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Introduction

St Patrick’s Mental Health Services is recognised as a leading promoter of mental health awareness and the protection of the rights of those suffering mental illness

As Ireland’s largest, independent not-for-profit mental health service provider, providing a significant proportion of community-based and day service care and treatment as well as accounting for approximately 12% of the country’s total inpatient care and treatment needs, St Patrick’s Mental Health Services is recognised as the leading promoter of mental health awareness and the protection of the rights of those suffering mental illness.

Central to the ethos of our service are wellness and recovery principles which involve empowering service users to better manage their mental health and lead fulfilling lives. The service has continually expanded and enhanced its range of services to meet those objectives.

At the same time, it is still driven by the vision, energy and determination of its founder, Jonathan Swift, Dean of St Patrick’s Cathedral, over 260 years ago.

During 2013, over 8,000 people availed of the Hospital’s inpatient and day care services, with treatment provided by multi-disciplinary teams comprising highly qualified healthcare professionals. Over the same period, some 12,500 appointment-based community interventions were provided by St Patrick’s community-based Dean Clinics around the country.

Following the successful conclusion of its second 5-year plan - Mental Health Matters - the Hospital has now embarked on the third phase of this particularly important strategy.
Report of the Chairman of the Board of Governors

“We would not be able to maintain the level and quality of services we offer, let alone enhance them or introduce new ones, if we didn’t have unfailing commitment and dedication of the staff”

On behalf of the Board of Governors, it is my pleasure and privilege to present the 2013 Annual Report of St Patrick’s Mental Health Services.

That St Patrick’s is widely recognised as the leading provider of mental health treatments in Ireland is due to a number of factors, the foremost of which is the unfailing commitment and dedication of the staff, management team, volunteers and Governors.

This enables us to not only maintain the high quality of our services but to work towards enhancing them and to introduce new ones. Innovation and a commitment to mental health prevention initiatives are core aspects of our approach, as is the encouragement we give to those experiencing mental health difficulties and their carers to become actively involved in the services we have developed to support them.

Paul Gilligan, CEO, Professor James Lucey, Medical Director, Camiline Preston, Chairman, An Taoiseach, Enda Kenny, T.D., Senator Jillian van Turnhout and Tom Maher, Director of Services, at the launch of the “Don’t Wait to Enjoy Life” Campaign.
Such factors have been a focus of our five-year strategic plan entitled ‘Mental Health Matters’ and they will continue to be centre-stage as we progress with our new strategy ‘Empowering Recovery’.

When we initiated our ‘Mental Health Matters’ strategy back in 2008, we set ourselves some particularly challenging targets. It is, therefore, satisfying to be able to report that as we reach that 5-year plan’s conclusion, we have met - and in many cases, surpassed - those objectives.

The Governors of St Patrick’s have provided outstanding leadership and oversight of the work undertaken by the organisation. I wish to thank The Most Reverend R. Clarke, The Most Reverend Dr. M. Jackson, The Very Reverend V. Stacey, The Very Reverend D. Dunne, Mrs. Justice S. Denham, Mr. Justice Ronan Keane, Mr. M. Beresford, Mrs. B. Godley, Mr. D. Kitchen, Mr. C. Killeen and Dr. J. Hillery for their valuable contributions during 2013.

I would like to pay a particular tribute to Mr. William Cotter who retired from the Board after many years of service. He made an extraordinary commitment to the work of the Hospital, gave selflessly of his time and provided much valuable leadership.

I also wish to acknowledge the contribution made by the Very Reverend Robert MacCarthy who also retired during 2012.

Over the year in review, the input of donors, supporters and members of the St Patrick’s Hospital Foundation has been critical and I extend my thanks to all of them for their sterling efforts on behalf of St Patrick’s.

Ms. Caroline Preston, Chairman
Chief Executive’s Report

“It is a reflection of the quality of service and standards we set ourselves and is a credit to the staff that we maintain this official recognition”

In an organisation such as St Patrick’s, with a diverse range of services provided by dedicated professionals and trusted by so many, we can never afford to stand still. Things we do well now, we must do better in the future is effectively our ethos. We are constantly reviewing our services to ensure we can improve them, for the benefit of our service users.

Accordingly, we set ourselves ambitious targets each year across every facet of the organisation and continue to promote our ‘Empowering Recovery’ strategy as a central focus. It is pleasing, therefore, to be able to report that 2013 was a year of considerable achievement in so many ways. The most obvious sign of progress was a significant increase in the number of people who availed of our services.
That more people experiencing mental health issues decided to seek our help is a very positive development, indicating growing levels of awareness within society. Our own efforts to build awareness through our “Don’t Wait” campaign are also beginning to yield positive outcomes.

That we are one of only a small number of organisations which are fully compliant with the Mental Health Commission’s standards and regulations is, of course, very important to us. It is a reflection of the quality of service and standards we set ourselves and is a credit to the staff.

