise, professionalism and total commitment of our staff, volunteers and Board of Governors, an invaluable input that allows us to improve the service we already provide.
Medical Director’s Report

We have never stood still at St. Patrick’s and the Mental Health Matters (MHM) strategy we embarked on in 2008 provided us with an additional impetus to develop new services and programmes in mental health treatment and prevention.

Of course, none of these developments is worth anything unless they are delivered in an effective way and during 2011, we maintained our drive to ensure that service delivery was our central focus.

The establishment of MHM saw the introduction of the community-based Adolescent Mental Health Service, the Dean Clinic concept and the Wellness & Recovery Service. As you will read elsewhere in this Annual Report, the progress of these initiatives is significant and they are making an invaluable contribution to the quality of service we provide.

Likewise, the telephone-based Information & Support Service set up in 2009 has continued to be a most useful resource for GPs, other healthcare professionals and members of the public, as well as existing service users, their families and carers.

Innovation is not new at St. Patrick’s. The hospital was the first dedicated mental health facility in Ireland and one of the very first in the world. During the 20th century, many new treatments were introduced, including new behavioural and psychological treatments.

St. Patrick’s was one of the first to introduce Occupational Therapy and notably the very first meeting of Alcoholics Anonymous (AA) in all of Europe was held in St Patrick’s. From 1961, we pioneered community psychiatry, by establishing services in Dublin south and west (postal districts 6, 8 and 14). Since 2010, these services have been managed entirely by the Health Services Executive (HSE), but our commitment to the national community continues.

“As clinicians, we are witnesses to the ever-changing face of medical care in Ireland where stress-related illnesses are on the increase in the midst of the recession and economic woes of the country”
Consequently, St. Patrick’s has established a network of community mental health clinics (Dean Clinics) in Dublin, Cork and Galway and our Wellness and Recovery Centre in Dublin. With these new services, we work to provide appropriate access to those with mental health problems and to support people in recovery in their community where they live and work.

All our developments are monitored for effectiveness and the hospital is committed to the generation of clear measures of outcome and effectiveness, upon which to build new services. In the past year, we launched two new day services; Living through Distress and Radical Openness and these have been very successful. The former is aimed at those with recurring self-destructive behaviour or borderline personality disorder, while the latter is for people with chronic recurring depressive disorders. A third innovation is the Nurturing Hope & Resilience group which is also proving very helpful.

As clinicians, we are witnesses to the ever-changing face of medical care in Ireland where stress-related illnesses are on the increase in the midst of the recession and economic woes of the country.

We are acutely conscious of our role in this area and we play our part by training more people in more mental health disciplines than any other organisation. Our reputation attracts better recruits and our high quality training leads to higher standards of qualified mental health professionals.

We are dedicated to the fight against stigma throughout our society. A key innovation this year was a Transition Year programme at secondary school level, one which worked well and which we plan to develop further, as we work to create a greater understanding and awareness of mental health issues among the younger members of society. This programme was developed through the support of Key Capital.

We can look back on 2011 with some satisfaction, in the knowledge that we continued to introduce new developments, we maintained high service levels on existing programmes and our multi-disciplinary teams provided a consistently high level of professional service.

“My time in St. Patrick’s has been an amazing journey. It is a new beginning for me and I will be trying to take the stigma out of mental health.”

Amanda, Galway
Advocacy

Through the Mental Health Matters strategy, the Hospital committed to continuing in its role as an independent advocate and voice for those experiencing mental illness, harnessing voluntary effort and public support to represent their best interests.

Extensive work on developing an advocacy strategy was completed during 2011, culminating in a report by independent consultants which identified three areas on which the organisation should focus its advocacy efforts:

- ensuring that the rights of people with mental health difficulties to adequate and appropriate services and supports are enshrined into law and policy,
- ensuring that effective programmes to promote mental health become part of the school curriculum, and
- reducing the level of stigma in society surrounding mental health issues.

Submissions on Capacity legislation and the Mental Health Act were made to the Government bodies reviewing the legislation. The organisation continued to work with the ‘See Change’ project and became a partner in the Mental Health Reform network, a group campaigning for the rights of those with mental illness.

Demand for places on the Transition Year work experience programme grew and many participants ran mental health awareness initiatives when they returned to their schools. As part of an international advocacy initiative, the Hospital funded a public speaking competition open to all medical students studying in medical schools in Ghana. Organised by the AGPI (Association of Ghanaian Professionals in Ireland) and in particular Dr Vincent Agyapong, a Ghanaian psychiatrist working in Ireland, this contest was created to encourage Ghanaian medical students to train in psychiatry.

