Our Mission Statement

We are inspired by the love of Catherine McAuley and the Sisters of Mercy.

We strive to Care for all patients with excellence, Cherish the uniqueness of each person and Treat them with compassion, love and integrity.

We are constantly challenged to meet the needs of our times, in all aspects of care, through ongoing education and research.
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Who we are

Cappagh National Orthopaedic Hospital is Ireland’s major centre for elective orthopaedic surgery. Cappagh has been the pioneer of orthopaedic surgery in Ireland and is now the biggest dedicated orthopaedic hospital in the country.

Cappagh National Orthopaedic Hospital is a Voluntary Hospital founded in 1908 under the care of the Sisters of Charity. It was once renowned for its ‘Open Air’ wards and for its surgical treatment of children with TB from the 1920s. It is now an elective hospital with 159 beds, catering for both public and private patients.

The hospital provides the full range of Orthopaedic services including Major Joint Replacement (Ankle, Hip, Knee, Shoulder, Elbow and Wrist), Spinal Surgery, Primary Bone Tumour service, Paediatric orthopaedics and Sports injuries.

Since October 2012 Cappagh has a dedicated active rehabilitation unit to treat patients following an acute episode to sustain independent living.
### Patient Demographic of Cappagh in 2014

#### Area of Residence Out-Patients 2014

<table>
<thead>
<tr>
<th>Area of Residence</th>
<th>Out-Patients 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donegal</td>
<td>2.2%</td>
</tr>
<tr>
<td>Derry</td>
<td>1.5%</td>
</tr>
<tr>
<td>Tyrone</td>
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</tr>
<tr>
<td>Monaghan</td>
<td>1.2%</td>
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<tr>
<td>Westmeath</td>
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<tr>
<td>Meath</td>
<td>7.2%</td>
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<tr>
<td>Louth</td>
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</tr>
<tr>
<td>Armagh</td>
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<td>Fermanagh</td>
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<tr>
<td>Longford</td>
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<tr>
<td>Leitrim</td>
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<tr>
<td>Cavan</td>
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<td>Mayo</td>
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Area of Residence
In-Patients/Day Cases
2014

<table>
<thead>
<tr>
<th>Area of Residence</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>0.01%</td>
</tr>
<tr>
<td>Scotland</td>
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Chairperson and Chief Executive Officer Reports

Report from the Chairperson of the Board of Directors

Financial Status

2014 continued the trend of recent years with regard to budgetary restraints. The HSE and Department of Health access targets for outpatient and inpatient/day case activity of 12 months and 8 months respectively remained applicable. These targets dictated activity levels in 2014 and the hospital successfully delivered on the national targets for day case and outpatient activity however this level of activity required additional financial support in the last quarter of 2014. The inpatient target was not achievable within the allocation.

There was much uncertainty in 2014 regarding budgetary support which hampered clear operational planning throughout the year. This was specifically compounded by new legislation having a direct impact in reducing health insurance income and the cessation of the National Treatment Purchase Fund. Despite this at year end the hospital achieved a substantive breakeven position.

As in 2013 the demand for the hospital services continued to grow in line with demographic predictions which greatly affect the ability of the hospital to deliver on access targets. Following consultation the Board of Directors received a commitment from the Minister for Health to provide financial support for 2015 that is broadly in line with the significant reductions in funding sources sustained throughout the year.

It will remain a priority of the Board of Directors to ensure that quality and safe patient care is central to all development and that the effect of current year financial restraint has minimal negative impact on the level of care provided to all service users.

Development Plan

In April 2014 as planned the new Central Decontamination Unit was commissioned and opened. This major development will ensure that the highest standards of decontamination achievable are available at the hospital to ensure patient safety.
Enabling works and planning permission applications were completed in 2014 to develop a new theatre recovery suite. The proposed new recovery facility will ensure the privacy and dignity of patients is guarded in the recovery setting and will enhance the efficient delivery of quality clinical care in an appropriate environment. This development will be completed in 2015 to ensure the major theatre and supporting infrastructure within the hospital is to current healthcare standards. These significant investments underline Cappagh Hospital’s commitment to development for the benefit of our patients.

Activity
In 2014 due to the significant reduction in direct and indirect funding the hospital was forced to reduce its levels of activity.

<table>
<thead>
<tr>
<th></th>
<th>Activity 2013</th>
<th>Activity 2014</th>
<th>HSE Target 2013 / 2014</th>
</tr>
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<tbody>
<tr>
<td>In-Patient</td>
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<td>1,917</td>
<td>2063</td>
</tr>
<tr>
<td>Day Case</td>
<td>7,414</td>
<td>5,889</td>
<td>6871</td>
</tr>
<tr>
<td>Out-Patient</td>
<td>12,302</td>
<td>11,899</td>
<td>8300</td>
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</table>

Board of Directors Retirements
Mr. Tony Kilduff concluded his term in the role of Board of Directors Chairperson in April 2014. Mr Alan Swan and Mr Samir Naji concluded their terms as directors of the Board of Directors in April 2014.

Conclusion
I would like to take this opportunity on behalf of the Board of Directors to acknowledge the years of service Mr Tony Kilduff voluntarily provided as Chairperson to both the Cappagh Hospital Foundation and more recently Cappagh Hospital.
Similarly, I wish to acknowledge Mr Alan Swan for his contribution as Director to Cappagh Hospital and Cappagh Hospital Foundation and Mr Samir Naji for his contribution as Director to Cappagh Hospital.
I would also like to thank the Senior Management Executive and the Medical Board for their efforts in 2014.

I wish to convey to the Chief Executive, Mr. Gordon Dunne, and to all the staff at Cappagh National Orthopaedic Hospital at all levels, in all disciplines and in all services the appreciation of the Board of Directors for their ongoing dedication to patient care and their commitment to excellence.

The hospital continues to be at the forefront of developments in orthopaedics, both nationally and internationally, this is achieved as a result of the hard work and commitment of everybody involved with the hospital.

I wish also to acknowledge the dedication of all staff to the reduction of costs and their adaptability in maintaining quality patient outcomes during financially challenging times.

Together we look forward to working to achieve our aims and objectives in 2015.

Mr. Jim Carr
Chairperson
Board of Directors
Report from the Chief Executive Officer

Financial Status

The total revenue allocation for 2014 was €25.396 million (€24.773 million 2013). The initial allocation was less than 2013 but additional funding was applied later in 2014 which was primarily to fund additional activity from Cavan General Hospital. The new Health Act 2013 gave rise to a considerable reduction in the rate of remuneration in private health insurance income; this coupled with the cessation of the NTPF resulted in a net reduction in funding of approximately €3.5m in support of baseline activity.

Initiatives continued to be undertaken throughout the year to improve operational efficiency. However given the significant financial challenge the hospital was forced to reduce activity to maintain a breakeven situation.

Subsequently 2014 orthopaedic surgical activity was weak in comparison to 2013, which was one of the hospital’s busiest years.

The Active Rehabilitation Unit increased capacity to 52 beds to assist with the winter surge. This unit has contributed to the general increase in bed days occupied throughout the year.

The hospital was successful in achieving national access targets in 2014 with the exception of inpatients however a trend of reducing allocation against increasing demand cannot be sustained.