Our emphasis on providing a range of mental health services based on Wellness and Recovery principles continues, as does our initiative to increase service user participation in the planning of services and treatment programmes.

Our Dean Clinic network continues to expand, with the creation of five ‘Associate Deans’ to complement the existing seven clinics, and we have taken on an even stronger advocacy role, with submissions to Government, media activity, anti-stigma campaigns and an expanded Transition Year programme.

As you will read elsewhere in this Report, we invested considerably in technology, training and staff development during the year, all of which is contributing to enhanced efficiency, effectiveness and standards.

While the list of achievements during 2013 is, we feel, impressive, our focus is now firmly on 2014 and beyond. Our key priority is to progress our plans to create a National Mental Health Wellbeing & Recovery Campus of Excellence.

As we advance our new strategy, our primary focus will remain on providing the highest quality mental health care, promoting mental health and advocating for the rights of those experiencing mental health difficulties.

Paul Gilligan, CEO
Medical Director’s Report

“We gave even more thought to how the public could reach our services, how we could respond to the individual's distress, how we could reduce more barriers and be more friendly and accessible”

It would not be an exaggeration to say that 2013 was the most successful, from both clinical and operational perspectives, in the past decade.

That is the result of continuous progress over the past five years, in particular, as we developed a holistic range of mental health services based on human rights and a recovery ethos. In the past year alone, more steps were taken to open up the process, as we tailored our services to meet the needs of the audience.

We gave even more thought about how the public could reach our services, how we could respond to the individual’s distress, how we could reduce barriers and how we could be more friendly and accessible.

The ongoing efforts to create and maintain awareness of mental health in the public domain remain an important aspect of our work and we have been acutely conscious of the need for actions to follow on from positive awareness.
Our aim is to provide a quality ‘product’ which people must be made aware of, then with that knowledge they must be encouraged into taking action, after which we must be ready to give the service required.

It was also a year of consolidation on a number of fronts. Our Wellness and Recovery day services continued to be a valuable resource, our investment in technology-based support services is paying dividends and our Dean Clinic network goes from strength to strength.

Our research clinicians continue to make a vital contribution in the field of psychiatry while our Adolescent Mental Health Service has again proven to be a highly successful facility, not least because of the growing awareness that early intervention with young people is critical, especially before they reach their early 20s.

Demand for our Mindfulness programme in both St Patrick’s and St Edmundsbury continued to grow in 2013. In encouraging the public to be more mindful in diverse areas of society such as education, sports, politics and the economy, we were also aware that our own staff would benefit from such an approach.

Accordingly, we established Mindfulness groups internally, designed to specifically enhance staff members’ stress response skill-sets.

These approaches further underline our commitment to the principles of Empowerment, Recovery and Research and our willingness to always go the extra mile on behalf of our service users.

Professor James Lucey, Medical Director
Quality and Clinical Governance Report

“The positive outcomes of inspection for all three Approved Centres are continuing evidence of this commitment to excellence”

The continued achievement of excellence in the delivery of Mental Health Services remains a central component of our mission and exceptional Clinical Governance is required to deliver on our continued insistence on the very highest standards.

The positive outcomes of inspection for all three Approved Centres are continuing evidence of this commitment to excellence. The 2013 Inspector’s reports referenced many positives about the quality of care and treatment in all three centres.

“St Patrick’s University Hospital had maintained its excellent standard of care in 2013. As well as this, it had developed over a number of years an excellent information centre which was praised by service users. There were very good quality initiatives which were both informative and had the potential to improve patient care. Staff showed a dedication to continually improving quality and this was very evident throughout the inspection and this included household and catering staff.”

“St Patrick’s Favourite Painting, 2013”

“Walk In My Shoes” Day

“There was evidence of a high standard of care and treatment in the approved centre [St Edmundsbury Hospital]. Good clinical governance structures were in place and there was evidence of an integrated multi-disciplinary approach to care planning, with resident inclusion. There was an extensive range of recreational and therapeutic activities and services. Staff impressed as being enthusiastic and proactive.”

“They [Willow Grove Adolescent Unit] have achieved full compliance with the Regulations and Codes of Practice. The governance structure was impressive and the integration of the service user perspective was to be commended. The atmosphere was welcoming and hopeful and an attempt had been made to develop a service in which young people would feel comfortable and be enabled to address their treatment issues.”

Maeve McCarthy with “Approaching A Village” which was declared St Patrick’s Favourite Painting, 2013
In 2013, we continued a comprehensive programme of developments overseen by the Clinical Governance Committee. These developments are underpinned by the Quality Standards outlined in the Mental Health Commission’s Quality Framework Document.

- We continue 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 reviews, external inspections, critical incident analyses and practice reviews.