The prize for two winners was a fully-funded 4-week placement at SPUH. St. Patrick’s staff visited Ghana to adjudicate at the competition, a visit which also included many advocacy activities such as an appearance on national television to discuss the challenges facing Ghanaian mental health services, an hour-long radio interview emphasising the importance of mental health education and meetings with various mental health NGOs such as Basic Needs and Mind Freedom Ghana.
Human Resources & IT

Brendan Power, HR/IT Director, looks back on a year of progress on the HR and IT fronts at SPUH

Attracting and retaining high quality staff and implementing a performance measurement system are among the core components of our HR policy within the Mental Health Matters strategy. That the Mental Health Services inspectorate report acknowledged the quality, enthusiasm and commitment of our staff underlines the success of our approach to this critical area.

Considerable investment was made in continuous professional development (CPD) training and the performance review system was extended to include more staff members. Monitoring and control of recruitment was further strengthened and we introduced a ‘lean management’ structure to help drive cost efficiencies within the organisation.

We continue to enjoy good relations with a motivated staff whose contribution to our maintaining full compliance with Mental Health Commission regulations cannot be overstated.

Continuous improvements to our IT infrastructure ensure we have a robust IT system that supports delivery of services. Significant investment was made in specialised software packages to provide specific solutions to certain issues and so underpin the organisation’s strategic objectives.

We are developing an integrated IT system built on a modular basis which reduces the risk of major financial exposure while at the same time giving our staff a better opportunity to adapt to the new systems.

During the year, a new IT-based claims processing system - Claimsure - was introduced which is now fully operational and proving to be very effective. We also upgraded the SPUH website and enhanced the organisation’s intranet capabilities.

The development of systems for electronic health records, patient administration and business information are among the priorities for the year ahead.
Quality and Clinical Governance

Tom Maher, Director of Services, assesses the organisation’s approach to quality and clinical governance during 2011.

The achievement of excellence in the delivery of Mental Health Services is a central component of our mission. Exceptional Clinical Governance is required to deliver on our continued insistence on excellence.

Continued retention of our ‘Approved Centre’ status from the Mental Health Commission for all three approved centres underlines how effectively the organisation has been clinically governed. Indeed, our centres were the only Approved Centres to achieve full compliance with all regulatory provisions in 2011.

“...A new governance system was introduced in 2011 to monitor the effective implementation and adherence to all provisions of the Mental Health Act. This system proactively ensures that the human rights of those to whom the Act applies are robustly upheld.”

The 2011 Inspector’s report states:

“St. Patrick’s Hospital, St. Edmundsbury Hospital and Willow Grove Child and Adolescent Mental Health Unit (all under the governance of St. Patrick’s Hospital) achieved full compliance in 2011. The commitment of all clinical and administrative staff in achieving this status is highly commended. The St. Patrick’s Hospital organisation has shown itself to be progressive with respect to modernisation of mental health services and development of community services.”

In 2011, we continued a comprehensive programme of developments in Clinical Governance overseen by the Clinical Governance Committee. These developments were underpinned by the Quality Standards outlined in the Mental Health Commission’s Quality Framework Document and mirrored in St. Patrick’s:

- A comprehensive review and improvement plan in relation to the prescription of benzodiazepine medication, night sedation, lithium and Vitamin supplements
- Participation in an International Review of ECT by ECTAS (an organisation, allied to the Royal College of Psychiatrists, which provides an accreditation service for ECT service providers). This review identified that SPUH is ranked No. 1 in the UK and Ireland in terms of the standard of ECT care and treatment
In order to understand all aspects of the service user journey through the Hospital, a survey was conducted to understand the service user experience of the Hospital, its staff, treatments, activities, programmes and discharge. The survey results will contribute to the development of existing services and the creation of new services.

An independent review of laboratory systems was conducted during 2011. A number of tests are now being conducted in the SPUH laboratory, thus significantly reducing test turn-around times.

In 2011, the Hospital introduced the Choice and Medication website, a service user-friendly information resource available to in-patients and Hospital clinicians. It is also available to family members and as a resource to the general public through the Hospital website.