Service Developments

Both the Central Decontamination Unit and the Out Patient extensions were commissioned and became fully operational early in 2014. Both developments will radically change the quality of service delivery to the patient.

The Central Decontamination Unit has been constructed and commissioned to the most recent European and National standards, ensuring an efficient and highly effective decontamination service to all service users. The new Pre-Operative Assessment Unit relocated to a new state of the art facility in April 2014 with good patient accommodation and office facilities for hospital staff which provides a much improved service for patients.
Funding was received during the year to develop a National Casting Programme for Registered Nurses (to be expended in 2015 and commence in early 2016). The aim of the programme is to design, develop and deliver a national formal accredited structured education programme in the area of casting techniques. Currently this programme is only available in the UK and Cappagh is to be the Irish national centre to provide this training.

In October and December 2014, the hospital’s laboratory was awarded accreditation by the Irish National Accreditation Board for compliance with ISO 15189 for Blood Transfusion, Haemovigilance and Microbiology tests. All laboratory departments now have tests accredited by INAB.

The hospital continued to support national access target initiatives in the North East Region. Patients from this initiative were transferred from Cavan General Hospital to have the required surgery at the National Orthopaedic Hospital Cappagh.

**Personnel**

I would like to pay special thanks to all the staff who retired from the hospital during 2014 and wish them well in future years.

I would like to express the gratitude of all staff and patients to the new volunteers who give freely of their time to assist patients through their journey to recovery. Their kindness and dedication is commendable.

**Conclusion**

I would like to acknowledge the support and mentorship of the Board of Directors members who concluded their service to the Board in 2014 - Chairman Mr. Tony Kilduff and Mr Samir Naji and Mr Alan Swan.

I would like to thank the new Chairman of the Board of Directors and the collective board for their support and advice and I look forward to working with them in the years ahead.

I would like to recognise the efforts and thank the patient representatives who give freely of their time to committees to ensure all service developments are focused on the patients’ needs.
I would like to thank the Sisters of Mercy for their commitment to developing Cappagh National Orthopaedic Hospital.

I would especially like to thank Mr. Keith Synnott, Chairman of the Medical Board and Dr. Brid Mc Grath, Secretary, Medical Board for their valued contribution to the running of the hospital.

I would also like to thank my own senior management executive team, Ms. Kathy O’Sullivan, Ms. Angela Lee, Ms. Roseanne Killeen and Ms. Aoife Gallagher for their loyalty, support and hard work during the year.

I would like to thank our Auditors, Ernst & Young, for their constant help and support.

Finally 2014 was a very challenging year for the hospital. The level of dedication, team spirit and sense of pride the staff of the hospital display is evident to all service users. It is clear that the patient is very firmly at the centre of staff activity.

Cappagh National Orthopaedic Hospital has established itself as a premier care hospital both nationally and internationally and it is my objective to ensure that we continue to serve our patients with an excellent service in the years ahead.

Mr. Gordon Dunne
Chief Executive Officer
New Central Decontamination Unit Opening – April 2014
New Central Decontamination Unit Opening – April 2014
Our purpose

To provide our patients the best standard of care in accordance with evidence based best practice in a safe environment.

What we do

Treating patients as individuals is at the heart of our patient centred care. In the following pages we present a summary of our work and some of our achievements and initiatives from the last year in the areas listed below, allowing us to continue to deliver quality personalised care along each step of the patient's journey.
Referrals
The majority of our orthopaedic patients are referred to us after an initial consultation with their GP. To help GP’s make decisive and timely referrals we continue to strengthen our relationships with them to ensure that together we can increase early access to diagnosis and achieve better outcomes for our patients.
Throughout 2014 we continued to receive and admit patients to our Active Rehabilitation Unit (ARU) from the Mater Misericordiae University Hospital and Connolly Hospital.

Outpatient Services Performance Improvement Programme (OSPIP)
Throughout 2014 we continued to work with the Department of Health’s Office of the National Lead, implementing the National Outpatient Services Performance Improvement Programme. This programme encompasses the HSE, SDU, the NTPF and all hospitals providing outpatient services. The programme aims to ensure timely, appropriate access to outpatient services so that the most appropriate member of the clinical team sees the right patient at the right time.
By the end of December 2014, the numbers of orthopaedic patients waiting for an outpatient appointment in Cappagh had reduced by 24% to 1,448 from 1,895 at the end of December 2013.

Patient Did Not Attend (DNA’s) Rate Reduction
The rate of DNA in the outpatient setting continued to be a major focus for the hospital in 2014. This focus has ensured that throughout 2014 the level of DNA has consistently remained below the hospital’s target of 8%.
Diagnosis
Accurate and quick diagnosis is vital in achieving better outcomes and in delivering an efficient and quality service to our patients. We have a specialist team and expert diagnostic services in our pathology department and comprehensive scanning facilities in our radiology departments.

Pathology Department
Our pathology department is made up of four specialties Biochemistry, Blood Transfusion, Haematology and Microbiology, all dedicated to the diagnosis of human disease and infection, to follow their progress and to monitor the effect of treatment.

Radiology Department
Our radiology departments (X-Ray and MRI) provide a service for all in-patients and out-patients in the hospital, as well as for referrers from all over Ireland. The departments continue to offer the most sophisticated service under the Guidance of Professor Stephen Eustace and Professor Eoin Kavanagh.

Radiology is equipped with two Philips MRI scanners – the 1.5T Gyroscan Intera and 3T Achieva TX. The 3T Achieva TX enables fast, high resolution scanning. Boasting higher intrinsic signal, the 3T Achieva MRI scanner provides superior image resolution resulting in improved detection of more subtle pathologies, improving overall patient diagnosis. Advanced imaging capabilities with this system include: musculoskeletal volume imaging, high quality neurological imaging and rapid whole body imaging. The department also has two Philips image intensifiers for screening in theatre.

Cappagh Hospital holds contracts with all of the private health insurers for MRI services.
Irish National Board Accreditation (INAB)
Following on from the Haematology and Biochemistry department achieving INAB accreditation at the end of 2013, the pathology department expanded its INAB scope of accreditation with on the 28th of October 2014 Blood Transfusion, Haemovigilance and Microbiology on the 9th of December 2014 also being awarded INAB accreditation for compliance with ISO 15189, bring the total of accredited tests / assays to 55.

National Radiology Quality Assurance (QA) Programme
In 2014, our MRI and X-Ray departments continued to participate in the QA programme. The aim of this programme is to promote patient safety and enhance the quality of patient care with accurate, timely and complete radiology diagnoses and reports.

The following QA processes were implemented in Cappagh in 2014 –

Peer Reviews - Radiologists track how often consultations occur during reporting and how often reports are reviewed by colleagues. Random reviews are carried out and quality improvement meetings facilitate shared learning from the reviews.

External Reviews & Audits - External reviews and audits are carried out by radiologists that are tracked to demonstrate compliance with the national guidelines.

Radiology Alerts - When a radiologist determines that there is an urgent finding, a new communication protocol is now followed. A radiology alert is sent to the attending consultant or GP and this alert remains open in the radiology department until an acknowledgement is received to say that the finding has been received and the report is understood.