- We have developed an on- and off-road fitness-to-drive assessment, which allows us to give specific advice and support with regard to driving competence (we plan to follow this up with a driving simulator to improve the assessment process).

- With a growing awareness of the need for family-orientated services, we have developed a group work initiative that will enhance the quality of the Hospital’s response to a range of needs on the part of families seeking to provide support and care to service users in the community.

- Following on from the Consumer Councils document ‘A Journey with Dignity’, St Patrick’s Mental Health Services recognised that elements of this paper involved staff training. In view of this, we developed an online e-learning programme aimed at improving how the staff interacts with our service users which reflects our strong commitment to the Hospital’s ethos of service user respect and empowerment.

- A short guide to safe withdrawal from benzodiazepines for service users has been introduced. This short guide will be of interest and relevance to anyone who is currently being prescribed benzodiazepines or “Z” drugs and who would like further information and guidance on withdrawing from using them. The guide emphasises that withdrawing from these medications should only be undertaken under medical direction.

Outcome Measurement

The SPMHS Outcomes Report represents the organisation’s continued commitment to continuous quality improvements through the measurement of its clinical activities, clinical processes, clinical outcomes and service user satisfaction levels. Demand for SPMHS increased across all of its three distinct but integrated outpatient, inpatient and day patient pathways. Clinical outcomes data for three further clinical programmes were added to the report, including the Addictions Service, the Psychosis Recovery Programme and the Radical Openness Programme. Service user satisfaction continued to be monitored and survey results indicated service user experience of SPMHS inpatient care continued to be positive overall. All clinical programmes involved in publishing their outcomes continued to review the clinical utility and psychometric robustness of measures used and, where appropriate, measures were changed or added. Registrars’ audit activity was included under the Clinical Governance Section. This is considered of value to the organisation’s commitment to a continuous quality improvement programme.
A Continuum of Care

INTEGRATED SERVICES ACROSS THE CONTINUUM OF CARE

Mental health care and treatment through a range of services, delivered by highly trained and experienced mental health professionals, continued to be developed during 2013 at St Patrick’s and St Edmundsbury Hospitals and Willow Grove Adolescent Mental Health Services.

This existing continuum, continuously enhanced throughout 2013, incorporates inpatient services, Day Services and the Dean Clinics, and ensures service users receive the most appropriate care and treatment for their individual needs, as well as continuity through their recovery pathway.

INPATIENT CARE

St Patrick’s and St Edmundsbury Hospitals and The Willow Grove Adolescent inpatient unit provide high-quality 24-hour care and treatment for people who are acutely ill and who need inpatient care.

Ward-based Nursing Care is an essential component of inpatient stay within an approved centre. The ward-based nursing staff take 24-hour responsibility for ensuring the safety of service users and work with them 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 multidisciplinary care plan.

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.

Multi-disciplinary Team-based Care and Treatment

Our inpatients access both group and individualised therapy through a variety of programmes and individual sessions with mental health professionals, a facility that is either additional to, or separate from programme-based care and treatment.

These teams include:

- occupational therapists
- nurses (experienced ward-based nurses, clinical nurse specialists, advanced nurse practitioners)
- consultant psychiatrists and junior hospital doctors
- clinical psychologists
- counsellors
- 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. In 2013, Day Services continued to facilitate our service users’ 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 inpatient stays through the delivery of Recovery-focused day programmes, thus allowing people to continue with their personal lives, at work, leisure and social levels.

Above left: Recovery artwork created at St Patrick’s Mental Health Services by artist Danny Wynne
Developments in 2013

WELLNESS AND RECOVERY CENTRE

Mindfulness

Demand for Mindfulness in both St Patrick’s and St Edmundsbury continued to grow in 2013. There were 781 half-day attendances in St Patrick’s, an increase of 95% since 2012.

Links to Wellbeing Programme

Links to Wellbeing (LTW) is a practical programme to aid service users in living with mental health challenges by promoting healthier lifestyle choices through pro-actively addressing physical health challenges that may develop due to medication, fatigue, low motivation or enforced lifestyle changes as a result of mental health problems.

In addition, the programme includes groups on everyday interactions, led by a Speech and Language Therapist, and aimed at addressing the communication difficulties often experienced by those with mental health problems.

The LTW programme is designed to work with service users after discharge - to be able to make practical day-to-day changes to lifestyle while at home, and to be able to identify personal triggers and challenges - the hands-on approach is helpful to address challenges and find practical solutions.

Sli na Slainte Routes

In association with the Irish Heart Foundation, we have introduced planned, measured walking routes inside the hospital, through the hospital grounds and planned external routes.

Outdoor Gym Equipment

In recognition of the importance of physical exercise in maintaining good mental health, we established outdoor gym equipment in the hospital grounds for the use of service users, staff and visitors.

Support and information service increase in calls

Calls to the S&I service increased by 29% on 2012 and a combined total of emails and web forms (established in September 2013) also showed an increase of 46% on email figures for 2013.

