



# ST. VINCENT'S HOSPITAL, FAIRVIEW



## Table of Contents

HOSPITAL BACKGROUND .....	3
REPORT OF THE CHAIRMAN OF THE BOARD OF GOVERNORS .....	4
GOVERNANCE .....	6
CHIEF EXECUTIVE'S REPORT.....	8
CLINICAL DIRECTOR'S REPORT (ADULT).....	12
CLINICAL DIRECTOR'S REPORT (ADOLESCENT) .....	18
DIRECTOR OF NURSING REPORT.....	20
CLINICAL GOVERNANCE, QUALITY AND SAFETY .....	21
EVENTS .....	27
EDUCATION AND TRAINING.....	31
FINANCIAL REPORT .....	33

### **Auditors:**

Deloitte Ireland LLP  
Deloitte & Touche House  
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Dublin 2

### **Bank:**

Bank of Ireland  
O'Connell Street  
Dublin 1

### **Solicitors:**

Mason Hayes & Curran  
South Bank House  
Barrow Street  
Dublin 4

### **Charity Number:**

CHY 13863

## HOSPITAL BACKGROUND

St. Vincent's Hospital, Fairview (SVHF) is a public voluntary Mental Health Hospital. It was founded in 1857 by Dr. Thomas Fitzpatrick, Rev. James Ignatius Taylor and Mr Richard Corballis who were beneficiaries of the estate of their cousin, Ms. Elizabeth Mangan. The beneficiaries of Ms. Mangan's estate used their inheritance to set up an asylum for mentally ill patients of families with limited means. The founding Trustees of the Hospital included the Archbishop of Dublin, the superior of the Priests of St. Vincent in Ireland, Dr. Fitzpatrick, Rev. Taylor and Mr. Corballis. The Trustees were joined by four others to constitute the Board of Management.

The Hospital was based on the asylum in Charenton, near Paris, France. Charenton was known for its humanitarian treatment of patients with mental illness. The Trustees of the Hospital asked the French

Daughters of Charity to come to Dublin to run the Hospital along the lines of the Hospital in France. The Hospital was managed on behalf of the Board of Management by the Daughters of Charity from 1857 until 1997.

Today, the property and assets are vested in the Trustees. The Hospital is placed under the direction of the Governors with the day-to-day management of the Hospital being the responsibility of the Chief Executive (CEO) and the Executive Management team.

In 1971 the Eastern Health Board began to use St. Vincent's Hospital as an admission unit for acute psychiatric patients for the first time. Subsequently St. Vincent's changed from being a private hospital into a Public Voluntary Hospital.



## REPORT OF THE CHAIRMAN OF THE BOARD OF GOVERNORS

The focus of all our endeavours must be directed on the care we provide our patients and service users. We know that the approach taken by our front-line staff who have long enjoyed a reputation, not alone for their professionalism but also for the compassion they show in the delivery of the wide range of services for which we are responsible. This focus must also be accompanied by a leadership which identifies and is ready to respond to the needs of future generations.

For more than a decade, the national strategy for mental health in Ireland, states that so far as possible, mental health care should be provided in the community. We believe that this strategy, so long as it is properly resourced, is appropriate and in line with international best practice. However, international research has also identified that there will always be a need for residential care for those for whom community care is not viable and does not provide the best long-term care for those patients.

SVHF is a hospital in transition. We are aware that the facilities which we can provide for patients requiring residential care can not deliver the care experience which our patients require and have a right to expect. It was for this reason that the Board and Executive embarked on the challenging journey of developing a new hospital on our site. In doing so, our Board is mindful that government resources are limited and that the provision of long-stay, mental health facilities in North Dublin has not been prioritised. SVHF is in a position to do so and has taken on the responsibility to provide such facilities.

This year we put together a professional team, consisting of architects, real estate experts and project management to move our project forward. It will take many

years to fulfil our ambitions but we are aware of the importance of our mission. We know that our community relies on our leadership and the great benefits which the new Hospital will bring to those requiring our care in the future.

Even as these ambitious steps were being taken, we maintained the focus on our existing patients. All indicators in relation to the management of the hospital and the delivery of care have been advanced in a positive direction. These can be seen in relation to care in the inspection reports of the Mental Health Commission. Our organisational governance as a state funded organisation was audited by Deloitte and was found to be robust and compliant in almost all areas. Clinical governance was enhanced by investment in and implementation of clinical auditing software. Finally, a long-standing issue with the HSE in relation property was resolved.

Mental health service provision is complex and relies on effective working together of many partners and stakeholders. These include patient families, local GPs, our academic partners in DCU and TCD, HSE Corporate and Service Operations, the Mental Health Commission, the Board of the Adolescent School, MMUH and Temple Street Children's Hospital. We thank them for their support and we will continue to develop our working relationships with them in the future.

Our front-line staff, rightly receive plaudits for the care they provide. It is clear that their expertise combined with the encouragement and support which they give to our patients and service users make a real difference to every individual they come in contact with. In turn, they could not provide this care without the expertise of colleagues in support, administrative and leadership positions in the Hospital.

I would like to thank the members of the Board of Governors for their continued commitment to the work of the Hospital in 2019. We are delighted that we have been joined by Ms. Julie Ryan, who has readily taken on the various duties of Board members. The role of Board Members is no longer a once a month experience. All our Board Members are involved in sub-committees which in turn give rise to additional calls on their time and goodwill. The new hospital project has also added to their workload and they have never been found wanting in undertaking these additional responsibilities.

**Conor Hannaway**  
**Chair, Board of Governors**

Finally, on behalf of the Board, I would like to express our appreciation for the service, expertise and commitment of Dr. Jim Lucey and Fr. Eugene Curran, who both left the Board after many years. We thank Jim for generously sharing his clinical expertise and understanding of mental health operations in Ireland. Fr. Eugene Curran contributed to developing the ethos of our hospital and reminding us of the holistic nature of the service we provide. Their work, support and companionship is greatly appreciated by all Board members.

## GOVERNANCE

The Hospital is established by a deed of trust dated 12 November, 1857. The Trust Deed forms the rules and regulations in order that the intention of the founders of the Trust can be carried out. The Board of Trustees has 6 members who act as guardians of the property.

The overall operation of the Hospital, as provided for within the Trust Deed, is overseen by the Board of Governors. The Board determines the strategy and direction of the Hospital and determines how the Hospital is to be managed.

The Hospital is a Charitable Trust.

St. Vincent's Hospital, Fairview is a registered charity (with the Charities Regulatory Authority) with charitable tax exempt ("CHY") status from the Revenue Commissioners and is a Section 38 Agency under the Health Act 2004. It holds a current valid Tax Clearance Certificate.

The Trustees of the Hospital are tasked with a variety of property and investment-related powers under the Trust Deed.

Trustees
Dr. Mel Bates
Sr. Nuala Dolan
Ms. Eileen Dunne (appointed Feb. 2019)
Dr. James H O'Boyle
Fr. Kevin O'Shea, CM
Prof. Jeremiah Sexton

The Governors volunteer their time and expertise to the governance of the Hospital and do not receive remuneration or expenses for attending Board meetings or other work they may undertake on behalf of the Hospital. During 2019 the Board of Governors met 13 times.

Name	Attendance at Board Meetings
Mr. Conor Hannaway, Chair	12/13
Mr. Francis Brophy	13/13
Fr. Eugene Curran (resigned 29/7/2019)	4/8
Mr. Gordon Duffy	10/13
Mr. Andy Kelly	10/13
Prof. James Lucey (Resigned 25/11/2019)	7/11
Dr. Joseph Murphy	9/13
Mr. David Petherbridge	12/13
Sr. Sheila Ryan, DC	9/13
Ms. Julie Ryan (appointed 25/2/2019)	5/11

St. Vincent's Hospital, Fairview has a detailed Corporate Governance Manual and Code of Conduct for the Board of Governors in place.

The Board have an established sub-committee structure in place as follows:

### Quality and Safety Committee

The Quality and Safety Committee oversees quality and safety on behalf of, and reports directly to the Board. The Committee has approved Terms of Reference.

Quality & Safety Committee	
Members	Attendance at meetings in 2019
Mr. Gordon Duffy, Chair	5/5
Ms. Mary Connolly	5/5
Ms. Caroline Grenham, CEO	5/5
Dr. Miriam O'Doherty, Clinical Director	4/5
Mr. Declan Lavery, Director of Nursing	5/5

### Audit Committee

The Audit Committee provides an independent and objective review of the accuracy of financial data, financial reporting processes, financial risks, internal, external audit and value for money. The Committee reports directly to the Board and has approved Terms of Reference.

Audit Committee	
Members	Attendance at meetings in 2019
Mr. Francis Brophy, Chair	2/2
Fr. Eugene Curran	2/2

### Performance, Succession and Remuneration Committee

The Performance, Succession and Remuneration Committee (i) oversees the performance of and succession planning for CEO and Senior Management Team; (ii) to ensure that the remuneration policies and practices comply with the requirements of public pay policy and (iii) ensures plans are in place for the orderly succession of appointments to the Board.

Performance, Remuneration and Succession Committee	
Members	Attendance at meetings in 2019
Mr. Andy Kelly, Chair	4/4
Mr. Conor Hannaway	4/4
Prof. James Lucey	2/4

## CHIEF EXECUTIVE'S REPORT

St. Vincent's Hospital continues its long tradition of providing high quality mental health care to our adult, elderly and adolescent patients.