A new governance system was introduced in 2011 to monitor the effective implementation and adherence to all provisions of the Mental Health Act. This system proactively ensures that the human rights of those to whom the Act applies are robustly upheld.

The organisation continues to maintain effective clinical governance structures and processes that include regular clinical audits, (the reports of which are reviewed by the Board of Governors), incident review, external inspection, critical incident analysis and practice review.

In 2011, the Hospital completed its work with the National Mental Health Services Collaborative whose aim was to improve the treatment and care planning processes in mental health services throughout Ireland. The Collaborative’s work concluded with a National Symposium, co-hosted by St. Patrick’s.

The Hospital participated in a Mental Health Commission national survey of service users’ experiences of in-patient mental health services in 2011, in collaboration with the Irish Society for Quality and Safety in Healthcare. The results of this service user satisfaction survey reflected positively on the quality of care and treatment provided by St. Patrick’s and these results will be used to focus on areas for improvement in 2012.

Outcome Measurement

The organisation began a process in 2011 of assessing and monitoring the efficacy of its services through the measurement of outcomes, with a view to publishing an Outcome Measures Report.

The 2011 Outcomes Report is the first of its type produced by St Patrick’s University Hospital. It represents an attempt to collate, analyse and synthesise information relating to the Hospital outcomes with respect to its clinical care pathways, clinical governance processes and clinical outcomes.

The purpose of the Report is to promote an organisational culture of excellence and quality through engagement in continual service evaluation in relation to efficacy, effectiveness and quality. By routinely measuring and publishing the outcomes of the services we provide, we can begin to understand what we do well and what we need to improve.
A Continuum of Care

INTEGRATED SERVICES ACROSS THE CONTINUUM OF CARE

St. Patrick’s and St. Edmundsbury Hospitals and Willow Grove Adolescent Service provide mental health care and treatment through a range of services, delivered by highly trained and experienced mental health professionals. A continuum of care is provided through in-patient services, Day Services and through our Community Mental Health Clinics, the Dean Clinics, ensuring service users receive continuity through their recovery pathway and the most appropriate care and treatment for their individual needs.

IN-PATIENT CARE

St. Patrick’s and St. Edmundsbury Hospitals and Willow Grove Adolescent Service provide high-quality 24-hour care and treatment for people who are acutely ill and who need in-patient care. Ward-based nursing care is an essential component of in-patient stay within an approved mental health centre. A significant proportion of each service user’s care and treatment is provided through the relationships developed with nursing staff and other members of the multi-disciplinary team.

The ward-based nursing staff take 24-hour responsibility for ensuring the safety of service users and work with the service user and the multi-disciplinary team to ensure optimum functioning of all activities of daily living, with particular focus on symptom/diagnosis-targeted interventions as identified in the multi-disciplinary care plan.

Within the in-patient setting our service users access both group and individualised therapy through a variety of programmes and individual sessions with mental health professionals.
These include occupational therapists, nurses (experienced ward-based nurses, clinical nurse specialists, advanced nurse practitioners), consultant psychiatrists and junior hospital doctors, clinical psychologists, counselling psychologists, social workers, cognitive-behavioural psychotherapists, systemic therapists, pharmacists and other professionals skilled in specific psychotherapeutic interventions. These highly skilled mental health professionals work within multi-disciplinary teams to comprehensively address all areas of a person’s life affected by their emotional and psychological distress.

**DAY SERVICES - WELLNESS AND RECOVERY CENTRE**

The Wellness & Recovery Centre provides an alternative to admission for many service users. Day services facilitate the person’s ongoing journey towards recovery following an inpatient stay or as a more intensive intervention following an assessment in one of our Dean Clinics. These services also help to foreshorten in-patient stays through the delivery of recovery-focused day programmes, thus allowing people to continue with their personal lives, at work, leisure and social levels. In 2011, the Centre provided day-based care and treatment across a number of existing and newly-developed therapeutic programmes.

The Support and Information Service is also provided through our Wellness and Recovery Centre. It is a free telephone-based service delivered by experienced mental health nurses that can be used by service users and their relatives to obtain information regarding the types of mental healthcare available nationally.

GPs and other healthcare professionals also use this service. The Support and Information Service increased its service provision by 30% in 2011.
The Clinical Programmes that are available to service users as in-patients or day patients include:

Addictions Programme - is designed to help individuals with alcohol dependence and/or substance abuse problems. The aim of the addictions service is to provide treatment to match the individual needs of a person’s recovery from alcohol and/or drugs with the right treatment.