Care and Treatment Programmes

The Clinical Programmes that are available to service users as inpatients or day-patients include:

The Anxiety Programme is an evidence-based intervention programme aimed at service users who have been diagnosed with a primary Anxiety Disorder and is based on a cognitive behaviour therapy model and approach. In 2013, an additional OCD stream was firmly established.

The Eating Disorder Programme provides assessment, treatment and on-going support for service users recovering from an eating disorder such as Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder. The programme has distinct but integrated inpatient, out-patient and day patient care pathways and the Sandyford Dean Clinic continued to develop community-based interventions.

Depression Recovery Programme is a treatment programme for individuals diagnosed with clinical depression. It assists individuals to understand, cope and manage their depression.
Bipolar Affective Disorder Programme offers educational and supportive interventions in the 'post-acute' phase of a person's Bipolar illness, to support the development of recovery and self-management skills.

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.

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.

The programme provides a stepped model of care from out-patient assessment and treatment, followed by inpatient treatment when necessary, a step-down day programme and finally out-patient support delivered through after-care groups.

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

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

Living through Distress and Radical Openness Programmes - these programmes are delivered by Clinical Psychologists to assist people in dealing with emotional distress. In 2013, we enhanced and expanded these services to meet the needs of our service users.

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.

The 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. We have developed additional programmes that enhance and support the diagnosis-based programmes while providing a Recovery focus.

These programmes were developed in 2013 based on principles of Occupational Therapy, Social Work, Psychology and Psychotherapy.

Tom Maher, Director of Services
**Advocacy**

“Reducing stigma and enhancing awareness of mental health issues to make a real impact on the lives of those experiencing mental health issues is a core element of our work at St Patrick’s”

St Patrick’s Mental Health Services continues to be at the forefront of mental health awareness in Ireland. In line with our Advocacy Strategy we are committed to campaigning at a national and international level for a society in which the rights of those suffering from mental health difficulties are acknowledged and in which the stigma attached to mental illness is combated.

**Successful campaigns in 2013 include:**

- A national awareness campaign entitled ‘Don’t Wait to Enjoy Your Life’ which aimed to encourage people to seek help for mental health difficulties and how to avail of this help.
- A series of secondary school teacher focus groups to identify how SPMHS could support teachers in responding to the Mental Health needs of their students.
- Eighty-five students graduated from the Transition Year Educational Programme.
- In collaboration with the Union of Students in Ireland & See Change (the National Stigma Reduction Partnership), St Patrick’s launched the ‘Chats for Change’ campaign in college campuses around the country. This initiative aimed to encourage discussion about mental health in an informal manner, and clinicians were also made available to offer advice to students during the national college campus tour.

In addition to awareness and education campaigns a series of formal submissions have been made to a range of committees:

- The Road Safety Authority on the “Sláinte agus Tiomáint” Medical Fitness to Drive Guidelines (Group 1 and Group 2 Drivers)
- Joint Committee on Health and Children Public Hearings on the implementation of the Government decision following the publication of the Expert Group Report into matters relating to A,B,C vs. Ireland Written Submission
- The Joint Oireachtas Committee on Transport and Communications. Use and Abuse of Social Media
- The Oireachtas Committee on Health and Children End of Life Care in Ireland
- The Department of Justice, Equality and Law Reform, signatory to the Submission on the textual Amendments to the Assisted Decision-Making (Capacity) Bill submitted to the Department of Justice and Equality.

The Youth Empowerment Service continues to provide an advocacy service for young people in Willow Grove Adolescent Unit. Funded by the St Patrick’s Hospital Foundation, this service will be further developed to become a resource that young people in other adolescent mental health services throughout the country can also access.

Internationally, SPMHS continues to support advocacy initiatives in Ghana aimed at creating awareness of mental health matters and encouraging medical students to train in psychiatry.

**Sarah Surgenor, Communications Manager**
ICT, Business Development, Data Protection and Dean Clinics (Community Services)

“In 2013, SPMHS expanded its Dean Clinic network by increasing the number of service access points nationwide through the appointment of 4 Associate Dean Consultant Psychiatrists”

The appointment in late 2013 of a Director of ICT, with additional responsibility for Business Development, Dean Clinics and Data Protection, marked a new and positive move forward by SPMHS and further underlined its commitment to enhancing efficiencies throughout the organisation.

INFORMATION AND COMMUNICATION TECHNOLOGY

Following a review of its Information Technology (IT) Strategy, SPMHS identified the need to integrate technology to support and enable its Service Quality and Excellence agenda. This review identified that a strategic investment in an Electronic Health Record (EHR) would support this mission.

The decision to move the organisation from a paper-based patient record system to an electronic platform was significantly advanced in 2013 with the completion of a comprehensive and robust tendering process to appoint an EHR vendor.