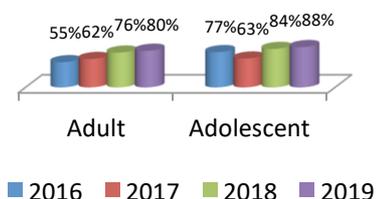
There was a 3% increase in our adult bed occupancy and a 4% increase in our adolescent bed occupancy in 2019. Activity, in our adult outpatient services increased by 14.9% and in our adolescent day hospital by 8.1% on 2018 activity.

During 2019 we said goodbye to our residents in Gracepark Gardens. Gracepark provided a home for residents requiring support to live in the community. Due to the age of the building our residents transferred to fit for purpose hostels governed by the HSE. We wish our residents continued good health and hope they have settled into their new home.

### Mental Health Commission

The Mental Health Commission carried out their annual unannounced inspections in the Adult and Adolescent Approved Centres in 2019. The compliance with regulations, rules and codes of practice over the past four years is set out below:

**% Improvement in Compliance with Regulations, Rules, Part 4 of the Mental Health Act and Codes of Practice**



12 compliances with Regulations were rated as Excellent in the Adult Service and 15 were rated as Excellent in the Adolescent Service.

There remains one condition attached to the registration of the adult approved centre under Regulation 23 Ordering, Prescribing, Storing and Administration of Medicines.

Details of the compliance ratings are set out under Clinical Governance, Quality and Safety.

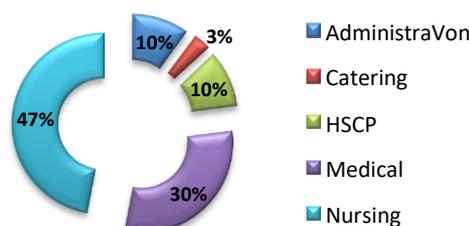
### Clinical Audit Software

Clinical Audit is part of a continuous quality improvement process whose aim is to highlight discrepancies between actual practice and standard in order to identify the changes needed to improve the quality of care. The clinical audit software (ViClarity) facilitates the involvement of staff from different disciplines working on the front line to carry out audits.

During 2019 there were approximately 57 audits carried out in the adult service in line with the requirements of the Mental Health Commission's Judgement Support Framework on ViClarity. On average 11 charts were randomly selected for each audit. The Adolescent In-Patient Unit carried out approximately 30 audits during 2019. On average 6 charts were randomly selected for each audit.

In 2019 audits were carried out by staff from the following disciplines:

**2019 ViClarity Clinical Audits carried out by Category of Staff**



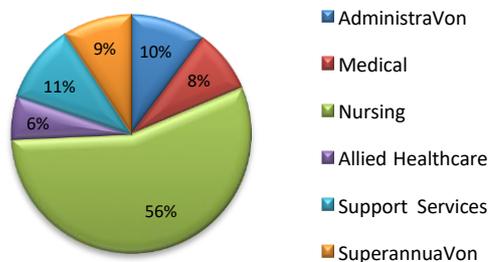
## Finances

The accumulated deficit at the 31<sup>st</sup> December 2018 was €142,000 which was brought forward to 2019. An increase of 3.96% in income (HSE funding and other income) and cost savings resulted in the Hospital achieving a small surplus of €28,489 for the year 2019. Therefore the accumulated deficit at the 31<sup>st</sup> December 2019 is €113,689.

The closure of Gracepark Gardens resulted in the transfer of staff from St. Vincent's Hospital, Fairview to the HSE. The transfer of staff resulted in a reduction in pay on 2018 levels. However pay pressures continue to be the main driver of the costs in the Hospital's allocation. Due nurse vacancies the use of agency staff and overtime is required in our acute units to ensure the provision of a safe service.

The breakdown of pay across disciplines is set out below:

**% 2019 Pay Costs by Category**



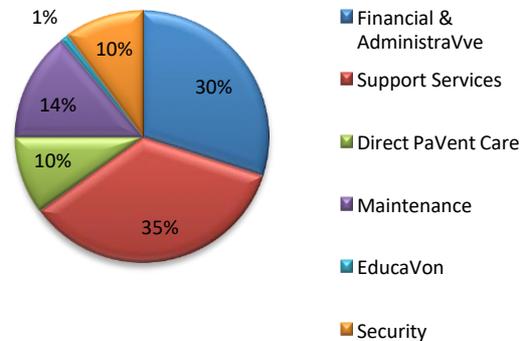
## Non Pay costs

Non pay expenditure increased by 12% on expenditure incurred in 2018. There was an increase of 32% incurred in maintenance on 2018 expenditure and this was due to anti-ligature works carried out in the acute in-patient units.

There was 7% increase in support services which included increase in the purchase of catering equipment in patient area, heat

and light reduced by 8% on 2018 expenditure.

**% 2019 Non Pay Expenditure**



## Minor Capital

The Hospital received minor capital funding to upgrade the seclusion room and the installation of anti-ligature radiator covers in the acute adult unit. This funding is very welcome in minimising ligature points in patient areas.

Additional funding was received to carry out repairs to the roof in the Fairview Community Unit.

Due to the age of the Hospital buildings considerable funding is required to maintain appropriate standards for patient care and we would like to thank the HSE for the funds provided.

## Healthcare Records

2019 was a busy year for the Healthcare Records Department.

Work continued on integrating the healthcare records of patients attending the Adolescent In-Patient Unit and the Adolescent Day Hospital. Archiving Healthcare Records is an ongoing project and during 2019 a shelving system was installed in separate archive area.

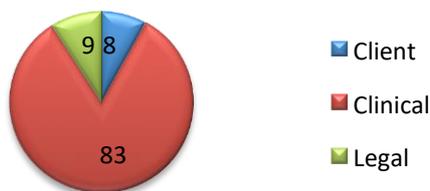
The Mental Health Commission introduced their Comprehensive Information System (CIS) whereby notifications to the Commission are now completed electronically. Staff in Healthcare Records received training in October 2019 and the system went live on the 14<sup>th</sup> October 2019

Training on Record Keeping and Report Writing was held during the year for medical, nursing, health and social care professionals and healthcare records staff. The course covered good record keeping and accountability, why records are kept, best practice in standards and how records and reports can be used as evidence in a court hearing.

The Department also processes requests for information under Administrative Access and Data Protection.

Administrative access requests in 2019:

**Administrative Access Requests**  
Total: 100



The following Data Protection Requests were processed in 2019:

**Data Protection Requests**  
Total: 19



## Human Resources

The recruitment and retention of staff, particularly medical, nursing and health and social care professionals remains challenging. In 2019 the permanent Child and Adolescent Consultant Psychiatrist remains unfilled. The retention and recruitment of nursing staff is an ongoing challenge.

## Industrial Action

In 2019 industrial action was taken by nurses for better pay and staff retention. This was part of action taken nationally by nurses. Issues were resolved by the WRC and the Labour Court. During the action management and nursing staff worked together to maintain the quality and safety of the care to our patients.

## Dignity at work Workshop

During 2019 Dignity at Work workshops were held for all staff. Presentations were given by Resolve Ireland and focused on areas of anti-bullying and harassments / dignity at work awareness building along with a focus on trust in care.

220 staff from all disciplines attended the workshops and feedback was positive.

## Information and Communication Technology

The year saw the department continue to proactively manage the hospitals' ICT infrastructure and to provide support to all end-users. 2019 also saw the commencement or completion of the following projects.

- A review and reconfiguration of the hospital network (LAN) to support the increased use of 'IoT' devices such as Smart TVs, door access controls, and CCTV.
- The replacement of core network switches, which were reaching end of service life.

- Having established the requirements, a number of wireless products were evaluated and tested, and a preferred Wi-Fi solution was identified.
- The server hardware infrastructure was upgraded to provide for increased capacity, performance, resilience, and support for newer software platforms.

### Catering

Following a review of the catering service in the Hospital a major restructuring of the Department took place in 2019. The restructuring involved moving staff serving food on the Wards under the management of the Catering Department, review of menus and equipment. Following the restructuring all food service is now provided by catering staff. The benefits include consistency of HACCP training across the Hospital, improved service to patients on the ward i.e, adapting menus to the different patient cohorts and better communication between the wards and the main kitchen.

A programme of replacement of catering equipment on the ward, long overdue was rolled out.

The catering department works closely with the Hospital Dietitian in reviewing and implementing new patient menus to ensure residents are provided with wholesome and nutritious food.

I would like to thank the staff of catering for their support in implementing the changes and their efforts in ensuring change happened smoothly.

### Technical Services

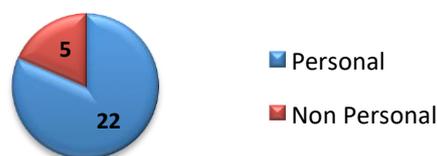
The Technical Services Department is responsible for the general maintenance of the Hospital buildings and infrastructure and associated plant and equipment.

The age of the Hospital buildings presents huge challenges to the technical services team, however due to their diligence and working with clinical and non-clinical staff they ensure the premises are safe and comfortable for all our users.

### Freedom of Information

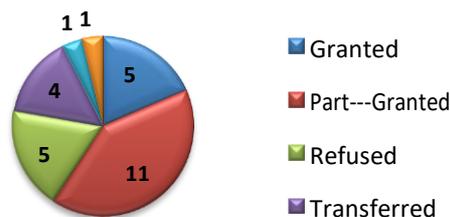
St. Vincent's is a FOI body under the Freedom of Information Act 2014. During 2019 the Hospital received the following FOI requests:

**2019 Freedom of Information Requests**



The following sets out the decisions made in respect of FOI requests received in 2019:

**2019 Freedom of Information Decision**



I would like to thank the Governors of the Hospital for their support and advice during the year.