Turnaround Time - The time taken to sign off reports is measured nationally and by each hospital. When sufficient data is available, national benchmarks will be established.
Treatment, Care & Rehabilitation
We pride ourselves on providing excellent standards of care to all patients. By working together and using collective expertise so as to ensure patients receive the best personalised care.

In order to achieve these high standards we have brought together an expert multidisciplinary team that is singularly focused on delivering exceptional patient care combined with best outcomes. Our teams provide patient centred and coordinated evidence based care with treatment and interventions tailored to our patient needs. Cappagh hospital has a very long tradition of delivering rehabilitation to our orthopaedic patients. Adding to this service since late 2012 is our dedicated Active Rehabilitation Unit (ARU). All our patients participate in intensive personalised rehabilitation plans, conducted by Medical, Rehabilitative Nursing, Physiotherapy, Occupational Therapy, Medical Social Work, Dietician and Speech & Language practitioneers as required.

National Casting Programme
In October 2014 Cappagh Nursing department submitted an application to the Nursing Midwife Planning & Development Unit (NMPDU) innovation funding initiative to develop a national casting programme for registered nurses. The aim of the programme is to develop a national formal accredited, structured education programme in the area of casting techniques.

Cappagh were approved funding to cover the cost of a Clinical Facilitator, upgrading of the training room and equipment. Cappagh will now become the National Centre to provide this training, as currently registered nurses have to travel to the UK as such a programme is only available there. The programme is due to commence before the end of March 2016, with each training programme taking up to 30 days to complete.
National Early Warning Scores (NEWS)
In 2014 all relevant staff completed training in the NEWS. NEWS is a tool used to ensure that deterioration in a patient’s clinical condition can be identified promptly and managed appropriately. This training is mandatory for new clinical staff that join the organisation.

Pressure Ulcer Collaborative

_Pressure Ulcers to Zero_ is the first large scale improvement healthcare collaborative to be undertaken in Ireland. It is supported by the HSE Quality and Patient Safety Division and the Royal College of Physicians, through the National Quality Improvement Programme.

The primary aim is to reduce the number of avoidable pressure ulcers across the healthcare system and to increase the capacity and capability of frontline clinical teams to improve the care they deliver.

The collaborative has started in Louth, Meath, Cavan, Monaghan and North Dublin, in partnership with staff, patients and carers across a range of settings including hospitals, primary care centres, nursing homes and other community and private residential centres.

In December 2013 we selected our active rehabilitation unit to participate in this initiative and a hospital multidisciplinary team was established to assist with the project. Data was collected monthly in 2014 in our Active Rehabilitation unit in relation to the number of acquired and inherited pressure ulcers. This data was monitored monthly by the Hospital Pressure Ulcer Prevention Committee and submitted to the Regional Quality and Patient Safety Department. The hospital procedure was reviewed and updated and additional measures were introduced to reduce avoidable pressure ulcers in the trial ward.

At the end of 2014 there was a 72% reduction in the number of avoidable pressure ulcers reported in Dublin North East. The plan for 2015 is to extend this to all inpatient areas.
Falls Prevention and Management Programme
The hospital Falls Prevention and Management programme was updated and further developed in 2014 to reflect the international patient safety goals and the Joint International Commission (JCI) accreditation standards for hospitals.
As such, all inpatients and all day cases are now assessed for their risk of falls and patient-specific preventative strategies are implemented. All patients attending the Pre-Operative Assessment Clinic are also screened for their risk of falls prior to their admission for surgery to ensure that the necessary preventative measures are put in place before their admission.
The updated assessment tool adopted from international guidelines and best practise provides for a multi-disciplinary approach to the prevention and management of falls.
The hospital has also designed a Falls Prevention leaflet which will be provided to all patients; this leaflet describes the programme in place so patients know what to expect prior to their admission. It also educates the patient and their family on what they can do to reduce their risk of falls both in their home environment and during their hospital stay.
The reduction in the number of inpatient falls will be one of the hospital’s KPI’s in 2015; the hospital aims to reduce the number of inpatient falls by 20% within a 12 month period.

Nursing Metrics
In 2014 Nursing continued to use the Acute Nursing Metrics and the nursing metrics for ‘Care of the Older Person’s Services’ to measure nurses contribution to fundamental nursing care.
Nursing Metrics are an agreed standard of measurement for nursing care, where care delivered to patients can be monitored against standards or benchmarks. The nursing care metrics cover areas which are of the highest concern in terms of risk.
Individualised reports are provided to each acute area indicating targets achieved using a traffic light system. The traffic light system enables healthcare staff to
identify when the quality of care being delivered has fallen below the required standard of care by visual colour coded traffic light effect.

The overall compliance rate with the acute metrics in 2014 was 90% and 88% in the care of the older persons services metrics.

In September 2014, the use of the Nursing Metrics was extended into our the Day Care Unit, High Dependency Unit and Theatre.

These metrics measure standards of nursing documentation in the following areas:-

- Pressure Ulcer Prevention
- Falls Management
- Medication Management and Storage
- Custody of Medications
- NEWS Observation and Evidence of Escalation
- Discharge Planning
- Pain Management
- Communication

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**Active Rehabilitation Unit (ARU)**

This unit specialises in assessing and actively rehabilitating patients from other acute hospitals who have experienced an acute medical episode. We work with our patients to ensure they are fit for discharge to their own home rather than long term care enabling patients to maintain a productive and independent life.

A total of 276 patients were admitted to the unit with 260 of these patients being discharged by year end. The average length of stay on the unit was 50.46 days, with 75% of the patients being discharged to home.

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**Occupational Therapy (OT)**

Our OT department is focused on the delivery of a quality and efficient service to both the orthopaedic and elderly rehabilitation. The staff continually provide a quality and dynamic occupational therapy service to both specialities within Cappagh while providing training places for student therapists and therapy
assistants, providing observation placements for transition year students, continuing with our in-house continuous professional development programme, manage staff turnover, deliver lecture modules to third level OT training programmes and maintain a supportive interdependent OT team in a fast paced and changing workplace environment.

The department’s key performance indicators for 2014 were -

- Ensuring pre-operative assessment of all lower limb joint replacement surgeries from March 2014 to year end;
- Ensure assessment and/or treatment of each upper limb patient referred to the OT service within 2 weeks of referral;
- Ensure preadmission telephone triage of each paediatric patient referred to our service;
- Ensure assessment of all orthopaedic in-patient referrals within 48 hours of receipt of referral;
- Ensure initial screening assessment of each patient admitted to the active rehabilitation ward within 48 hours of admission;

The OT staff were involved in the following activities during 2014:

- Conducted a study on the effectiveness of occupational therapy in an active rehabilitation unit setting and this was then a poster presentation at the Irish Gerontology Conference in October 2014.
- Instigated a pilot project working as part of the multidisciplinary team providing the occupational therapy service to children with absence of upper limb who have been provided with upper limb prosthesis. This service was delivered in conjunction with IDS (Orthotics) based at CNOH.
- Provided placement training opportunities to OT Assistant and students of Occupational Therapy programmes from Irish Universities plus European, USA and Canadian schools of Occupational Therapy.
- Created and delivered a weekly Falls Prevention Educational Group for patients and relatives of the active rehabilitation unit.
Research

Our clinical audit programme and joint register department continued to work in partnership to produce high quality research and studies, with the aim of developing better treatments for the benefit of our patients.