The introduction of an EHR will focus on realising clinical benefits such as multiple users being able to access each health record simultaneously, embedded real time clinical decision support, automation of work flows to improve the consistency and standardisation of care and finally the streamlining of data protection processes and quality.

This ICT investment programme was commenced in 2013 with the establishment of robust technology platforms to enable service delivery. This included, firstly, the purchase and roll-out of a unified communication and telephony system. Secondly, the implementation of organisational Wi-Fi is being rolled out initially to provide wireless access to the current system and support the Electronic Health.

COMMUNITY MENTAL HEALTH SERVICES - THE DEAN CLINICS

In terms of Business Development, a comprehensive review of the Dean Clinic network was carried out and included key recommendations which aim to increase and manage the clinics’ capacity. In 2013, SPMHS expanded its Dean Clinic network by increasing the number of service access points nationwide through the appointment of 4 Associate Dean Consultant Psychiatrists.

This expansion included the opening of an Associate Dean Clinic within University College Dublin’s Student Health Service. Early intervention is a key focus of this service to identify and work with University students at risk of mental ill health.

In 2013, Dean Clinic services showed continued growth with over 2,000 referrals received from GPs nationwide. During the year, over 1,100 free-of-charge mental health assessments were provided by SPMHS’s 16 multi-disciplinary teams and 4 Associates Deans and over 12,500 Dean treatment appointments were delivered nationally. The organisation continues to commit to providing free-of-charge assessments, to remove cost as a barrier for service users.
DEAN CLINICS ALREADY IN OPERATION IN 2013

**Dean Galway** - A general adult clinic, it allows easy access for service users from Galway, Mayo, Sligo, Roscommon, Longford, Clare and North Limerick.

**Dean St Patrick’s** - A general adult clinic, it also has additional services to cater for the particular physical health needs of people with enduring illness.

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

**Dean Donaghmede** - A general adult service, this clinic has established close links and shared-care models of service delivery with local GPs.

**Dean Cork** - This general adult mental health service continued to grow during 2013.

**Dean Lucan** - Located on the grounds of St Edmundsbury Hospital, Lucan, this clinic continued to expand in 2013. It provides a general adult mental health service with 5 consultant teams.

**Dean Lucan Adolescent Service**

This separate service, with a full adolescent multi-disciplinary team, provides a community service for 14-18 year olds with mental health problems. This clinic is located on the grounds of St Edmundsbury Hospital, Lucan, and with the Willow Grove Adolescent Inpatient Unit on the St Patrick’s campus, represents two outstanding services on the Adolescent Mental Healthcare landscape nationally.

**Associate Dean Clinics**

Over the past year, SPMHS has begun the development of an Associate Dean network at:

- Glasnevin (Bons Secours Hospital)
- Naas
- Sandyford
- UCD
- Ennis

**Orla Gogarty, Director of ICT, Business Development, Data Protection and Dean Clinics**
“Significant investment in staff training and development contributed in large measure towards all three of our approved centres being fully compliant with MHC standards”

Human Resources continues to support hospital management in meeting the strategic clinical and operational challenges facing the hospital. 2013 was an extremely busy year in the area of staff recruitment as the organisation continues to develop and roll out additional services in line with the Mental Health Matters strategy.

Significant investment in staff training and development contributed in large measure towards all three of our approved centres being fully compliant with MHC standards, underlining that our staff remain our single most important asset. E-Learning is in place and was deployed to assist in delivering online training staff during the year.

The purchase and installation of a HRM software package - an off-the-shelf system customised to our particular needs - will greatly assist the HR Department in streamlining the delivery of support services to management and staff. It will also improve the ease of reporting on key HRM metrics.

The second annual Staff Engagement Survey was conducted in the latter part of 2013 in association with an external partner, through a combination of online and paper-based questionnaires. The response rate of 33% was up from 25% the previous year and the key findings will inform the HRM programme for 2014 by focusing attention on such areas as performance management, training opportunities and collaboration across the hospital.

The survey illustrated the staff’s appreciation and acceptance of the high level of performance required by the hospital, their faith in the quality of service we provide and that we are service user-focused. Staff acknowledged that there is good co-operation and teamwork throughout the organisation and that they are satisfied with their levels of authority and empowerment.

A Performance Development Programme was implemented across all departments during 2013, which aims to establish a shared understanding of what each staff member’s role is and to create a work environment in which all staff can perform to their full potential. Among the benefits will be the facilitating of career and succession planning and recognising and celebrating successes.

A particularly notable initiative during the year was the training of eight current staff members as Health Care Assistants. After a competitive interview, the selected candidates undertook the FETAC course facilitated by an external group and all successfully completed the training and are now fully qualified as Health Care Assistants.