I would like to take this opportunity to thank staff for their hard work and professionalism in the provision of our service to our patients.

**Caroline Grenham**  
Chief Executive

## CLINICAL DIRECTOR'S REPORT (ADULT)

We in St Vincent's Hospital, Fairview continue to provide mental healthcare (inpatient, outpatient and day patient) to the local population of Dublin North City, in partnership with our local HSE Community Mental Health Services colleagues.

### Service Provision

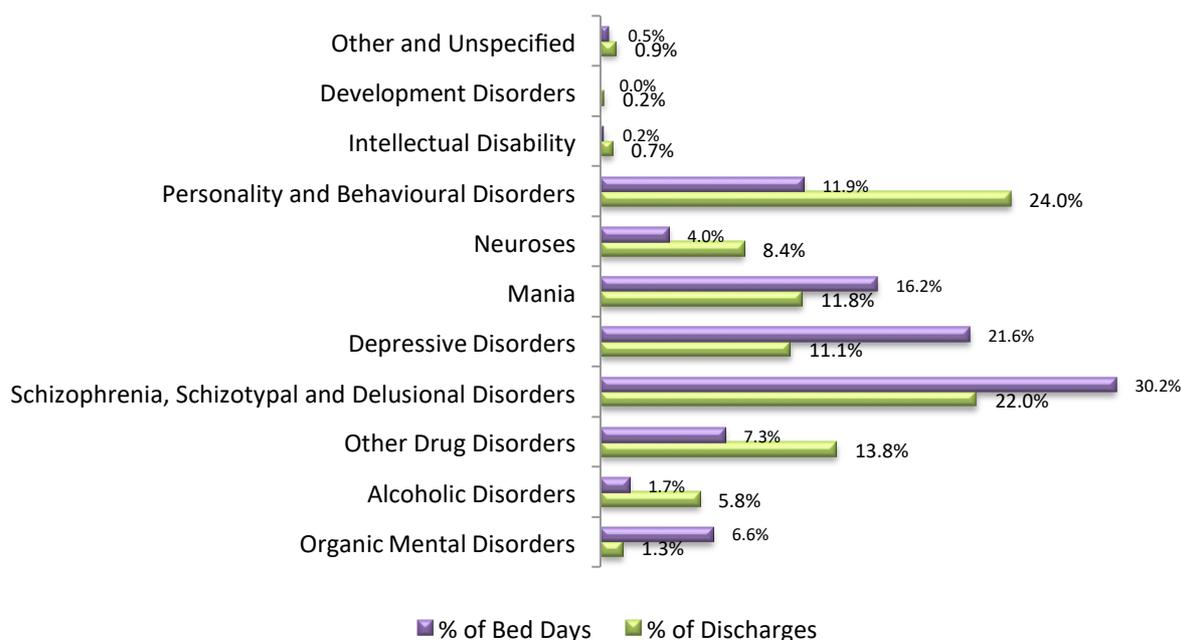
The catchment area of some 130,000 for the general adult population includes large areas of the north inner city with the attendant psychosocial challenges of high levels of unemployment, homelessness, mobile populations, substance abuse and reported crime. There are 8 consultant led teams: 5 general adult sector teams; 1 rehabilitation team; 1 team in Psychiatry of Old Age and 1 SVHF/Day Hospital team.

There was a slight decrease in demand for our services in SVHF in 2019. Compared to 2018, the number of acute inpatient admissions decreased by 18% to 449, with a 55% male; 45% female split.

While the average length of stay was 23 days, the median length of stay was 9 days.

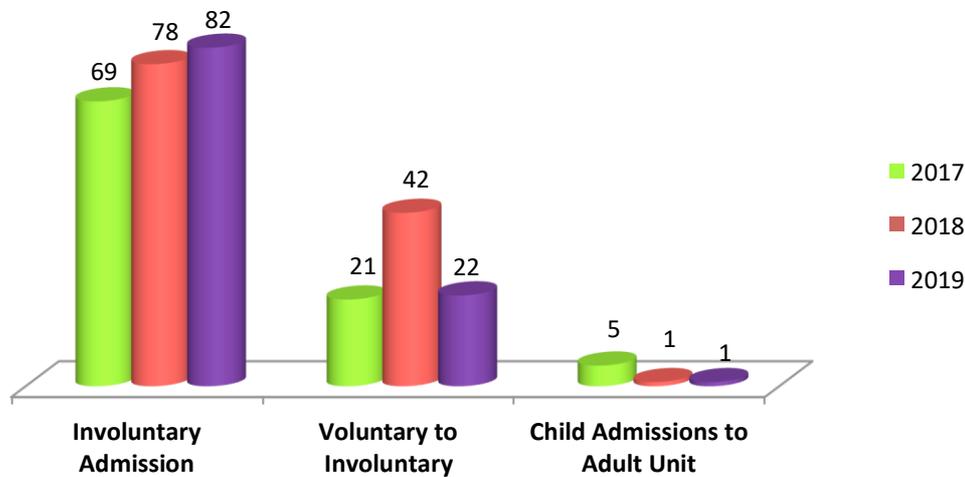
Those with major mental illnesses had longer durations of stay. Patients with psychoses and mood disorders accounted for 45% of all discharges but 68% of all inpatient bed days, while patients with personality and behavioural disorders accounted for 24% of discharges but 12% of inpatient bed days, and those with alcohol and drug related disorders accounted for 20% of discharges but 9% of inpatient bed days.

### Comparison of 2019 % In-Patient Bed Days by Discharge Numbers



## Mental Health Act Activity

### Mental Health Act Activity: 2017 to 2019

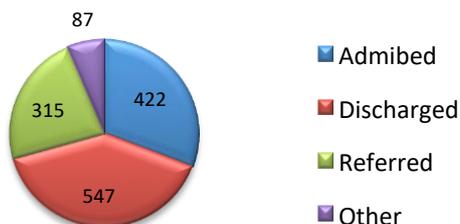


Detention under the Mental Health Act 2001 (another proxy indicator of morbidity and acuity) decreased by 17.5% between 2018 and 2019.

#### Outpatient Activity

On the outpatient side, the number of attendances in Crannog Acute Day Hospital increased by 17.05%, attendances at the mental health addition services increased by 11.3% and clozapine clinic fell by 0.2%. Presentations to the Rapid Access and Assessment Service fell by 3.5% to 1,371. Of these, 31% were admitted to the In-Patient Unit; 40% were discharged and 23% were referred to other services including the Day Hospital.

**2019 Presentations and Assessments to the Acute Unit**  
Total: 1,371

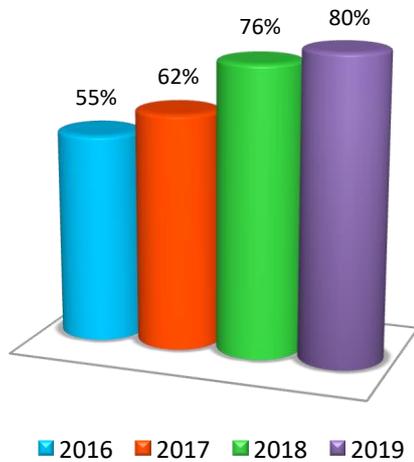


#### Quality Enhancements

In order to enhance the quality of treatment and care that we provided to the service users who seek help in SVHF, all clinical disciplines, nursing, medical, HSCPs, and with the support of our much valued colleagues in administration, healthcare records, catering, house-keeping and technical services, actively contributed to a range of quality improvement activities.

These activities included enhancement of Continuing Professional Development in a range of areas within and across disciplines. Another was the development of a comprehensive online audit programme used by all disciplines, translation of learning from the audit into practice, analysis of, and learning from incidents and an active academic programme with a range of speakers. The Inspections by the Mental Health Commission provided evidence that with such joint efforts we improved our level of compliance, and there is still room for improvement.

**% Compliance with MH Act,  
Regulations, Rules, and Codes of  
Practice**



Another key feature in the improvement of care to our service users was the availability of an increased range of Health

& Social Care Professionals (HSCPs). The long established Psychology Department continued to provide individual and group interventions and consultation role to the different clinical areas, while the newly established social worker, occupational therapist, physiotherapist and dietitian have made valuable contributions in individual and group interventions.

#### Education and Training

We also continue to foster the development and training of future health professionals through the NCHD positions for both psychiatric and general practice trainees, and for psychology trainees and with established medical undergraduate training links with the Royal College of Surgeons in Ireland (RCSI) and University College Dublin(UCD).