Joint Register Activity 2014

Please see below a breakdown of attendance levels at our joint register review clinics in 2014

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<thead>
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<th>REASON</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
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<td>2 Year Review</td>
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<td>Total</td>
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<td>213</td>
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<td>291</td>
<td>310</td>
<td>191</td>
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</table>

Clinical Audit Meetings 2014/2015

Since the last clinical audit meetings have taken place on the 5th of June 2014 (covering the period of December 2013 to May 2014) and on the 10th of January 2015 (covering the period of June to December 2014) with the agreed programme of clinical audit being in the following areas / clinical activity:

- Blood Transfusion
- Bone bank
- Convalescence Referrals
- Infection rates
- Length of Stay
- Morbidity & Mortality
- Physiotherapy Outcomes
- Pre-operative Assessment Outcomes
- Radiology Outcomes
- Theatre Productivity
- Transfers Out
- Waiting List
Education

Whether it’s sharing our learning with the clinical community or furthering the knowledge and improving the skills of our staff, education and training is made an absolute priority at Cappagh National Orthopaedic Hospital.
Department of Orthopaedic Surgery

Current Academic Staff

Head of Department
Professor John O’Byrne, MCh, FRCSI, FRCS(Orth), FFSEM, FFSEM(UK)

Administration
Ursula Gormally, BA(Hons), HDip(Risk), Dip(HSA)

Lecturers (2014/2015)
Richard Downey MB, BCh, BAO
Patrick Fahy-Browne MB BAO BCh
Gavin O’Reilly MRCS, MB BCh BAO
Jamie Corcoran MB BCh BAO BA

Outgoing Academic Staff (July 2013/2014)
Drs. Sean Gardiner, Nigel Phelan, and Patrick Rowland completed twelve-months contracts as Lecturers in Orthopaedic Surgery at the end of June 2013.

Undergraduate Activities
RCSI IC3 and GEP students attended Cappagh from 6th January until Friday 27th June 2014 inclusive.

Higher Degrees
Professor John O’Byrne is the Founding Director of the Modular Master of Surgery (MCh) programme at Royal College of Surgeons in Ireland.

Seminars, Conferences and Workshops
December 2013 - The Department hosted a day-long workshop, including live transmission of surgery for Bioengineers, Research and Development personnel and manufacturers of surgical implants, in conjunction with IBEC and The Irish Medical Devices Association (IMDA) at Cappagh National Orthopaedic Hospital.
May 2014 - The Department organised the Annual Cappagh National Orthopaedic Hospital Foundation Weekend, with Founder and Director of the internationally renowned Rothman Institute at Philadelphia, USA, Dr. Richard Rothman MD.

September 2014 - The Department organised, on behalf of Cappagh National Orthopaedic Hospital, as part of the Annual Orthopaedic Residents Prize meeting, a national seminar on Trauma Services, which included a morning guest lecture and seminar at RCSI by Dr. Chris Moran, ChM, FRCS(Tr. & Orth.), one of the UK Government’s advisors on change management for trauma services in Great Britain. Guests included Department of Health and HSE officials, as well as a large cross-section of clinical specialists in the provision of trauma services in the Republic and Northern Ireland.

Publications (October 2013 – September 2014)

SARS/ASIT Academic & Research Surgery Prize Winner:


4. Ryan KM, O’Brien K, Regan I, O’Byrne JM, Moore D, Kelly PM, Noel J, Butler J, Nolan B, Kiely PJ - 
The prevalence of abnormal preoperative coagulation tests in pediatric patients undergoing spinal surgery for scoliosis.

5. Shaarani SR, O’Hare C, Quinn A, Moyna N, Moran R, O’Byrne JM - 
Effect of prehabilitation on the outcome of anterior cruciate ligament reconstruction.

The accuracy and inter-observer reliability of acetate templating in total hip arthroplasty.

7. Comiskey D, MacDonald BJ, McCartney WT, Synnott K, O’Byrne J - 
Predicting the external formation of callus tissues in oblique bone fractures: idealised and clinical case studies.

8. Cunningham L, McCarthy T, O’Byrne J
Nursing Education Department
The nursing education department continued a varied programme of work throughout 2014; we endeavored to respond to national and international developments in orthopaedic and rehabilitative nursing, ensuring that our courses and in-training educational sessions are relevant to the qualifications of our workforce.

Postgraduate Diploma
Seven staff were successfully awarded a Postgraduate Diploma in Nursing (Orthopaedic) in 2014. Four staff commenced the programme in September 2014 with a fifth staff member due to commence the programme in January 2015. As part of the accreditation process for this programme which is run in conjunction with the School of Nursing, RCSI, a review of the programme was undertaken in 2014 and through the RCSI was submitted to the Nursing and Midwifery Board of Ireland for approval. We are currently awaiting the outcome of this process.

RSCI Orthopaedic Casting Course
A basic orthopaedic casting techniques course was held in February 2014. This course was jointly organised by the nursing education department and the theatre plaster room and was facilitated with the help of experienced casting personnel from hospitals around the country. This programme is approved by the Nursing and Midwifery Board of Ireland and is designed to provide an introduction to casting for nurse and medical personnel. In conjunction with the RCSI, we, in conjunction with the theatre plaster room are also involved in the delivery of a casting course for medical personnel as part of their continuing professional development.

Pressure Ulcer to Zero Collaborative
Cappagh was involved in a pilot project in the Dublin North East area focusing on reducing the incidence of Pressure Ulcers. As part of this project, for one week in September, a series of multi-disciplinary educational presentations, a quiz and raffle was organised and delivered.
National Nurses Orthopaedic Conference
We successfully hosted our annual National Nurses Orthopaedic Conference, now in its sixteenth year, in April 2014 with a variety of papers presented by nursing and medical staff -

- **The Productive Ward**
  Mr. Mark White *(National Lead for Productive Ward, Director, NMPDU HSE-South)*

- **Clinical Care Programme, Orthopaedics - An Overview**
  Ms. Catherine Farrell *(Programme Coordinator, Trauma and Orthopaedic Clinical Care Programme HSE / RCSI)*

- **A Pharmacological approach to preventing DVT – comparing the effectiveness of an oral anticoagulant with a subcutaneous injection**
  Ms. Eimear Curran *(Clinical Pharmacist, Cappagh National Orthopaedic Hospital)*

- **RCN Principles of Nursing Practice – applying the observant orthopaedic nursing eye**
  Ms. Elaine Collins *(Head of Clinical Services Nuffield Health Bristol Hospital, Bristol, UK)*

- **Developmental Dysplasia of the Hips as a Precursor to Total Hip Replacement**
  Ms. Julie Judd / Ms. Liz Wright *(Advanced Nurse Practitioners, University Hospital, Southampton, UK)*

- **Sexuality in the spinal cord injured patient**
  Ms. Ancy Abraham *(RGN, Mater Misericordiae University Hospital, Dublin)*

- **Osteoporosis Prevention**
  Mr. David Askin *(CNM, Osteoporosis Prevention, AMNCH, Tallaght, Dublin)*

- **"Is it broken or is it fractured? Information @ www.myorthoclinic.com"**
  Mr. Derek Crowley *(Orthopaedic Registrar)*

- **An Overview of foot conditions from an elective & trauma perspective**
  Mr. Paul Moroney, Consultant Orthopaedic Surgeon *(Cappagh National Orthopaedic Hospital / Mater Misericordiae University Hospital, Dublin)*
Other Educational Activities
Other activities / initiatives that took place throughout 2014 included the delivery of various study days and teaching sessions, these included:

- Basic Life Support training sessions for all clinical staff
- ECG interpretation study sessions
- Early warning score sessions
- Other in-service training sessions specific to care of the older person and orthopaedics
- Staff also attended ACLS, AED updates, ALERT, Preceptorship and PLS training

Staff Changes
Ms. Caroline Kilcoyne left the nurse education department in October 2014 for a nurse managers post in the ARU. We would like to take this opportunity to acknowledge her contribution to nurse education within the hospital over the past 9 years.
Staff

Thanks to the commitment and expertise of our staff, we have built a reputation for delivering the highest quality care.