Brendan Power, HR Director
“Central to the ethos of our service are wellness and recovery principles which involve empowering service users to better manage their mental health and lead fulfilling lives”
Finance Director’s Report

“Primary focus will remain on delivering and expanding high quality services in a cost-effective and efficient manner to ensure greater access to our service”

Our strategy ‘Empowering Recovery’ sets out our ambitious objectives for the next five years 2013-2017 and represents the most ambitious plan yet undertaken by the organisation.

As an independent not-for-profit organisation that receives no statutory funding from Government, a key enabler in the achievement of this plan will be to maintain and improve our financial position to ensure those objectives are realised and that new service initiatives and existing services are delivered in a financially sustainable manner.

Despite the challenging environment over the last number of years, we are continuing to expand our services, a significant achievement especially for an independent not-for-profit organisation with limited financial resources. It is a testament to the commitment of all stakeholders to our shared objectives, not least the organisation’s staff and the increasing number of service users that continue to place their trust in the organisation.

Further progress was made during the year as we continued to expand our services and to consolidate our financial position while continuing to deliver quality services in keeping with our strategic objectives.

Andy Farren and Kim Haughton at the “Shining Light” Photography Exhibition, 2013
FINANCIAL RESULTS

During the year, there was an increase in clinical activity levels across all service components that together deliver a high quality integrated mental health care service. There were in excess of 3,000 admissions to inpatient services, higher than the previous year and more than 5,800 day care visits which was also higher than the previous year. The Dean Clinic network of community-based services recorded continued growth during 2013 as activity levels in all seven clinics throughout the country increased, with total visits in excess of 12,500 for the year.

The financial results for the year show that the organisation achieved an operating surplus (before exceptional items, pensions finance charge and other items) of €2.2 million compared to a surplus of €3.20 million for the corresponding period in 2012. Overall, income amounted to €63.1M (+2.5% v 2012) and total expenditure amounted to €60.9M (+4.4% v 2012), resulting in an operating surplus (before exceptional item) for the year of €2.2M.

The underlying Operating Surplus (before exceptional item) in 2013 compared to the previous year is materially different due to non-cash charges relating to the Defined Benefit Pension Scheme treatment under Financial Reporting Standard 17.

As shown below, the underlying Operating earnings (before non-cash pension charges) indicate an improved outcome when compared to 2012.

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<th>2013</th>
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<td>Operating surplus -</td>
<td></td>
<td></td>
</tr>
<tr>
<td>before exceptional item</td>
<td>2,162</td>
<td>3,202</td>
</tr>
<tr>
<td>Less Current service cost</td>
<td>3,348</td>
<td>2,083</td>
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<tr>
<td>under FRS17 (as per note 15)</td>
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<tr>
<td>Plus Actual Employer pension contributions</td>
<td>(2,606)</td>
<td>(5,166)</td>
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<tr>
<td>(as per note 15)</td>
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<tr>
<td>Adjusted Operating Earnings (before non-cash pension charges)</td>
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<td>2,119</td>
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In overall terms, the increase in revenue year-on-year was offset by increases in wages and salaries costs, driven largely by additional resources being deployed into the community, resulting in a modest surplus. Our programme of reducing and containing costs and achieving better value for money while continuously seeking to improve services delivered positive results again during 2013 and will continue throughout 2014, albeit in a challenging environment.

EXCEPTIONAL ITEM

During the year, the organisation finalised plans that sought to resolve the affordability and future sustainability of its Defined Benefit Pension Scheme with the Trustees of the Scheme and members of the scheme. Such actions were necessary to ensure the future sustainability of the organisation, given the quantum of the funding deficit. The Scheme (which is closed to new members since 2005), as a result, underwent a significant restructuring following the approval by the Pensions Authority of an application by the Trustees of the Scheme seeking direction under Section 50 of the Pensions Act 1990 to modify the benefits under the Scheme. The impact of the changes eliminated the deficit that existed at 31 December 2012.

The principal changes to the Scheme involved the cessation of future service accrual, removing automatic pension increases in payment and by increasing the normal retirement age in line with the State pension age increases in 2014, 2021 and 2028. Effective from 1 January 2014, all future pension provision for employees will be made on a defined contribution basis. The impact of reducing the future liabilities of the Scheme, and together with the purchase of sovereign annuities to settle certain liabilities of the Scheme, has resulted in an exceptional item being disclosed in the Income & Expenditure, given their once-off nature amounting to €52.8 million.

Our balance sheet position, as measured by net assets amounting to €34.3M, improved significantly for the year ended 2013 compared to a net deficit of €17.9M, primarily as a result of the changes in the Pension Scheme liabilities.
Bank borrowings reduced during the year as scheduled interest and capital repayments were made. Total long-term bank borrowings at the year-end amounted to €3.8M of which €3.2M is repayable after one year. There was an improvement in the net cash position amounting to €5M at the end of the year compared to the previous year, due to the improvement in the underlying operating surplus and other components of working capital. As a result, the organisation did not have to rely on its overdraft facilities during the year.