**Dr. Miriam O’Doherty**  
**Clinical Director**

## Academic Programme 2019

Date	Lecture	Presenter
25.01.19	Journal Article - A systematic review into the incidence, severity and duration of antidepressant withdrawal effects: Are guidelines evidence-based. 2018. Addictive Behaviours	Dr John Lally
01.02.19	Audit: Overview & Audit Allocation Journal Article: '9. ;eucht S, Cipriani A, Spineli L et al. Comparative efficacy and Tolerability of 15 antipsychotic drugs in schizophrenia: a multiple treatments meta-analysis. Lancet 2013	Dr Miriam O Doherty Clinical Dr Niall Cronin (Crannóg)
15.02.19	Valedictory Lecture – Research over 33 years	Prof Jogin Thakore
22.02.19	Journal Article - Radua, J., Ramella-Cravaro, V., Ioannidis, J. P. A., Reichenberg, A., Phiphopthatsanee, N., Amir, T., ... Fusar- Poli, P. (2017). What causes psychosis? An umbrella review of risk and protective factors. World Psychiatry – good for MRCPsych candidates. Case Presentation	Dr Naoise Mulcrone (Marino-Tolka Team) Dr Margaret Gallagher (Rehabilitation Team)
01.03.19	Dignity at Work	Resolve
08.03.19	Journal Article - Tiihonen 2018. American Journal of Psychiatry. 20 year nationwide follow up of study on disconnection of antipsychotic treatment in first episode schizophrenia impact analysis. Case Presentation	Dr Margaret Gallagher (Rehabilitation Team) Dr Helen Deeny (North Strand)
22.03.19	Journal Article Case Presentation	Dr Fiona Hoare (Ballymun Team) Dr Ann O Donoghue (North Strand Team)
29.03.19	Annual Report on Incidents 2018	Dr Miriam O'Doherty
05.04.19	Journal Article - Five Year Suicidal Ideation trajectories among women receiving or being denied an abortion. Case Presentation	Dr Reham Eldissougi (Marino-Clontarf Team) Dr Catriona Tiernan (Millmount Team)
12.04.19	Journal Article - 'Clozapine illusion: how to improve outcomes in psychosis'	Dr John Lally
19.04.19	Journal Article - Giacco 2019. Epidemiology and Psych Services. The same or different psychiatrists for in- and out-patient treatment? A multi-country natural experiment - large numbers, but not wholly consistent with earlier single centre site studies. Good discussion points can be generated relating to this topic. Case Presentation	Dr Ann O Donoghue (North Strand Team) Dr Desh Sidhu (Millmount Team)
26.04.19	Journal Article	Dr Fiona Hoare (Ballymun Team)

	Case Presentation	Dr Reham Eldissougi (Marino-Clontarf Team)
03.05.19	Clinical Audit Presentations ICPs Discharges	Dr Reham Eldissougi (Marino-Clontarf Team) Dr Fiona Hoare (Ballymun Team)
10.05.19	Clinical Audit Presentations Medications Admissions	Dr Margaret Gallagher/Dr Emily Kelly (Rehabilitation Team/Crannóg) Dr Naoise Mulcrone (Marino-Tolka Team)
17.05.19	Journal Article - Schuch 2018 AJP. <u>Physical Activity and Incident Depression: A Meta-Analysis of Prospective Cohort Studies</u> - relevant to increasing focus on lifestyle factors in maintaining mental health, and this is relevant to clinical depression- raises broader questions of if we should be doing more as psychiatrists to incorporate lifestyle factors into clinical management. Or are researchers blurring boundaries between mental well-being and illness? Case Presentation	Dr Emily Kelly (Crannóg Team)  Dr Naoise Mulcrone (Marino-Tolka Team)
24.05.19	Journal Article - Shwarzinger M .Contribution of alcohol use disorders to the burden of dementia in France 2008–13: a nationwide retrospective cohort study. <i>Lancet Public Health</i> . 2018; (published online February 20.) <a href="http://dx.doi.org/10.1016/S2468-2667(18)30022-7">http://dx.doi.org/10.1016/S2468-2667(18)30022-7</a>	Dr Sara Kate Brady (Ballymun Team)
31.05.19	Journal Article - A Psychoanalytically Informed Qualitative Study Exploring the Experiences of People Diagnosed with Obsessive-Compulsive Disorder”	Dr Katarina Timulakova
07.06.19	Clinical Audit Presentations Transfers Case Presentation	Dr Ann O’Donoghue/Dr Desh Sidhu (North Strand Team/Millmount Ream) Dr James Jordan (North Strand Team)
14.06.19	Journal Article – Bone Health in Psychotic Disorders – too little sunshine, too much prolactin?	Dr John Lally
28.06.19	NCHD Presentation	Dr Emily Kelly & Dr James Jordan (Crannóg/North Strand)
05.07.19	Book Club – Brain Storm by Suzanne O’Sullivan	
26.07.19	Clinical Audits	Dr Miriam O’Doherty
02.08.19	Journal Article – Personality Disorders	Dr Kate Irvine (Crannóg)
09.08.19	Journal Article - DiForti et al. The contribution of cannabis use to variation in the incidence of psychotic disorder across Europe (EU-GEI): a multicentre case-control study. <i>Lancet Psych</i> 2019 Case Presentation	Dr Isidor Edet (Rehabilitation Team)  Dr Colm Sweeney (North Strand Team)
16.08.19	Journal Article - Vermeulen 2018 S Bull. Clozapine and	Dr Ronan Hannan ( Marino- Clontarf

	Long-Term Mortality Risk in Patients With Schizophrenia: A Systematic Review and Meta-analysis of Studies Lasting 1.1–12.5 Years- very important study. Case Presentation	Team)  Dr Philippa Mc Hale (Crannóg)
30.08.19	Journal Article:- Chekroud. 2018 Lancet Psychiatry. Association between physical exercise and mental health in 1.2 million individuals in the USA between 2011 and 2015: a cross-sectional study –findings from this are somewhat controversial, well, certainly how presented by authors. Case Presentation	Dr James Jordan (North Strand Team)  Dr Sara Theze ( Marino-Clontarf Team)
06.09.19	Journal Article – Gilbody et al. Smoking cessation for people with severe mental illness (SCIMITAR+): a pragmatic randomised controlled trial. Lancet Psych 2019 Case Presentation	Dr Laura Cooke (Ballymun Team)  Dr Reham Eldissougi (Marino-Tolka Team)
20.09.19	Clinical Audit Presentations General Health ICPs Admissions	Dr Philipa MacHale (Crannóg) Dr Reham Eldissougi (Marino-Tolka Team) Dr Sarah Theze (Marino-Clontarf Team)
27.09.19	Journal Article - Winsper et al. The prevalence of personality disorders in the community: a global systematic review and meta-analysis. BJPsych 2019.	Dr Rajinder Singh (North Strand Team)
04.10.19	Journal Article: Biggs MA, Gould H, Barar RE, Foster DG. Five-Year Suicidal Ideation Trajectories Among Women Receiving or Being Denied an Abortion. Am J Psychiatry 2018; 175:845.- of relevance to Irish introduction of abortion services.	Dr Reham Eldissougi (Marino-Tolka Team)
11.10.19	Journal Article – Impact of the physical environment of psychiatric wards on the use of seclusions Case Presentation	Dr Colm Sweeney (North Strand Team)  Dr Rajinder Singh, (Millmount Team)
8/11/19	Case Presentation	Dr Margaret Gallagher (POA)
15.11.19	Invited Speaker	Dr Fiona Gaughran, Lead Consultant Psychiatrist, National Psychosis Service, Director of Research and Development, South London and Maudsley NHS Foundation Trust.
22.11.19	Journal Article – Managing clozapine side effects – maintaining clozapine treatment, what clinicians need to know.	Dr John Lally
06.12.19	Journal Article – History, anti-psychotic historical perspective and mechanism of action.	Dr John Lally
13.12.19	Book Club – The Dead by James Joyce	

## CLINICAL DIRECTOR'S REPORT (ADOLESCENT)

2019 was a busy year for the Adolescent Day Hospital and In-patient Unit. The majority of young people who are referred to these services, are already attending their local CAMH service and also meet the criteria of Moderate to Severe Mental Health difficulties/diagnosis as per the HSE National CAMHS Operational Guideline 2019. Both the In-patient Unit and Day Hospital work closely together in assessing and determining the appropriate pathway of treatment for young people who are referred to the service.

### Adolescent In-patient Unit

The Adolescent In-patient Unit is one of 4 publically funded Adolescent Approved Centres in the country. It operates with a Mental Health Commission approved 12-bed capacity. While having an identified catchment area of CHO DNC&C, and Counties Louth, Meath, Cavan and Monaghan, the In-patient unit collaborates with the other 3 National In-patient units and frequently accepts admissions from outside of it's primary catchment area, in striving to offer a timely and responsive service to those young people who require admission. While the In-patient unit was originally established to offer a service to 16-17yr olds, it has now expanded the age range to include 15yr olds.

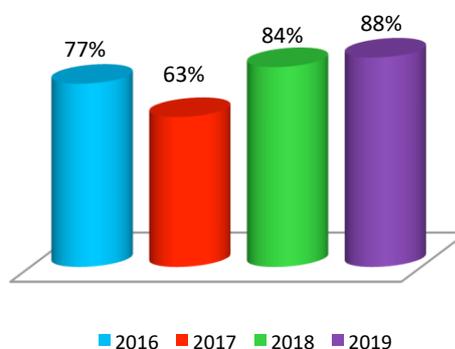
During 2019, 57 young people were admitted to the In-patient unit, 5 of these under Section 25 of the Mental Health Act (2001). The median length of admission stay was 40 days. The ethos of the in-patient unit is a recovery-focussed and relapse prevention model. As well as core

multidisciplinary treatment interventions, significant effort is also focussed on preparing the young person and their family for discharge back to their community, relevant services and supports.

In the annual Mental Health Commission Inspection, the Adolescent In-patient Unit performed extremely well in it's compliance assessment ratings under the Judgement Support Framework document, receiving 15 'excellent' ratings. This is a testament to the commitment of all staff in striving to provide an excellent standard of care to young people under their care. The overall report demonstrated a steady improvement in compliance with the Mental Health Act rules, regulations and codes of practice.

Further details of the Mental Health Commission Inspection report can be found in the body of the Annual Report.