Anxiety and Depression programme - based at St. Edmundsbury, this programme aims to equip service users with the skills necessary to manage the symptoms of their depression and/or anxiety and to manage their journey towards recovery. St. Patrick’s delivers a number of additional programmes that enhance and support the diagnosis-based programmes while providing a Recovery focus.

These include:

- Acceptance and Compassion-focused Programme
- Nurturing Hope and Resilience Programme
- Mindfulness-based Stress Reduction
- Men’s Mental Health Programme
- Mental Health Support Programme

Anxiety Disorder Programme - is an evidence based intervention programme aimed at service users who have been diagnosed with a primary Anxiety Disorder. The programme is based on a cognitive therapy model and approach.

Bipolar Affective Disorder Programme - offers educational and supportive interventions in the ‘Post-Acute’ phase of a person’s Bipolar illness, so that recovery and the development of self-management skills is supported.

Depression Recovery Programme - is a treatment programme for individuals diagnosed with clinical depression. The programme assists individuals to understand, cope and manage their depression.

Dual Diagnosis Programme - provides treatment and support for individuals who have co-occurring psychiatric disorder with significant history of substance abuse.

Eating Disorder Programme - provides assessment, treatment and on-going support for service users recovering from an eating disorder. The programme is delivered through distinct but integrated in-patient, out-patient and day patient care pathways.
Living through Distress and Radical Openness Programmes - these programmes are delivered by Clinical Psychologists to assist people in dealing with emotional distress.

Mental Health Care of Later Life - The Evergreen Programme is a group-based programme for in-patients experiencing mental health difficulties associated with ageing or who require specialist psychiatry of later life approach.

Psychosis Recovery Programme - is an intensive three-week programme which provides education around psychosis and assists service users to develop self-management strategies. Specific Cognitive Behavioural Therapy for Psychosis is also available to service users experiencing distress arising from the symptoms of Psychosis.

Wellness and Recovery Action Planning (WRAP) Programme - this programme aims to provide service users with the skills necessary to define what recovery means to them individually and seeks to provide them with the skills necessary to achieve this recovery.

Young Adult Programme - is designed to meet the psycho-social needs of young adults (18 - 25 years) who experience mental illness and mental health difficulties.
COMMUNITY MENTAL HEALTH SERVICES

As well as initial assessment, the Dean Clinics provide multi-disciplinary treatment, individual and group psychotherapies and clinical reviews helping to deliver more timely interventions and better outcomes.

CLINICS NEWLY-OPENED IN 2011

The Dean Clinic Galway
This clinic is a general adult clinic and allows easy access for service users from Galway, Mayo, Sligo, Roscommon, Longford, Clare and North Limerick.

The Dean Clinic Sandyford
This service is a general adult mental health service. There are also specialised services provided through this clinic: Psychiatry of Older Age, Eating Disorder, Young Adult from 18 years to 25 years and Dual Diagnosis. The clinic accepts referrals nationwide for its specialist service and will cover Dublin South County, Wicklow and Kildare for general referrals.

The Dean Clinic St Patrick’s
This clinic is a general adult clinic and also has additional services to cater for the particular physical health needs of people with enduring illness.

CLINICS ALREADY IN OPERATION IN 2011

The Capel Dean Clinic
Located in city centre Dublin, this clinic continues to expand with general adult mental health services and a specialised Anxiety Disorders service.

The Dean Clinic Donaghmede
This is a general adult service. In 2011, this clinic began the process of establishing close links and shared-care models of service delivery with local GPs.

The Dean Clinic Cork
This general adult mental health service continued to grow during 2011.

adolescent mental health service

The Adolescent Mental Health Care Team in St Patrick’s University Hospital is responsible for providing both in-patient and community services. There is the Willow Grove Adolescent In-patient Unit based on the St. Patrick’s campus and the Dean Clinic Community Service in Lucan. Both services were one and two years in operation respectively in 2011. Both of these services have gone from strength to strength over their first initial years and are now established as two thriving landmarks in the Adolescent Mental Healthcare landscape nationally.
Research and Training

Professor Declan McLoughlin, Consultant Psychiatrist and Research Professor in Psychiatry at Trinity College Dublin, reviews the past year in Research and Training activities.

2011 was another good year for research output from the SPUH Dept of Psychiatry and researcher clinicians within the organisation. There were at least 28 peer-reviewed research papers involving researchers based in SPUH published in a wide range of clinical and science research journals.