During the year, capital expenditure amounted to €2.5M, representing an increase on the previous year and related to the continued upgrading and refurbishment of the organisation’s facilities and assets, including a refurbishment of day care facilities in St Edmundsbury and investment in the organisation’s communications and technology infrastructure.

Extracts from the audited financial statements for the year ended 31 December 2013 are set out later in this report. However, this report and the extracts should be read in conjunction with audited financial statements and accompanying notes together with the Governors’ and Auditors’ reports that are available on our website.

OUTLOOK 2014
The economic environment remains challenging but our financial position will continue to be consolidated in 2014. However, the impact of the wider economic environment on the health insurance industry - the primary source of our income - presents us with other challenges in meeting our strategic objectives.

As we seek to meet the objectives set out in our strategy, Empowering Recovery for 2015-2017, the primary focus will remain on delivering and expanding high quality services in a cost-effective and efficient manner to ensure greater access to our service and the future long-term sustainability of the organisation’s unique position in society, as an independent not-for-profit service provider of high quality mental health services.

INDEPENDENT & NOT-FOR-PROFIT TRUST
The organisation is governed through a charitable trust, the operation of which is set out by charter. The Charter was established in 1746 and supplemented in 1888, 1895 and 1897. The Charter details the Memorandum and Articles of Association.

The State adopted the Charter’s orders in 1926. The organisation is independently governed by a voluntary Board of Governors, none of whom receive any remuneration for their services to the Trust. The organisation receives no statutory funding from Government, however, services are provided to statutory bodies as cost effectively as possible.

In addition, services are provided at no cost, in keeping the organisation’s philanthropic tradition. The organisation’s independence is of paramount importance as it seeks to provide the highest quality mental health care, promote mental health and to advocate for the rights of those who experience mental illness.

The primary objectives of the organisation are set out in the Charter and, unlike other healthcare organisations, the primary objective is not profit making or to maximise shareholder returns. There are no shareholders and consequently all the assets of the organisation are deployed for the benefit of and to sustain the future of the Trust.
Any surplus funds generated by the organisation are
re-invested in the provision of additional services or
to fund the assets employed by the organisation to
generate future surpluses. As a result of its unique
position, it is therefore essential that sufficient
returns from its operations and assets are generated
through prudent management to ensure its long-
term sustainability in the fulfilment of its objectives.

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 our
governance arrangements reflect the present and
future needs of the evolving organisation.

The Board maintains oversight and control
of the organisation by having certain matters
reserved for its decision, through the receipt of
regular performance reports by management on
agreed plans, and by reviewing and authorising
management proposals during the course of the
financial year. The Board is committed to the
attainment of the highest standards of governance
and regularly reviews its own effectiveness. The
Governors have overall responsibility for the system
of internal control procedures and reviewing its
effectiveness. Together with the management team,
they work towards the improvement of internal
controls, the assessment of risk that may impact on
the organisation (and its elimination where possible)
and thereby 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 2013, the
Board met eleven times and the Audit & Finance
Committee met four times.

Frank Byrne, Finance Director
# INCOME & EXPENDITURE ACCOUNT

**for the year ended 31 December 2013**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€’000</td>
<td>€’000</td>
</tr>
<tr>
<td>Income - continuing operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance and treatment fees</td>
<td>62,533</td>
<td>61,024</td>
</tr>
<tr>
<td>Other income</td>
<td>595</td>
<td>589</td>
</tr>
<tr>
<td></td>
<td>63,128</td>
<td>61,613</td>
</tr>
<tr>
<td>Expenditure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries and wages</td>
<td>(47,611)</td>
<td>(45,880)</td>
</tr>
<tr>
<td>Establishment and administration expenses</td>
<td>(8,744)</td>
<td>(8,027)</td>
</tr>
<tr>
<td>Other operating costs</td>
<td>(2,894)</td>
<td>(2,956)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(1,717)</td>
<td>(1,568)</td>
</tr>
<tr>
<td></td>
<td>(60,966)</td>
<td>(58,411)</td>
</tr>
<tr>
<td>Operating surplus - before exceptional items</td>
<td>2,162</td>
<td>3,202</td>
</tr>
<tr>
<td>Exceptional item</td>
<td>52,771</td>
<td>-</td>
</tr>
<tr>
<td>Operating surplus - after exceptional items</td>
<td>54,933</td>
<td>3,202</td>
</tr>
<tr>
<td>Interest payable and similar charges</td>
<td>(179)</td>
<td>(223)</td>
</tr>
<tr>
<td>Pension finance charge</td>
<td>(1,558)</td>
<td>(870)</td>
</tr>
<tr>
<td>Surplus for the year</td>
<td>55,196</td>
<td>2,109</td>
</tr>
</tbody>
</table>