**% Compliance with MH Act, Rules, Regulations and Codes of Practice**



## **Adolescent Day Hospital**

The Day Hospital is a Consultant-led multidisciplinary service offering intensive therapeutic input to young people age 12-17yrs from the Dublin North City and County catchment area. It has a capacity to offer a service to up to 16 young people at any one time. In 2019, of the 103 referrals, 60 young people attended the service, with an average attendance period of 48 days. These young people were able to access an intensive level of input, for some of them on 5 days a week, and in many cases, this level of intervention was either (i) supported 'step-down' from the in-patient unit or (ii) an alternative to in-patient admission, thus ensuring that the young person remained connected to family and home environment. During this period of attending the Day Hospital time they and their parents received multi-disciplinary

therapeutic assessment and intervention, including individual therapy, group therapy as well as family work, ultimately with discharge back to the CAMHS referral team of origin.

## **School**

The school offers educational support to both cohorts of young people attending St Vincent's Hospital Adolescent Service. It operates from a separate premises but also offers in-reach educational support to those young people in the In-patient unit who would not be deemed well enough to leave the unit and attend the classroom. Educational support and input is an integral part of both the In-patient and Day Hospital programmes and part of the recovery-focussed ethos of both services.

**Dr. AnneMarie Waldron**  
**Clinical Director (Adolescent)**

## DIRECTOR OF NURSING REPORT

Our expectation of our nursing services in Mental Health is to continue to broaden and develop our skillset in order to meet the evolving needs of our community.

Compliance with Mandatory Training is always a priority, but in addition we focus heavily on Continuous Professional Development needs from a service perspective. Through funding – which is strongly supported by the NMPDU CHO9 – we continue to provide training, education and clinical supervision. Promoting, investing and developing the individual nurse and the nursing teams in order to continuously improve the quality of our service is a core objective.

Just one example of the benefits in supporting and investing in our staff was the publication of the Discharge Workbook in the Adolescent service this year. Championed by a staff nurse in the unit, the workbook was the result of collaborative work between staff and young people in the Adolescent service and has shown to be significant in assisting the young person through their journey in the inpatient and day hospital pathway.

The quality of our nursing care remains one of our main priorities.

Expanding the suite of nursing metrics and Viclarity audits this year ensures a constant monitoring and standard setting for which we strive to achieve.

The reality of the impact of the Nursing Overtime ban this year highlighted how heavily dependent Mental Health services in Dublin have become on overtime and agency to maintain safe, quality services. The close working relationships and solidarity between all our staff, be it in the

hospital or community, was an example of how we put patient safety at the centre of our focus and our utmost concern. The positive outcome of this period resulted in a recognition through the Enhanced Nurse posts of the ever increasing roles that the Mental Health nurse has taken on and developed to proficiency.

We continue to have recruitment challenges across the services but are fortunate to have an undergraduate structure that produces high quality nurses on an annual basis and the vacancy gap is gradually diminishing.

St Vincent's Hospital Fairview continues to play an integral role in the care pathway for mental health in Dublin North City and beyond. Ensuring a strong relationship with the Community is essential for a seamless experience for the service user and their family. Nursing Management continues to support this structure with both undergraduate and postgraduate developments across the whole service.

Our aim is to deliver a nursing team that is well-trained, prepared and organised in order to meet a variety of challenges across a number of care settings and ensure consistency in quality nursing care.

I would like to acknowledge all our front line nurses, staff and managers and the Nurse Education Department who – working through their dedication, commitment, kindness and support for each other – endeavour to achieve this goal.

**Declan Lavery**  
**Director of Nursing**

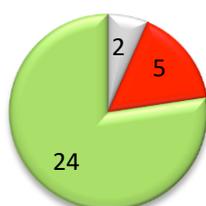
# CLINICAL GOVERNANCE, QUALITY AND SAFETY

## Mental Health Commission: Inspection Reports 2019

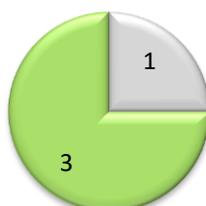
### ADULT

#### 2019 COMPLIANCE RATINGS

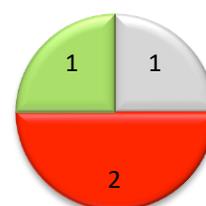
REGULATIONS



RULES AND PART 4 OF MENTAL HEALTH

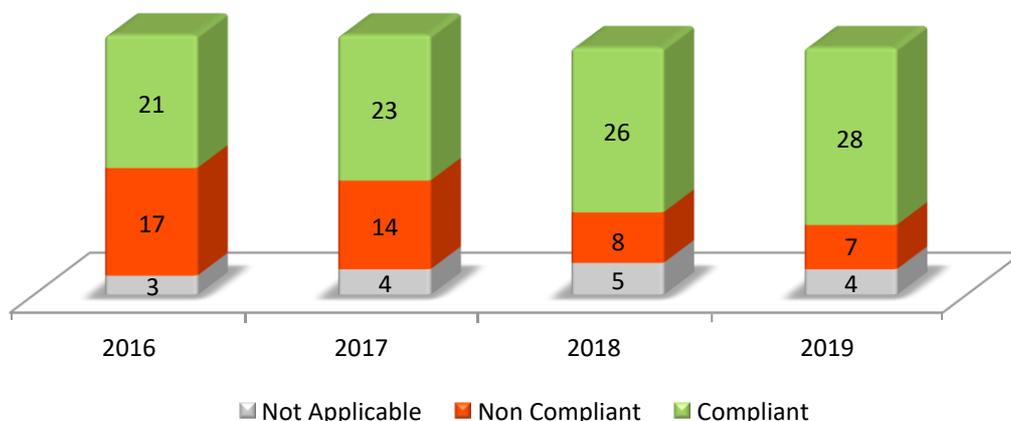


CODES OF PRACTICE



#### RATINGS SUMMARY 2016 – 2019

Compliance ratings across all 39 areas of inspection are summarised in Chart below.



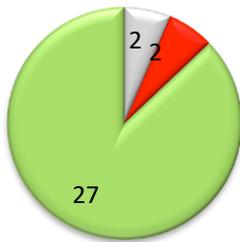
#### Areas of compliance rated “excellent” on this inspection

Twelve compliances with Regulations were rated Excellent, compared to two in 2018.

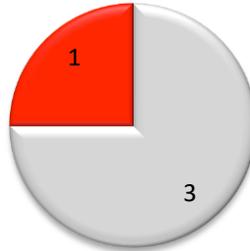
Regulation		Regulation	
Regulation 4	Identification of Resident	Regulation 12	Communication
Regulation 5	Food and Nutrition	Regulation 16	Therapeutic Services & Programmes
Regulation 7	Clothing	Regulation 18	Transfer of Residents
Regulation 9	Recreational Activities	Regulation 20	Provision of Information to Residents
Regulation 10	Religion	Regulation 29	Operating Policies and Procedures
Regulation 11	Visits	Regulation 30	Mental Health Tribunals

### 2019 COMPLIANCE RATINGS

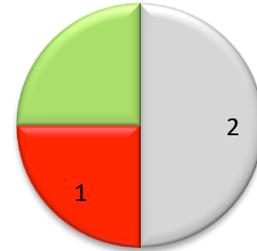
REGULATIONS



RULES AND PART 4 OF MENTAL HEALTH

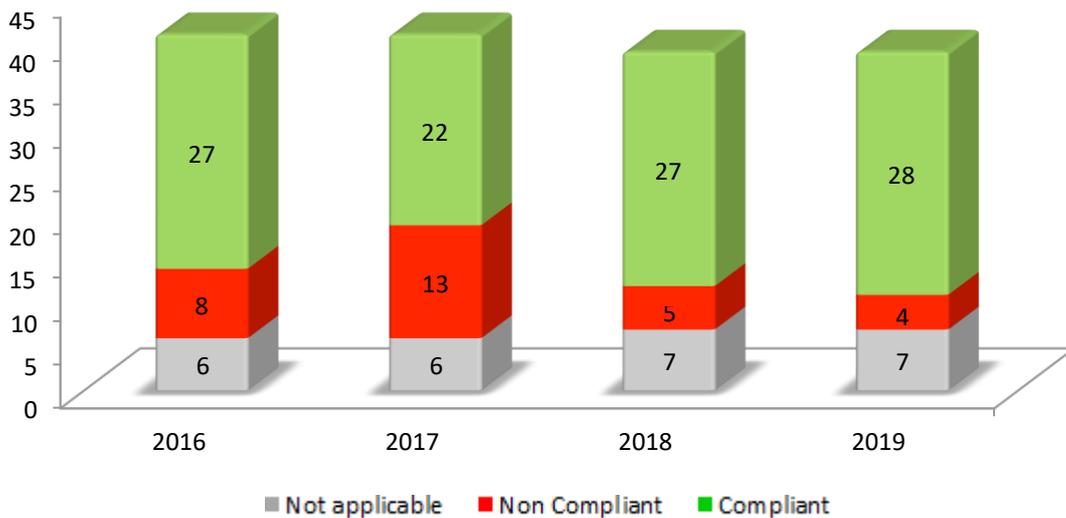


CODES OF PRACTICE



### RATINGS SUMMARY 2016 – 2019

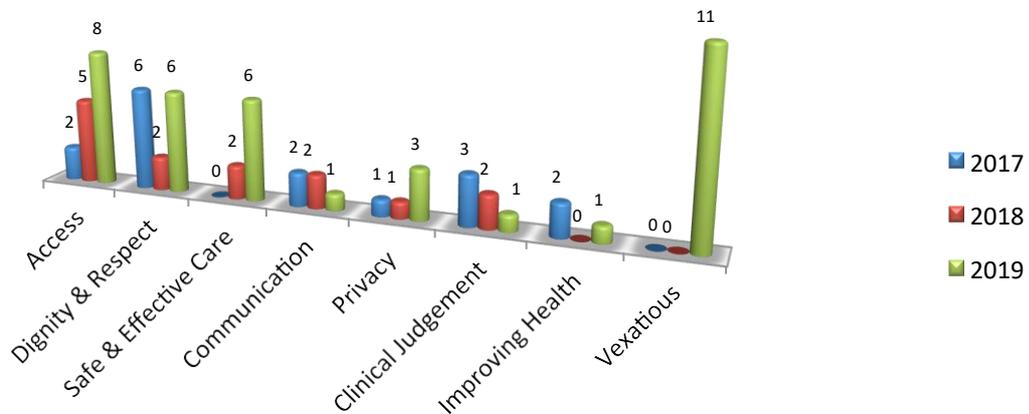
Compliance ratings across all 39 areas of inspection are summarised in Chart below.