A randomised pilot study of supportive text messaging to improve mood and abstinence outcomes in persons with comorbid depression and alcohol dependency syndrome was completed, with promising preliminary results and has been submitted for publication (Farren, Agyapong, McLoughlin).

The on-going HRB-funded randomised controlled trial of ECT for severe depression now has 120 participants and recruitment should be completed in 2012 (McLoughlin).

Other interesting studies underway and of topical interest include projects on quality of care (Fearon, McLoughlin), the effects of the current recession on mental health (N Kennedy), factors associated with suicide (N Kennedy; Power), and assessment of capacity (N Kennedy).

In 2011, the organisation also created four new Clinical Research Fellow posts that were awarded to more experienced junior psychiatry trainees (mostly post-MRCPsych).

Along with advances in the academic infrastructure of the Hospital, this has allowed the Hospital to appoint (and retain) more advanced trainees.

It also serves to raise the profile of clinical research activity within the Hospital, increasing further its attractiveness to trainees.
Finance Director’s Report

Finance Director Frank Byrne provides an overview of the Hospital’s financial performance over the year in review.

A key component of the ‘Mental Health Matters’ strategy is to stabilise and improve our financial position so that existing services and new service initiatives are delivered in a financially-sustainable manner. For an independent not-for-profit organisation with limited financial resources, 2011 was another challenging year, yet progress was made by maintaining revenue, investing in additional staff resources for new services (particularly in the community) and containing costs, while continuing to deliver the highest quality services in keeping with our strategic objectives.

FINANCIAL RESULTS

There were approximately 3,000 admissions to in-patient services in 2011 and in excess of 5,000 day care visits, which was slightly down on the previous year.

“As an independent not-for-profit organisation, it is important that sufficient returns are generated and prudent financial management is exercised to ensure our long-term sustainability as we continue to implement our strategic objectives and provide high-quality mental health services”

The community-based Dean Clinic network expanded during the year, with 8,000 visits representing a significant increase year-on-year. This was partly due to the addition of two new clinics (Galway and Sandyford, Dublin) and increases in existing clinics.

Overall income amounted to €60.1M (+0.3% v 2010) and total expenditure amounted to €56.9M (+2.3% v 2010), resulting in an operating surplus for the year of €3.23M (€1.1M v 2010). Although growth in income was flat due to deterioration in rates, this was offset by the expansion of the Willow Grove Adolescent Service and Dean Clinics. The increases in expenditure are driven by the investment in additional staff resources for community-based services and our Willow Grove service, offset by savings in other operating costs.

The Net Operating Surplus (after interest and net pension charges) amounted to €2.48M compared to €3.27M in 2010, representing a strong performance for the year in the current economic climate. Although down on the previous year, it is driven by the realignment and expansion of our services.

Our overall financial position, as represented by the Balance Sheet, improved during the year (excluding the net pension liability) through an increase in net current assets and a decrease in bank borrowings. The net pension liability increased at the year-end compared to the previous year, due to an increase in the liabilities as determined by the underlying valuation assumptions (under Financial Reporting Standard (FRS 17)).
However, it should be noted that the funding deficit for the defined benefit scheme is significantly higher than the FRS 17 deficit, due to a different method of valuation.

Bank borrowings reduced during the year as scheduled interest and capital repayments were made. Total bank borrowings (excluding overdraft) at the year-end amounted to €4.9M, representing an improvement from 2010 of €0.5M and €4.4M of this amount is repayable after one year. The bank overdraft at the year-end amounted to €2.3M.

During the year, capital expenditure relating to the continuous upgrading and refurbishment of facilities and new software for claims management amounted to €1.6M.

Overall, our net asset position at year-end amounted to €13M.

Extracts from the audited financial statements for the year ended 31 December 2011 are set out later in this Annual Report. The complete audited financial statements and accompanying notes, together with the Auditors’ Report, are available on our web site.

**OUTLOOK 2012**

The impact of the wider economic environment on the health insurance industry - the primary source of our income - presents us with challenges in meeting our strategic objectives.

However, the focus in 2012 will be to further consolidate our financial position through greater efficiency and cost reduction while ensuring high quality services continue to be delivered to services users.

As an independent not-for-profit organisation, it is important that sufficient returns are generated and prudent financial management is exercised to ensure our long-term sustainability as we continue to implement our strategic objectives and provide high quality mental health services.