Our Staff

Again in 2014 our staff showed outstanding commitment and dedication as they continued to deliver a high quality service with minimal disruption to patients despite severe employment ceiling restraints.

The on-going efforts, cooperation and support of department heads and all staff during the continuation of the Haddington Road Agreement have to be commended and appreciated.

The hospital continues to support staff as best it can within our budgetary and staffing constraints on education, training and development courses. Though funding is limited, the number of internal courses available and ran during 2014 rose.

The JobBridge initiative continues to be a success. During 2014, 19 JobBridge candidates completed placements in Cappagh. All reported very positive experiences while working in the hospital and the majority of candidates are now in paid employment.

Our Administration, Human Resources, Laboratory, Medical, Nursing, Occupational Therapy, Pharmacy, Physiotherapy and Social Work departments all welcomed new member(s) of staff in 2014.

In 2014 two long serving members of staff retired and one member of staff left under the voluntary redundancy scheme, to them and the other staff members who left Cappagh to take up employment in other organisations, we take this opportunity to thank them all for their service to Cappagh and wish them all the very best for the future.
Cappagh Hospital Foundation

Cappagh Hospital Foundation is the funding arm of the hospital and is solely dependent on the generosity of the Irish public. The funds raised by the Foundation are channelled into improving the facilities for patients at Cappagh and giving training to healthcare professionals working in the hospital so that they can give the best care possible to patients and patients can return to full mobility and health without delay. Funds are also channelled into research on how the practice of orthopaedics can be enhanced to the benefit of patients. Cappagh Hospital Foundation has raised over €20m since it was established, providing funding and support to the hospital on many levels, most notably:

- Sponsorship of 84 fellowships in orthopaedics
- Supporting nurses in their advanced education
- Funded over 40 orthopaedic research projects
- Funded the Hip and Knee National Register
- Funded over 21 lectures

Key achievements to date

- **Recovery Room** – will enhance the efficient use of all 7 theatres at Cappagh and ensure delays do not occur due to restricted recovery beds.
- **Ward Refurbishment** - will assist in managing infection in the hospital and create a more pleasant environment for patients.
• **Active Rehabilitation Unit** – its development is critical to enable patients to return to a productive and independent life after an acute medical episode.

• **Medical Education** - Cappagh National Orthopaedic Hospital is accredited internationally for Higher Surgical Training in Trauma and Orthopaedic Surgery, by the Joint Royal Colleges of Surgeons of Great Britain and Ireland, and is regularly inspected to ensure the hospital maintains international standards of education and training.

**2015**

In 2015 we are raising money for a Rehabilitation Gym at our Active Rehabilitation Unit (ARU). The ethos of the Active Rehabilitation Unit (ARU) is to help patients return to an active, confident and sociable life following a trauma or an acute medical episode. The new customised rehabilitation gym will provide a large, dedicated space for patients to complete their physiotherapy programmes, which will help them return to a more independent life. This new facility will give the patients more space to practice their walking, participate in classes and improve their balance and strength as well as enjoying the social benefits of interaction with their fellow patients and their care team. The proximity of the gym to the unit will also make the gym more accessible and convenient for the patients. To ensure this development, we need to raise €200,000.
Cappagh Crew Volunteer Programme

‘Cappagh Crew’ is Cappagh Hospital Foundation’s volunteer initiative designed to facilitate friendly, hospitality-oriented interaction between volunteers, the patients and their families. The programme is running in the Active Rehabilitation Unit, where the volunteers are improving the patients’ stay by organising group activities, chatting to individual patients, reading and trying to make the patients’ experience a more holistic one.

Cappagh National Orthopaedic Hospital is renowned as Ireland’s dedicated orthopaedic surgical centre which has successfully treated thousands of patients of all ages. Cappagh Hospital Foundation depends on the support of volunteers and donors to ensure that it can provide the best technology, facilities and access to orthopaedic care in a cutting edge, safe and modern hospital environment. The volunteer opportunities are available throughout the year.
Quality Account

We continually strive towards improving the quality of patient care as well as the overall patient experience as both are vital in achieving better outcomes. Our quality report summarises our performance over the last year and sets out our targets for 2014 and beyond.

Our Performance

Statement on Quality by the Chief Executive

The quality of services, patient safety and patient experience is central to all that we do here in Cappagh National Orthopaedic Hospital.

2014 was another great year as we continued to achieve high standards in all aspects of what we do despite ongoing monitory pressures. We continued our commitment in 2014 to deliver a quality, effective and efficient service and meet our corporate objectives for 2013 / 2014, which were:

1. Improve patient safety, clinical effectiveness and the patient experience
2. Deliver ongoing excellence in treatment and care
3. Deliver excellence in teaching and research
4. Ensure financial and environmental sustainability

Our commitment to quality in 2014 is evidence by the following initiatives and achievements.
National Standards for Safer Better Healthcare (NSSBH)
Throughout 2014 Cappagh’s quality department together with senior management and multidisciplinary groups continued to assess, implement, embed and monitor Cappagh’s compliance with these standards, initiating appropriate improvement plans and actions as required.

On the 9th and 10th of December 2014 Cappagh was audited by auditors from the HSE Quality and Patient Safety Division on Accountability Arrangements for Quality and Safety in Acute Hospitals. The aim of this audit was to provide assurance in relation to the accountability arrangements in place for quality and patient safety in a sample of five acute hospitals.

One of the objectives of the audit was to ‘Assess the level of compliance with the requirements of four selected standards from Theme 5 of the NSSBH (HIQA, 2012), including:

- Standard 5.1: Service providers have clear accountability arrangements to achieve the delivery of high quality, safe and reliable healthcare.
- Standard 5.2: Service providers have formalised governance arrangements for assuring the delivery of high quality, safe and reliable healthcare.
- Standard 5.3: Service providers maintain a publicly available statement of purpose that accurately describes the services provided, including how and where they are provided.
- Standard 5.9: The quality and safety of services provided on behalf of healthcare service providers are monitored through formalised agreements.

The auditors made 11 recommendations in their report, all of which have been actioned and scheduled for completion in 2015.