#### Areas of compliance rated “excellent” on this inspection

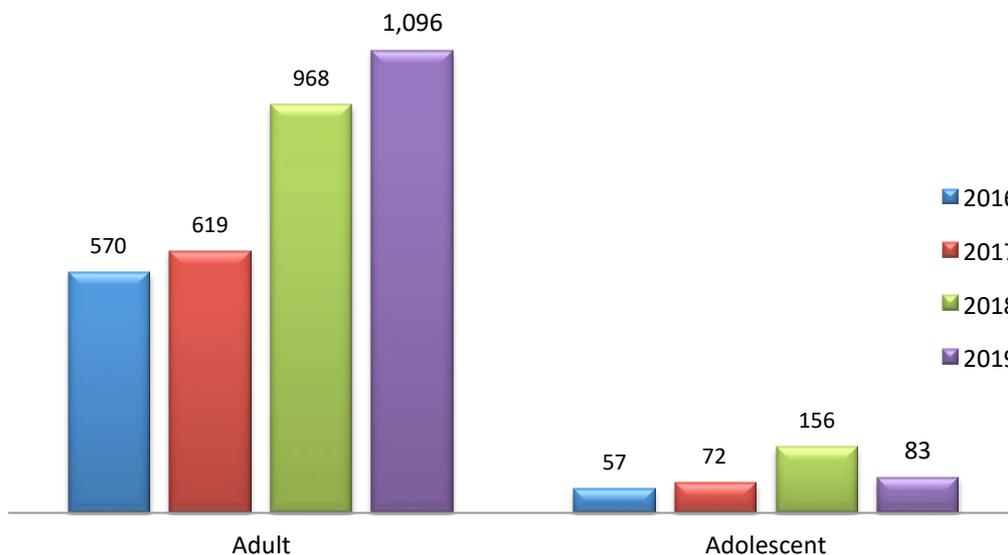
Regulation	Regulation
Regulation 4 Identification of Residents	Regulation 15 Individual Care Plan
Regulation 5 Food and Nutrition	Regulation 16 Therapeutic Services & Programmes
Regulation 7 Clothing	Regulation 17 Children’s Education
Regulation 9 Recreational Activities	Regulation 18 Transfer of Residents
Regulation 10 Religion	Regulation 21 Privacy
Regulation 11 Visits	Regulation 23 Ordering, Prescribing, Storing and Administration of medicines
Regulation 12 Communication	Regulation 29 Operating Policies & Procedures
Regulation 13 Searches	

## Complaints: 2017 --- 2019



St. Vincent’s Hospital uses the HSE “Your Service, your say” initiative. All complaints are taken seriously and investigated. Complaints are also used to inform and improve the quality of the care we provide to our patients.

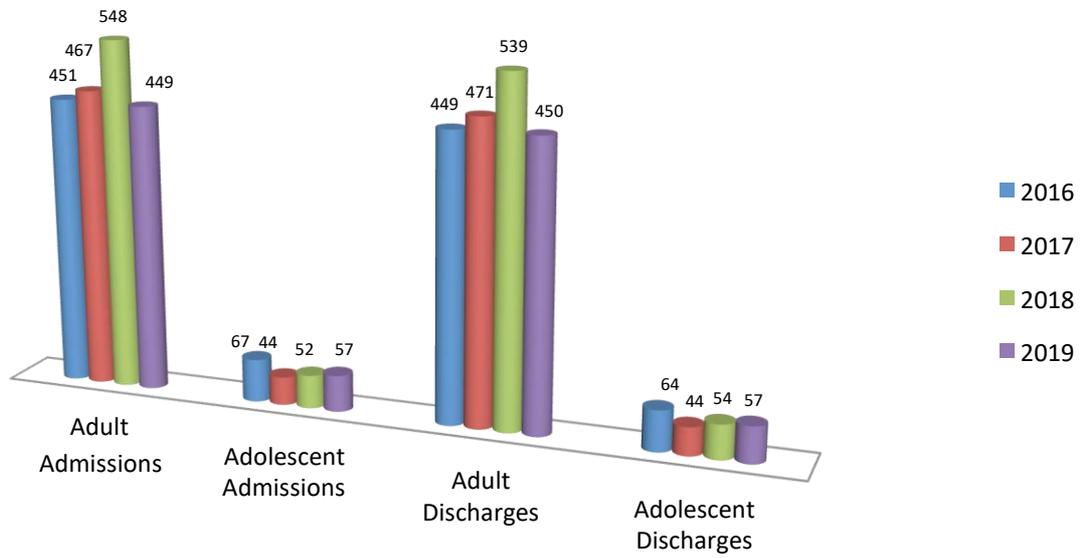
## Incidents: 2016 --- 2019



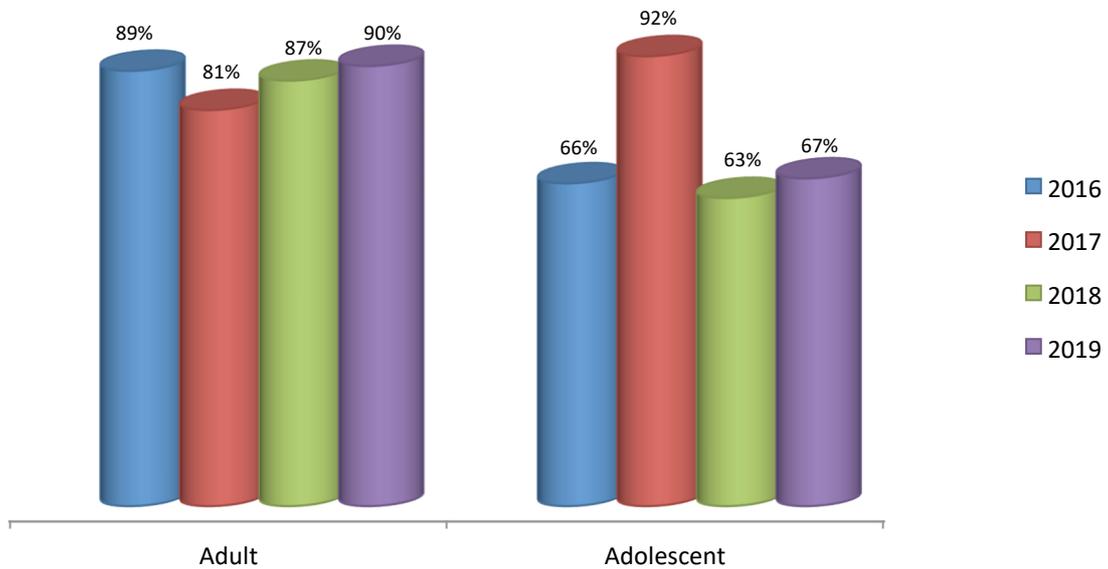
The reporting on incidents provides valuable information on a range of aspects of the standard and quality of the care provided to patients and helped to identify useful learning (with regard to policy, protocol, practice), deficiencies in structure, infra-structure and manpower issues.

# ACTIVITY

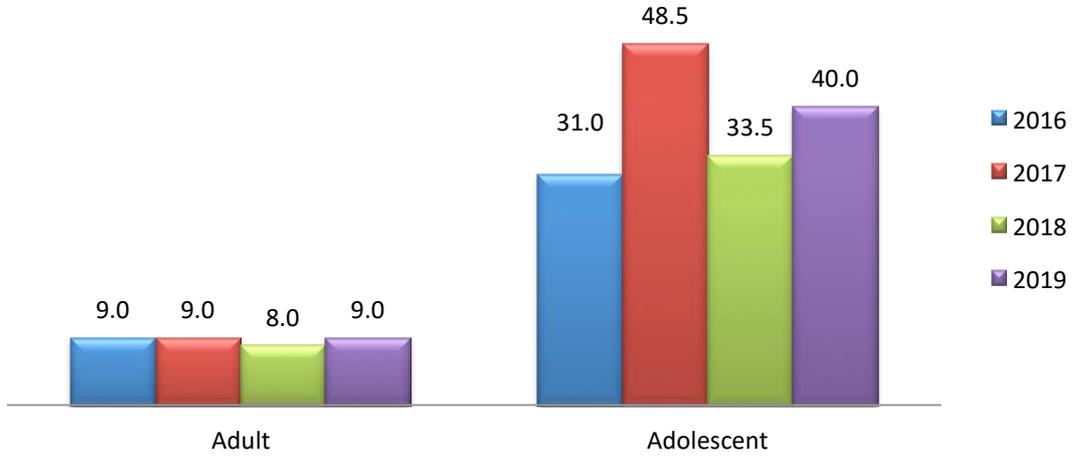
## Admissions and Discharges: 2016 --- 2019