---

## STATEMENT OF TOTAL RECOGNISED GAINS & LOSSES

**for the year ended 31 December 2013**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€’000</td>
<td>€’000</td>
</tr>
<tr>
<td>Surplus for the year</td>
<td>53,196</td>
<td>2,109</td>
</tr>
<tr>
<td>Difference between expected and actual return on scheme assets*</td>
<td>3,768</td>
<td>4,607</td>
</tr>
<tr>
<td>Experience gains and losses on scheme liabilities*</td>
<td>401</td>
<td>(314)</td>
</tr>
<tr>
<td>Effect of changes in actual assumptions*</td>
<td>(5,164)</td>
<td>(37,360)</td>
</tr>
<tr>
<td>Total recognised gains and losses for the year</td>
<td>52,201</td>
<td>(50,958)</td>
</tr>
</tbody>
</table>

*Defined Benefit Pension Scheme

---

## NOTE OF HISTORICAL COST SURPLUS AND DEFICIT

**for the year ended 31 December 2013**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€’000</td>
<td>€’000</td>
</tr>
<tr>
<td>Reported Surplus for the year</td>
<td>52,201</td>
<td>2,109</td>
</tr>
<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>Historical cost surplus for the year</td>
<td>52,579</td>
<td>2,487</td>
</tr>
</tbody>
</table>
## BALANCE SHEET

at 31 December 2013

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€’000</td>
<td>€’000</td>
</tr>
<tr>
<td><strong>Fixed assets</strong></td>
<td>27,545</td>
<td>26,722</td>
</tr>
<tr>
<td><strong>Financial assets</strong></td>
<td>86</td>
<td>86</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>27,631</td>
<td>26,808</td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks</td>
<td>94</td>
<td>86</td>
</tr>
<tr>
<td>Debtors</td>
<td>12,360</td>
<td>11,840</td>
</tr>
<tr>
<td>Cash at bank and on hand</td>
<td>4,950</td>
<td>3,008</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>17,404</td>
<td>14,954</td>
</tr>
<tr>
<td><strong>Creditors:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts falling due within one year</td>
<td>(8,185)</td>
<td>(7,015)</td>
</tr>
<tr>
<td><strong>Net current assets</strong></td>
<td>9,219</td>
<td>7,919</td>
</tr>
<tr>
<td><strong>Total assets less current liabilities</strong></td>
<td>36,850</td>
<td>34,727</td>
</tr>
<tr>
<td><strong>Creditors:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts falling due after more than one year</td>
<td>(3,212)</td>
<td>(3,814)</td>
</tr>
<tr>
<td><strong>Net assets excluding pension liability</strong></td>
<td>33,638</td>
<td>30,913</td>
</tr>
<tr>
<td>Net pension asset/(liability)</td>
<td>665</td>
<td>(48,811)</td>
</tr>
<tr>
<td><strong>Net assets/(liabilities)</strong></td>
<td>34,503</td>
<td>(17,898)</td>
</tr>
<tr>
<td><strong>Capital and special funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital account</td>
<td>34,503</td>
<td>(17,898)</td>
</tr>
</tbody>
</table>
# CASH FLOW STATEMENT

*for year ended 31 December 2013*

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net cash inflow from operating activities</td>
<td>5,227</td>
<td>7,895</td>
</tr>
<tr>
<td>Returns on investments and servicing of finance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest paid</td>
<td>(179)</td>
<td>(223)</td>
</tr>
<tr>
<td>Capital expenditure and financial investment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchase of fixed assets</td>
<td>(2,540)</td>
<td>(1,714)</td>
</tr>
<tr>
<td>Net cash outflow from capital expenditure and financial investment</td>
<td>(2,540)</td>
<td>(1,714)</td>
</tr>
<tr>
<td>Financing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repayment of bank loans</td>
<td>(566)</td>
<td>(594)</td>
</tr>
<tr>
<td>Increase in cash in the year</td>
<td>1,942</td>
<td>5,362</td>
</tr>
</tbody>
</table>

## Reconciliation of net cash flow to movement in net debt

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in cash in the year</td>
<td>1,942</td>
<td>5,362</td>
</tr>
<tr>
<td>Repayment of bank loans</td>
<td>566</td>
<td>594</td>
</tr>
<tr>
<td>Change in net debt resulting from cash flows</td>
<td>2,508</td>
<td>5,956</td>
</tr>
<tr>
<td>Movement during the year</td>
<td>2,508</td>
<td>5,956</td>
</tr>
<tr>
<td>Net debt at start of year</td>
<td>(1,361)</td>
<td>(7,317)</td>
</tr>
<tr>
<td><strong>Net debt at end of year</strong></td>
<td>1,147</td>
<td>(1,361)</td>
</tr>
</tbody>
</table>