National Standards for the Prevention and Control of Healthcare Associated Infections
A HIQA (Health Information Quality Authority) audit team carried out an unannounced monitoring assessment in Cappagh against the National Standards for the Prevention and Control of Healthcare Associated Infections (HCAI’s) on the 15th of April 2014.
The unannounced on-site monitoring assessment focused on gathering information about compliance with two of the national standards:

Standard 3: Environment and Facilities Management, Criterion 3.6

The area assessed during this monitoring assessment was St Mary’s Ward.

The official report on the monitoring assessment was issued and published on the HIQA website on the 20th of May 2014. The report acknowledged the cooperation of staff during the monitoring assessment and concluded overall, that the physical environment and patient equipment on St. Mary’s ward were clean, with some exceptions.

The report summary went on to say that they found that there was positive commitment to embedding a culture of hand hygiene practice across the hospital and that this was evidenced through:

- the hand hygiene practice observed by the auditors in St. Mary’s ward,
- the national hand hygiene audit results achieved by the hospital,
- the hand hygiene advisory signage displayed,
- the attendance rates at hand hygiene training, and discussions with staff.

Also they noted that there was evidence that there were robust mechanisms in place to facilitate the communication of information regarding prevention and control of healthcare associated infections at all levels of the hospital. There were also examples of innovative practice such as a tagging system to ensure daily cleaning of glucometers, targeted hand hygiene signage and electronic escalation of non compliances on the hospital’s online audit and non-conformance database.

Cappagh was then tasked by HIQA with developing a quality improvement plan (QIP) that prioritises the improvements necessary to fully comply with the National Standards. The QIP was approved by the hospitals CEO Mr. Gordon Dunne and published on our website within six weeks of the date of publication of the assessment report. 13 actions were added to the QIP, bringing the total number of actions on the QIP to 59.
Hospital Accreditation

A decision was taken in late 2013 to change accreditation programmes from CHKS to the JCI (Joint Commission International) Accreditation Program for Hospitals. From early 2014 we focused on conducting a gap analysis against the JCI accreditation standards with multidisciplinary groups and initiating appropriate improvement plans and actions as required. Prioritisation was given to the implementation of the 6 JCI International Patient Safety Goals -

1. Identify Patients Correctly
2. Improve Effective Communication
3. Improve the safety of High-Alert Medications
4. Ensure Correct-Site, Correct Procedure, Correct-Patient Surgery
5. Reduction in the Risk of Healthcare Associated Infections
6. Reduction the Risk of Patient Harm Resulting from Falls

A ‘mock’ assessment was carried out on the 26th and 27th of November by a team of 4 auditors from Health Care Informed (HCI). HCI are partners with JCI to assist in increasing support and responsiveness to JCI clients in Ireland. This assessment was carried out in accordance with JCI, including the ‘tracer’ technique. The report received in December 2014 stated that ‘Areas of excellence were identified, particularly relating to the direct provision of care to patients. Where care provision to patients was observed by the surveyors, it was noted to be performed to a very high standard. Also commendable was the interaction between staff and patients, and patients were found to be well informed about the CNOH services they were receiving.’ It commended Cappagh for the large amount of work that has been done to date in developing processes to enhance the delivery of a high standard of patient care and implement an effective quality and safety management system.

The report was aimed to identify gaps and areas outstanding for development. Each standard that was found to be “Not Met” or “Partially Met” was listed. Quality Improvement Plans have been developed to address these non compliances.
**Integrated Governance Monitoring Report**

Throughout 2014 we continued to present our safety and quality assurance data through the quarterly compilation of Integrated Governance Monitoring Reports. 4 of these reports were compiled and presented to the hospital's Board of Directors, Medical Board and Senior Executive Management in 2014:

1. Report 5 - January to December 2013
2. Report 6 - January to March 2014
3. Report 7 - January to June 2014
4. Report 8 - January to September 2014

These reports provide a quarterly review of the governance of care, research and infrastructure provided in Cappagh by detailing the on-going and routine monitoring of compliance with key performance indicators, activity levels, audit and other national and international recognized quality indicators.

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**Dangerous Goods Safety Audit (DGSA)**

Dangerous Goods Safety Audits (DGSA) were carried out on the 17th of June and on the 1st of December 2014 by independent external auditors from DCM Compliance. The segregation, handling, storage and transport of dangerous goods were inspected in the relevant hospital areas / departments.

The subsequent reports commended the hospital on the following -

- Use of Bio-systems healthcare risk waste bins throughout the hospital.
- Signing of sharps bins in wards.
- Medical gas safety training undertaken by the hospital’s designated Authorised Person.
- Availability of clinical waste documentation for previous clinical waste consignments.
- Safe and secure storage of chemical products in the Main Kitchen, Pathology and Operating Theatre.
Training on segregation of healthcare waste undertaken by relevant hospital staff.
Retention of documentation for previous healthcare risk waste consignments.
Waste segregation training programme conducted by the Interim Facilities Manager.
Housekeeping maintained in the healthcare risk waste compound.
Healthcare risk waste segregation practices in place in the hospital wards.
Secure storage of medical gas cylinders in the gas manifold rooms.
Chemical storage facilities in the Household and Catering departments.

A total of 32 observations and 1 non conformance were noted in the audits, with the non conformance being against some departments having not completed risk assessments on some chemical agents. Quality Improvement Plans (QIP’s) were prepared to address the non conformance and observations, with appropriate actions being assigned to the relevant personnel for completion by agreed due dates.

**HSE Environmental Health Officer (EHO) Inspection**
EHO inspections were carried out on the 10th and the 18th of September 2014 in our main and ward kitchens. 44 non conformances were found in total in the following areas:
- 22 Structural
- 10 Cleaning
- 8 HACCP & Documentation
- 4 Miscellaneous

Following the inspections quality improvement plans (QIPs) were agreed to address issues cited. As in 2013 QIP’s were prioritised with actions relating to structural work completed as funding became available.
**Priorities for Quality Improvement**

The following summarises the specific objectives we set ourselves in 2013/2014 to ensure Safer Better Healthcare.

Our performance against these objectives are 'graded' were possible as follows -

- ✔ ✔ ✔  Target Exceeded
- ✔ ✔  Target Met
- ✔  Target Partial / Almost Met
- ✗  Target Not Met

**Priority 1**
To ensure patients have equitable access to treatment and to reduce waiting times

**Priority 2**
To reduce patients non attendance (DNA’s)

**Priority 3**
To ensure effective management of patient feedback

**Priority 4**
Avoidance of unplanned return to theatre within 30 days of initial procedure

**Priority 5**
To admit patients on same day of surgery (SDA), where possible

**Priority 6**
Reduction in the risk and incidences of patient falls

**Priority 7**
To attain hospital accreditation(s) and establishment licenses

**Priority 8**
To achieve the HSE acceptable absenteeism rate
Person Centred Care and Support

Priority 1

To ensure patients have equitable access to treatment and reduce waiting times

Target

To achieve an increase in the number of patients who have access to treatment based on their assessed needs by increasing activity and reducing in-patient and out patient waiting times

How did we perform in 2013 / 2014?