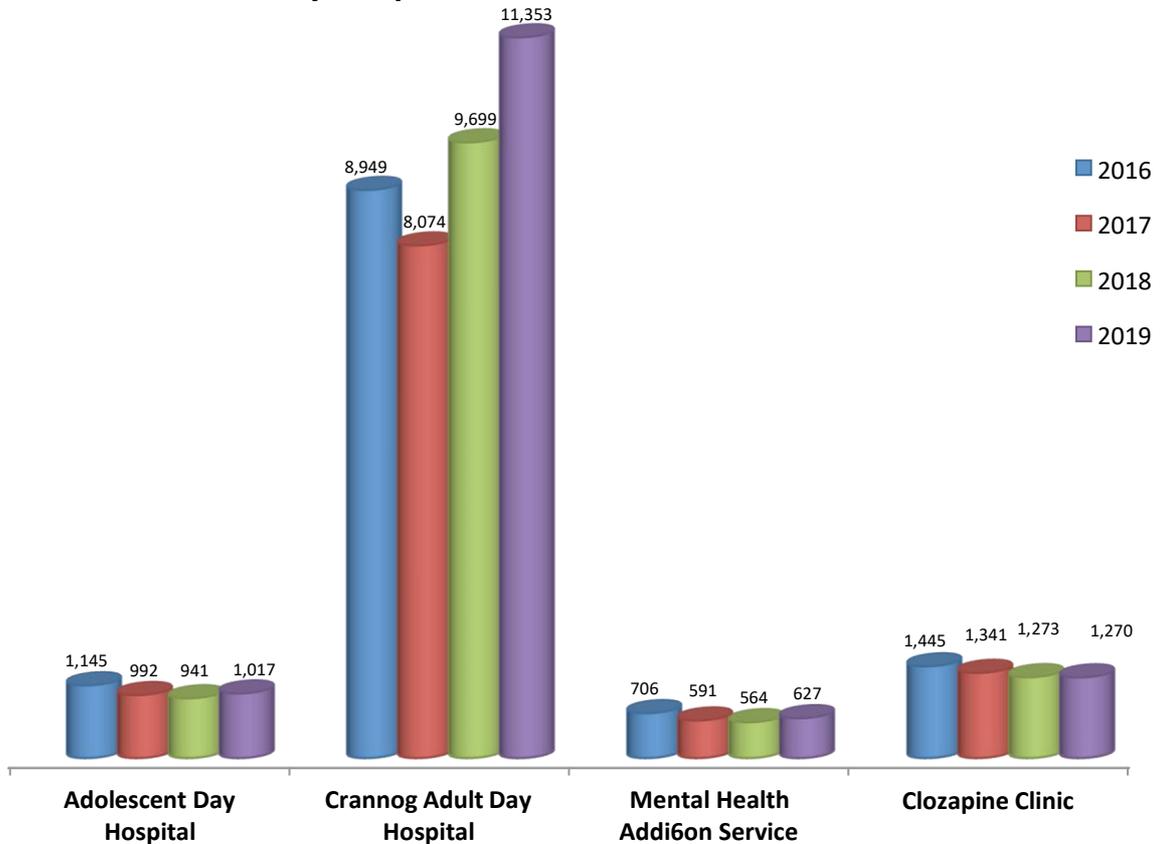
## % Bed Occupancy: 2016 --- 2019



## Length of Stay: Median Number of Days 2016 --- 2019

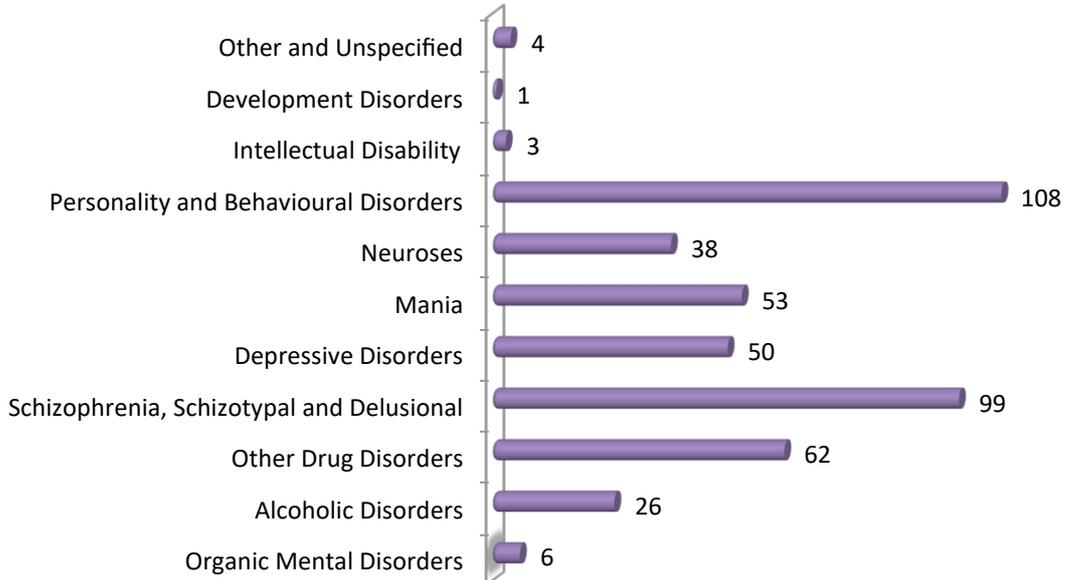


## Day Hospital and Clinic Attendances: 2019

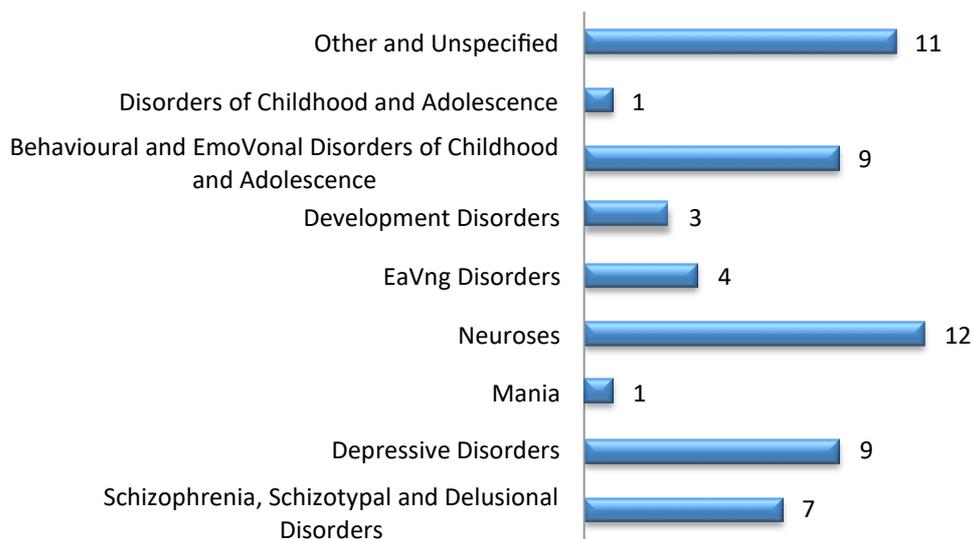


## Analysis of 2019 In-Patient Discharges by Diagnosis

### Total Adult: 450

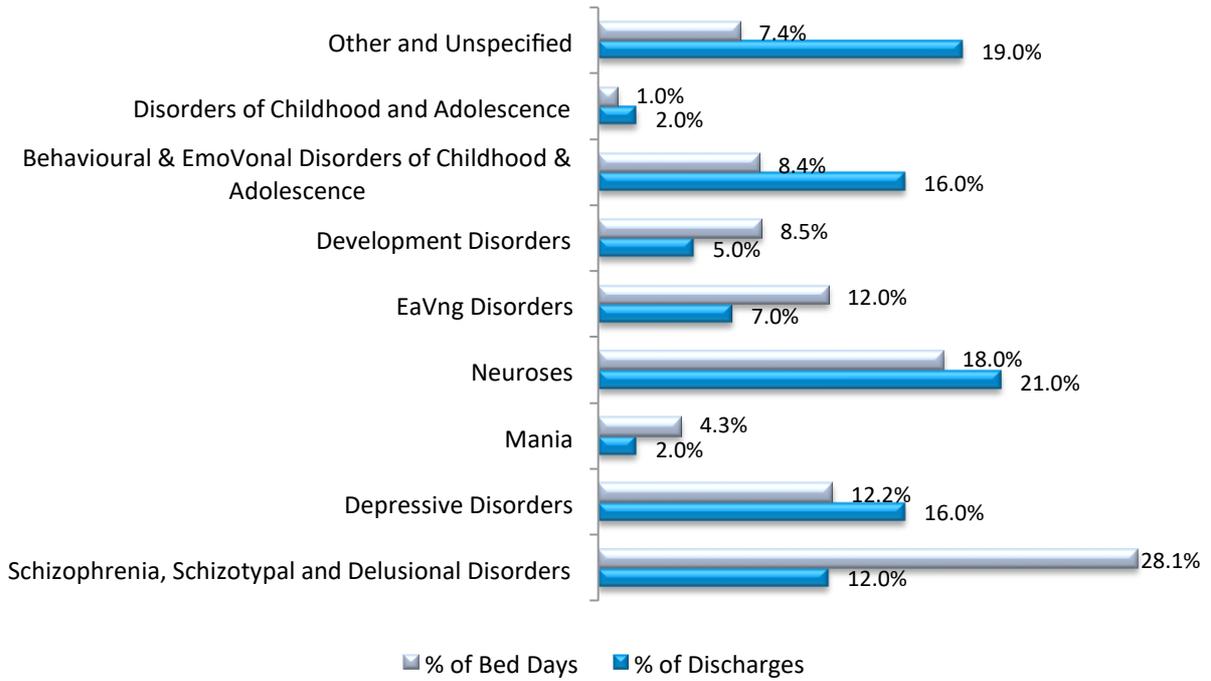


### Total Adolescent: 57



## Comparison of 2019 %In-Patient Days -V- % Discharge by Diagnosis

### Adolescent



## Activities

Service Users are provided with activities that are beneficial, enjoyable and improve their quality of life and wellbeing.