**CORPORATE GOVERNANCE & INTERNAL CONTROL OVERVIEW**

Maintaining the highest standards of corporate governance is the subject of considerable Board and management time and attention to ensure it reflects the present and future needs of the evolving organisation.

The Governors have overall responsibility for the system of internal control procedures and for reviewing its effectiveness. Together with the management team, they work towards the improvement of internal controls, the assessment of risks that may impact on the organisation (and their elimination where possible), and ensuring the continued financial well-being and reputation of the organisation.

The Board delegates certain duties relating to internal control, risk management and general financial management and oversight to the Audit and Finance Committee. The Chairman of the Committee reports to the Board and minutes of meetings are circulated to all Governors.

During the year ended 31 December 2011, the Board met eleven times and the Audit & Finance Committee met four times.
### Income & Expenditure Account

**for the year ended 31 December 2011**

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<tr>
<th></th>
<th>2011</th>
<th>2010</th>
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<tbody>
<tr>
<td></td>
<td>€’000</td>
<td>€’000</td>
</tr>
<tr>
<td><strong>Income - continuing operations</strong></td>
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</tr>
<tr>
<td>Maintenance and treatment fees</td>
<td>59,522</td>
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<tr>
<td>Other income</td>
<td>577</td>
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<tr>
<td><strong>Total income</strong></td>
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<td>59,892</td>
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<tr>
<td><strong>Expenditure</strong></td>
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<tr>
<td>Salaries and wages</td>
<td>(44,740)</td>
<td>(42,917)</td>
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<tr>
<td>Establishment and administration expenses</td>
<td>(7,725)</td>
<td>(7,901)</td>
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<tr>
<td>Other operating costs</td>
<td>(2,917)</td>
<td>(3,380)</td>
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<tr>
<td>Depreciation</td>
<td>(1,489)</td>
<td>(1,374)</td>
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<td><strong>Total expenditure</strong></td>
<td>(56,871)</td>
<td>(55,572)</td>
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<td><strong>Operating surplus - continuing activities</strong></td>
<td>3,228</td>
<td>4,320</td>
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<tr>
<td>Interest payable and similar charges</td>
<td>(230)</td>
<td>(231)</td>
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<tr>
<td>Pension finance charge</td>
<td>(521)</td>
<td>(823)</td>
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<tr>
<td><strong>Surplus for the year</strong></td>
<td>2,477</td>
<td>3,266</td>
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</tbody>
</table>

### Statement of Total Recognised Gains & Losses

**for the year ended 31 December 2011**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
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<tbody>
<tr>
<td></td>
<td>€’000</td>
<td>€’000</td>
</tr>
<tr>
<td>Surplus for the year</td>
<td>2,477</td>
<td>3,266</td>
</tr>
<tr>
<td>Difference between expected and actual return on scheme assets*</td>
<td>(6,352)</td>
<td>3,153</td>
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<tr>
<td>Experience gains and losses on scheme liabilities*</td>
<td>(2,573)</td>
<td>831</td>
</tr>
<tr>
<td>Effect of changes in actuarial assumptions*</td>
<td>5,512</td>
<td>3,595</td>
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<tr>
<td><strong>Total recognised gains and losses for the year</strong></td>
<td>(936)</td>
<td>10,845</td>
</tr>
</tbody>
</table>

*Defined Benefit Pension Scheme

### Note of Historical Cost Surplus and Deficit

**for the year ended 31 December 2011**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>€’000</td>
<td>€’000</td>
</tr>
<tr>
<td>Reported surplus for the year</td>
<td>2,477</td>
<td>3,266</td>
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<tr>
<td>Difference between historical cost depreciation charge on Hospital buildings and the depreciation calculated on the re-valued amount</td>
<td>378</td>
<td>378</td>
</tr>
<tr>
<td><strong>Historical cost surplus for the year</strong></td>
<td>2,855</td>
<td>3,644</td>
</tr>
</tbody>
</table>
### Balance Sheet