1.1 Overall Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Running Total 2013</th>
<th>Running Total 2014</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>THR</td>
<td>670</td>
<td>435</td>
<td>X</td>
</tr>
<tr>
<td>TKR</td>
<td>568</td>
<td>349</td>
<td>X</td>
</tr>
<tr>
<td>RTHR</td>
<td>110</td>
<td>78</td>
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</tr>
<tr>
<td>RTKR</td>
<td>41</td>
<td>21</td>
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<tr>
<td>Other</td>
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<tr>
<td>Day Case Theatre</td>
<td>678</td>
<td>473</td>
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</tr>
<tr>
<td>Rehab Discharges</td>
<td>211</td>
<td>260</td>
<td>✓ ✓ ✓</td>
</tr>
</tbody>
</table>
1.2 Waiting Lists Referrals

In-Patient Waiting List Referrals

Overall Performance

Day Case Waiting List Referrals
### 1.3 Waiting Lists Referrals

#### Joints Boarded to Waiting List / Procedure Done 2013 & 2014

<table>
<thead>
<tr>
<th></th>
<th>Primary Hip</th>
<th>Revision Hip</th>
</tr>
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<tbody>
<tr>
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<tr>
<td>February</td>
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<td>June</td>
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<td>July</td>
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<td>September</td>
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<td>November</td>
<td>66</td>
<td>76</td>
</tr>
<tr>
<td>December</td>
<td>28</td>
<td>50</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>789</strong></td>
<td><strong>670</strong></td>
</tr>
</tbody>
</table>

**Performance:**

- ✓: Below target
- X: Above target

-21 in Primary Hip and -36 in Revision Hip indicate improvement over the previous year.
### Joints Boarded to Waiting List / Procedure Done 2013 & 2014

#### Primary Knee

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<tr>
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<th>2014</th>
<th>Diff</th>
<th>Performance</th>
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<td>45</td>
<td>-22</td>
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<tr>
<td>September</td>
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<tr>
<td>October</td>
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<tr>
<td>November</td>
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<td>December</td>
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<tr>
<td>Total</td>
<td>660</td>
<td>568</td>
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#### Revision Knee

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<th>Diff</th>
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<td>July</td>
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<tr>
<td>August</td>
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<td>September</td>
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<tr>
<td>Total</td>
<td>42</td>
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</table>
1.4 Patient length of Stay (LOS) / Delayed Discharge (in days)

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<th>Target Average</th>
<th>Average LOS 2013</th>
<th>Average LOS 2014</th>
<th>Performance</th>
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<td>9.9</td>
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<td>9.15</td>
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<td>Other Ortho</td>
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<tr>
<td></td>
<td>3.2</td>
<td>3.07</td>
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<tr>
<td></td>
<td>3.54</td>
<td>3.05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehab</td>
<td>42</td>
<td>50.6</td>
<td>50.46</td>
<td>X</td>
</tr>
</tbody>
</table>

Targets based on national clinical care programme top 10 percentile national performance

1.5 Ward Activity 2014

<table>
<thead>
<tr>
<th></th>
<th>Day Ward</th>
<th>Teresa’s ARU</th>
<th>Paul’s HDU</th>
<th>SDA</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available bed days</td>
<td>8575</td>
<td>9183</td>
<td>15211</td>
<td></td>
<td>28454</td>
</tr>
<tr>
<td>Bed days occupied</td>
<td>5802</td>
<td>3842</td>
<td>14857</td>
<td>643</td>
<td>22088</td>
</tr>
<tr>
<td>% Occupancy</td>
<td>68%</td>
<td>42%</td>
<td>98%</td>
<td>80%</td>
<td>78%</td>
</tr>
<tr>
<td>Admissions</td>
<td>3936</td>
<td>1170</td>
<td>275</td>
<td>494</td>
<td>29*</td>
</tr>
<tr>
<td>Discharges</td>
<td>3936</td>
<td>1170</td>
<td>260</td>
<td>494</td>
<td>29</td>
</tr>
<tr>
<td>Average LOS in days</td>
<td>3.54</td>
<td>50.46</td>
<td>5.94</td>
<td></td>
<td>1998</td>
</tr>
<tr>
<td>Mode LOS</td>
<td>1</td>
<td>28</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delayed discharge patient*</td>
<td>3</td>
<td>21</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Delayed discharge bed days*</td>
<td>13</td>
<td>764</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Day Case conversion to Inpatient</td>
<td>76</td>
<td></td>
<td></td>
<td></td>
<td>76</td>
</tr>
</tbody>
</table>

*Number of 29 patients for SDA (Same day Admissions) ward is the number of patients who where admitted but discharged on the day
Priority 2

To reduce patients non attendance (DNA's)

Target

Not to exceed the percentage target in the number of in-patients and out-patients non attendance (DNA's) at hospital appointments

How did we perform in 2013 / 2014?

2.1 DNA’s

<table>
<thead>
<tr>
<th>Area / Department DNA’s</th>
<th>Target</th>
<th>% DNA 2013</th>
<th>% DNA 2014</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>&lt;8%</td>
<td>5%</td>
<td>5%</td>
<td>✔ ✔</td>
</tr>
<tr>
<td>Review</td>
<td></td>
<td>6%</td>
<td>7%</td>
<td>✔ ✔</td>
</tr>
<tr>
<td>MSK Clinics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>&lt;8%</td>
<td>7%</td>
<td>7%</td>
<td>✔ ✔</td>
</tr>
<tr>
<td>Review</td>
<td></td>
<td>15%</td>
<td>22%</td>
<td>X</td>
</tr>
<tr>
<td>Peri-operative Assessment Clinic</td>
<td>&lt;8%</td>
<td>2%</td>
<td>2%</td>
<td>✔ ✔ ✔</td>
</tr>
<tr>
<td>Joint Register Clinic</td>
<td>&lt;8%</td>
<td>15%</td>
<td>6%</td>
<td>✔ ✔</td>
</tr>
<tr>
<td>Day Case</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>&lt;8%</td>
<td>3%</td>
<td>4%</td>
<td>✔ ✔ ✔</td>
</tr>
<tr>
<td>Review</td>
<td></td>
<td>7%</td>
<td>5%</td>
<td>✔ ✔</td>
</tr>
<tr>
<td>Radiology</td>
<td>&lt;8%</td>
<td>6%</td>
<td>3%</td>
<td>✔ ✔ ✔</td>
</tr>
</tbody>
</table>
Priority 3

To ensure effective management of patient feedback

Target

That formal complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout the process

How did we perform in 2013 / 2014?

3.1 Complaints

<table>
<thead>
<tr>
<th>Complaint Category</th>
<th>Total 2013</th>
<th>Total 2014</th>
<th>Responded to within 28 days</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Judgement</td>
<td>0</td>
<td>1</td>
<td>Yes</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>Communication</td>
<td>4</td>
<td>1</td>
<td>Yes</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>Delays / Waiting times</td>
<td>2</td>
<td>3</td>
<td>Yes</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>Staff Attitude Manner</td>
<td>2</td>
<td>1</td>
<td>Yes</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>Treatment / Service Delivery</td>
<td>3</td>
<td>13</td>
<td>Yes</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>2</td>
<td>Yes</td>
<td>✓ ✓</td>
</tr>
</tbody>
</table>
Effective Care and Support

Priority 4

Avoidance of unplanned return to theatre within 30 days of initial procedure

Target

Not to exceed the percentage target for the number of patients who had unplanned returns to theatre within 30 days of their initial procedure

How did we perform in 2013 / 2014?