There are a wide range of psychological workshops, social support groups and recreational activities that may help residents in their recovery to maintain good mental health. Staff involved in activities include dedicated nurses, nurse managers, occupational therapists, psychologists, social worker and hospital chaplain.

Services users are encouraged to participate in the various activities.

Some of the artwork by service users is set out below:



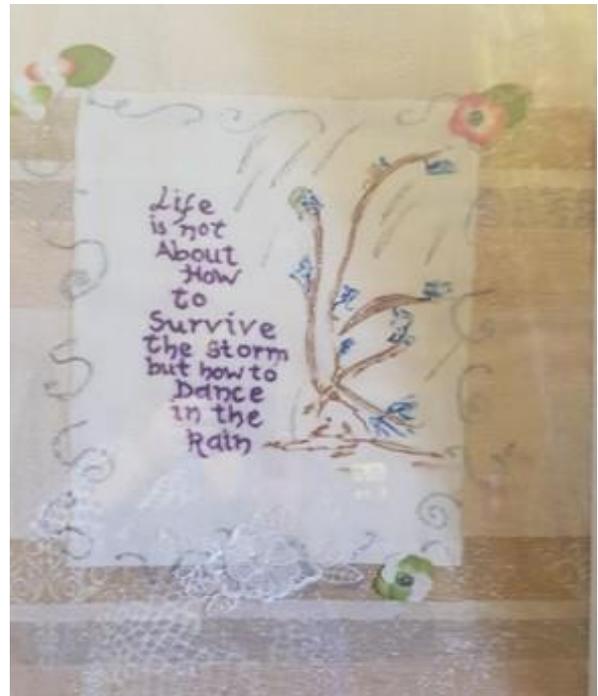
## Irish Advocacy Network (INA)

The Irish Advocacy Network is an independent, mental health organisation led by people with personal experience of mental

health difficulties. The service promotes recovery by offering advocacy, information and support to clients.

Representatives from the Irish Advocacy Network provide a weekly peer advocacy service to the service users in the adult approved centre.

Representatives are happy to note comments or concerns of individual service users and discuss these issues with staff on the service user's behalf.



## Mental Health World Day 2019

World Mental Health Day took place on the 10<sup>th</sup> October, 2019 and the theme for 2019 was suicide prevention. There are simple things we can do as part of our daily life to protect our mental health and connecting is one of the ways to do this.



Psychology, Social Work and Occupational Therapists hosted a number of Mental Health Ireland Connect Café's for service users, families and staff. The Connect Café provided an opportunity to promote the importance to our mental health of connecting: with ourselves, others and our community.



## Group Work

The Psychology Department provided over 90 groups on St Louise's. 5 measures of satisfaction were taken over the year.

- Satisfaction with the Group relationships scored 9.4 out of a possible total of 10.

- Satisfaction with Goals and Topics covered scored 8.8 out of 10.
- Satisfaction with the Approach of the group scored 9 out of 10
- Overall satisfaction scored 9 out of 10.

In addition the groups provided opportunities for trained staff and staff in training (nurses and psychologists) to upskill by participating in the groups.

The Psychology Department developed and delivered a series of workshops to support Careers/Family members in the Adolescent Day Hospital.

## Annual Christmas Carol Service

The Chaplaincy Department held their Annual Christmas Carol Service in Hospital Chapel.



The Hospital Choir celebrated the Christmas season by holding a wonderful service of well-known Christmas hymns.

Patients, staff, family and friends are all welcome. Following the Service mince pies and tea/coffee is provided in the canteen.

Some of the creative artwork from the young people, of the Adolescent Service in 2019



## EDUCATION AND TRAINING

**Mandatory Training under Regulation 26 Staffing of the Mental Health Commission's Judgement Support Framework: required for all healthcare professionals. The following courses are held throughout the year:**

Provider	Course	Frequency
Medical Emergency Medical Training And In-house by trained nurses	Basic Life Skills	Ongoing throughout year
Crisis Prevention Institute International	Management of Violence and Aggression	Ongoing throughout year
In-house by trained nurses	Breakaways and Control & Restraint	Ongoing throughout year
HSE Land (OnLine)	Mental Health Act 2001	On Line
HSE Land (OnLine)	Children's First	On Line
Hospital Fire Consultants	Fire Safety	Weekly

## Nursing

Training/Supervision received by Nurses in 2019
Communicating with People who have an Intellectual Disability
Supervision of Supervision (SOS): Bi-monthly supervision for our Clinical Supervisors
CBT Clinical Supervision
Individual Clinical Supervision
REBT (Rational Emotive Behaviour Therapy) Supervision – Group supervision takes place every 6-8 weeks
EMDR (Eye Movement Desensitisation and Reprocessing) Supervision
Improving Communication between teams at ward level
<p>Nurses commenced the following courses</p> <ul style="list-style-type: none"> <li>• Post Graduate Diploma in Mental Health TCD</li> <li>• MSc in Mental Health (Psychosocial Interventions) TCD</li> <li>• Post Graduate Diploma in (Child &amp; Adolescent) TCD</li> <li>• MSc in Nursing (Advanced Leadership) RCSI</li> <li>• MSc in Mental Health TCD</li> </ul>

<b>Training/Supervision received by Nurses in 2019</b>
Maastricht Interviewing – 3 day course
WRAP (Wellness Recovery Action Planning) Levels 1 and 2
Managing Complex Mental Health Problems using CBT
Managing Challenging Behaviour using a Behaviour Therapy Approach
Dementia Care Activities

## **Psychology Department**

<b>Training received by SVHF Psychologist in 2019</b>
Completed specialist training in the Collaborative assessment and management of Suicidality.

<b>Training/Supervision provided by SVHF Psychologist to SVHF Clinicians: 2019</b>
5 Day managing challenging behaviour using a behaviour therapy approach for nursing staff
Supervision for 6 psychologists in training
Supervision for Senior Registrars in their required psychotherapy placements
Supervision for nurses in CBT
Monthly peer supervision for psychologists

<b>Presentation Delivered by SVHF Psychologist in 2019</b>
3 presentations at an international conference in Derry

## **Publications in 2019 by SVHF Staff**

Gordon, E. & **Kenny, M.** (2019) Suicide Research: What have we learned about conducting sensitive research with vulnerable populations? Chapter 2 IN F. McSweeney & D. Williams (Eds.) Designing and Conducting Research in Social Science, Health and Social Care. London/NY: Routledge..

# FINANCIAL

## FINANCIAL REPORT

### St. Vincent's Hospital, Fairview

#### INCOME AND EXPENDITURE ACCOUNT for the year ended 31 December 2019

	<i>2019</i> €'000	<i>2018</i> €'000
<b><u>Income:</u></b>		
Grant income - Health Service Executive	15,360	14,775
Other income	1,956	2,141
	-----	-----
	17,316	16,916
	=====	=====
<b><u>Expenditure:</u></b>		
Staff costs	(13,418)	(13,572)
Supplies and services	(3,871)	(3,466)
	-----	-----
	(17,289)	(17,038)
	=====	=====
Operating (Deficit)/Surplus for the year	27	(122)
	-----	-----
(Deficit) / Surplus for the year	27	(122)
	-----	-----
(Deficit) at the beginning of the year	(142)	(20)
	=====	=====
(Deficit) at the end of the year	(115)	(142)
	=====	=====

## St. Vincent's Hospital, Fairview

### BALANCE SHEET

at 31 December 2019

	<b>2019</b> <b>€'000</b>	<b>2018</b> <b>€'000</b>
<b>FIXED ASSETS</b>	21,469	21,976
	<hr/>	<hr/>
<b>CURRENT ASSETS</b>		
Investments	1	1
Stocks	56	22
Debtors	2,685	2,575
Cash at bank and in hand	995	704
Patients private property – bank account	75	75
	<hr/>	<hr/>
	3,812	3,378
	<hr/>	<hr/>
<b>CREDITORS (amounts falling due within one year)</b>		
Creditors	(3,445)	(3,010)
Patients' private property	(75)	(75)
Bank overdraft	-	-
	<hr/>	<hr/>
	(3,520)	(3,085)
	<hr/>	<hr/>
<b>NET CURRENT ASSETS / (LIABILITIES)</b>	292	293
	<hr/>	<hr/>
<b>TOTAL CAPITAL EMPLOYED</b>	21,761	22,269
	<hr/> <hr/>	<hr/> <hr/>
<b>FINANCED BY</b>		
Capital grants and donations	21,469	21,976
Capital Development Fund	407	435
Income and expenditure account	(115)	(142)
	<hr/>	<hr/>
	21,761	22,269
	<hr/> <hr/>	<hr/> <hr/>