**at 31 December 2011**

<table>
<thead>
<tr>
<th></th>
<th>2011 €'000</th>
<th>2010 €'000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26,576</td>
<td>26,464</td>
</tr>
<tr>
<td><strong>Financial assets</strong></td>
<td>86</td>
<td>86</td>
</tr>
<tr>
<td></td>
<td><strong>26,662</strong></td>
<td><strong>26,550</strong></td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks</td>
<td>81</td>
<td>71</td>
</tr>
<tr>
<td>Debtors</td>
<td>15,954</td>
<td>13,885</td>
</tr>
<tr>
<td>Cash at bank and on hand</td>
<td>-</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td><strong>16,035</strong></td>
<td><strong>13,974</strong></td>
</tr>
<tr>
<td><strong>Creditors: amounts falling due within one year</strong></td>
<td>(9,232)</td>
<td>(8,930)</td>
</tr>
<tr>
<td><strong>Net current assets</strong></td>
<td>6,803</td>
<td>5,044</td>
</tr>
<tr>
<td><strong>Total assets less current liabilities</strong></td>
<td><strong>33,465</strong></td>
<td><strong>31,594</strong></td>
</tr>
<tr>
<td><strong>Creditors: amounts falling due after more than one year</strong></td>
<td>(4,429)</td>
<td>(4,967)</td>
</tr>
<tr>
<td><strong>Net assets excluding pension liability</strong></td>
<td>29,036</td>
<td>26,627</td>
</tr>
<tr>
<td>Net pension liability</td>
<td>(15,976)</td>
<td>(12,631)</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td>13,060</td>
<td>13,996</td>
</tr>
<tr>
<td><strong>Capital and special funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital account</td>
<td>13,060</td>
<td>13,996</td>
</tr>
</tbody>
</table>

*Extract from Financial Statements*

- Restated
Cash Flow Statement
for the year ended 31 December 2011

Extract from Financial Statements

Net cash (outflow) / inflow from operating activities

<table>
<thead>
<tr>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>€'000</td>
<td>€'000</td>
</tr>
<tr>
<td>(25)</td>
<td>6,898</td>
</tr>
</tbody>
</table>

Returns on investments and servicing of finance

Interest paid

<table>
<thead>
<tr>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>€'000</td>
<td>€'000</td>
</tr>
<tr>
<td>(230)</td>
<td>(231)</td>
</tr>
</tbody>
</table>

Capital expenditure and financial investment

Purchase of fixed assets

<table>
<thead>
<tr>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>€'000</td>
<td>€'000</td>
</tr>
<tr>
<td>(1,601)</td>
<td>(2,911)</td>
</tr>
</tbody>
</table>

Net cash outflow from capital expenditure and financial investment

<table>
<thead>
<tr>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>€'000</td>
<td>€'000</td>
</tr>
<tr>
<td>(1,601)</td>
<td>(2,911)</td>
</tr>
</tbody>
</table>

Financing

(Repayment) / Additional bank loans drawn down

<table>
<thead>
<tr>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>€'000</td>
<td>€'000</td>
</tr>
<tr>
<td>(516)</td>
<td>(467)</td>
</tr>
</tbody>
</table>

(Decrease) / Increase in cash in the year

<table>
<thead>
<tr>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>€'000</td>
<td>€'000</td>
</tr>
<tr>
<td>(2,372)</td>
<td>3,289</td>
</tr>
</tbody>
</table>

Reconciliation of net cash flow to movement in net debt

<table>
<thead>
<tr>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>€'000</td>
<td>€'000</td>
</tr>
<tr>
<td>(Decrease) / Increase in cash in the year</td>
<td>(2,372)</td>
</tr>
<tr>
<td>Repayment of bank loans</td>
<td>516</td>
</tr>
<tr>
<td>Change in net debt resulting from cash flows</td>
<td>(1,856)</td>
</tr>
<tr>
<td>Movement during the year</td>
<td>(1,856)</td>
</tr>
<tr>
<td>Net debt at start of year</td>
<td>(5,461)</td>
</tr>
<tr>
<td>Net debt at end of year</td>
<td>(7,317)</td>
</tr>
</tbody>
</table>
Members of the household staff volunteer for the St. Patrick’s University Hospital "Walk in my Shoes" awareness campaign.
St. Patrick’s University Hospital
PO Box 136, James’s Street, Dublin 8
Tel: 01 249 3200

St. Edmundsbury Hospital
Lucan, Co. Dublin
Tel: 01 621 8200

Dean Clinics
Lucan, Co. Dublin
Sandyford, Co. Dublin
Capel Street, Dublin 1
Donaghmede, Dublin 13
Mahon, Cork
Merchant’s Road, Galway
Central Referral Line: 01 249 3535

Support & Information Service
Tel: 01 249 3333

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