4.1 % of Patients Unplanned to Returns to Theatre

<table>
<thead>
<tr>
<th>Target</th>
<th>2013%</th>
<th>2014%</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;1%</td>
<td>0.5%</td>
<td>0.1%</td>
<td>✓ ✓</td>
</tr>
</tbody>
</table>

Priority 5

Patients, where possible, are admitted on same day of surgery (SDA)

Target

That a minimum of 85% of elective surgery patients are admitted on the morning of their scheduled surgery

How did we perform in 2013 / 2014?

5.1 Same Day Admissions (SDA)

<table>
<thead>
<tr>
<th>Month</th>
<th>SDA 2013</th>
<th>SDA 2014</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>98%</td>
<td>99%</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td>February</td>
<td>99%</td>
<td>98%</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td>March</td>
<td>99%</td>
<td>98%</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td>April</td>
<td>99%</td>
<td>94%</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td>May</td>
<td>99%</td>
<td>89%</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>June</td>
<td>98%</td>
<td>88%</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>July</td>
<td>99%</td>
<td>83%</td>
<td>X</td>
</tr>
<tr>
<td>August</td>
<td>98%</td>
<td>81%</td>
<td>X</td>
</tr>
<tr>
<td>September</td>
<td>97%</td>
<td>85%</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>October</td>
<td>99%</td>
<td>83%</td>
<td>X</td>
</tr>
<tr>
<td>November</td>
<td>96%</td>
<td>90%</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td>December</td>
<td>97%</td>
<td>93%</td>
<td>✓ ✓ ✓</td>
</tr>
</tbody>
</table>
**Safe Care and Support**

**Priority 6**

**Reduction in the risk and incidence of patient falls**

**Target**

To reduce the risk and incidence of patient falls

**How did we perform in 2013 / 2014?**

6.1 Reported Falls Incidents

<table>
<thead>
<tr>
<th></th>
<th>Total 2013</th>
<th>2014</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Falls</td>
<td>113</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
</tr>
<tr>
<td>No. of Falls resulting in Injury</td>
<td>10</td>
<td>7</td>
<td>1</td>
</tr>
</tbody>
</table>

**Safe Care and Support**

**Priority 7**

**Reduction in the risk and incidence of patient falls**

**Target**

To ensure that awarded accreditation standards and licenses are adhered to and maintained

**How did we perform in 2013 / 2014?**

7.1 Regulatory Bodies

<table>
<thead>
<tr>
<th>Awarding Body</th>
<th>Inspection(s) 2013/2014</th>
<th>Status</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>INAB Accreditation</td>
<td>March 2013</td>
<td>55 tests in total accredited</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>IMB</td>
<td>October 2013</td>
<td>Tissue establishment license valid until October 2015</td>
<td>✓ ✓</td>
</tr>
</tbody>
</table>
Safe Care and Support

Priority 8

To achieve the HSE acceptable absenteeism rate

Target

To ensure that the staff absenteeism rate is compliant with the HSE acceptable absenteeism rate – 3.5% or less

How did we perform in 2013 / 2014?

8.1 Absenteeism Rates

<table>
<thead>
<tr>
<th></th>
<th>Average Absenteeism Rate</th>
<th>HSE Target</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>3.36%</td>
<td>&lt;3.5%</td>
<td>✔ ✔</td>
</tr>
<tr>
<td>2014</td>
<td>3.06%</td>
<td></td>
<td>✔ ✔</td>
</tr>
</tbody>
</table>
Governance

Cappagh National Orthopaedic Hospital continues to maintain an excellent performance record. We have developed strong governance arrangements through our Board of Directors and Senior Management Executive.
Our Board of Directors

Mr. Jim Carr  
Chairperson

Mr. Gordon Dunne  
CEO

Sr. Sheila Cronin

Mr. Patrick Mahony  
Company Secretary

Ms. Angela Lee  
Financial Controller

Ms. Eve Linders

Dr. Brid M'Grath  
Consultant Anaesthetist

Ms. Kathy O’Sullivan  
Director of Nursing

Mr. Keith Synnott  
Consultant Orthopaedic Surgeon

* Not pictured above is board member Mr. John Wilkinson
The work of the Board of Directors

The Board of Directors of Cappagh National Orthopaedic Hospital comprises of a balance of skills, knowledge and experience appropriate to the governance and oversight of the organisation.

Decisions taken by the Board include the following:

- Regulations and control
- Policy establishment and determination
- Strategic decisions, business plans and budgets
- Oversight, monitoring and continuous appraisal of the organisation's activity and quality of service
- Receipt and approval of the hospital's Annual Report and Financial Statements

Decisions delegated to the Senior Management Executive include policy implementation and operational management. The Executive meets every four to six weeks.

There were no fees or expenses paid to board members in 2014.

Board of Director involvement in Hospital Committees

Sr. Sheila Cronin is chairperson of the Clinical Governance & Clinical Risk Committee

Ms. Eve Linders is chairperson of the Patient Care and Mission Committees

Dr. Brid Mc Grath is secretary of the Medical Board; a member of the Senior Management Executive, chairperson of the Drugs & Therapeutics and Tissue & Transfusion committees and a member of the Clinical Governance & Clinical Risk Committee and Clinical Audit

Mr. John Wilkinson is a member of the Ethics, Audit and Finance Committees

Mr. Gordon Dunne, Ms. Angela Lee and Ms. Kathy O’ Sullivan sit on the numerous hospital committees listed below, with the Senior Management Executive represented at all hospital committees by at least one member
Senior Management Executive

The Senior Management Executive is made up of the following members

Mr. Gordon Dunne  CEO
Ms. Aoife Gallagher  Director of Human Resources / Operations
Ms. Roseanne Killeen  Director of Human Resources / Operations
Ms. Angela Lee  Financial Controller
Dr. Brid Mc Grath  Consultant Anaesthetist / Secretary of Medical Board
Ms. Kathy O’Sullivan  Director of Nursing
Mr. Keith Synnott  Consultant Orthopaedic Surgeon/Chair of Medical Board

Medical Board Members

Mr. Keith Synnott  (Chairperson)  Dr. Brid Mc Grath  (Hon. Secretary)
Dr. Kathryn Byrne  Mr. Peter Keogh
Ms. Elizabeth Callaly  Dr. Miriam Langdon
Mr. James Cashman  Dr. Avine Lydon
Ms. Noelle Cassidy  Dr. Conor Mc Carthy
Mr. Denis Collins  Prof. Geraldine Mc Carthy
Mr. Paul Connolly  Prof. Damian Mc Cormack
Dr. Frances Conway  Dr. Brendan Mc Garvey
Mr. Paul Curtin  Mr. Paul Moroney
Dr. Binu Dinesh  Mr. Seamus Morris
Mr. Michael Donnelly  Prof. Kevin Mulhall
Dr. Joe Duggan  Mr. Hannan Mullett
Dr. Nicholas Eustace  Prof. John O’Byrne
Prof. Stephen Eustace  Dr. Frances O’Donovan
Ms. Olivia Flannery  Mr. Seamus O’Flanagan
Mr. Robert Flavin  Prof. Peter O’Gorman
Dr. Conor Hearty  Prof. Conor O’ Keane
Dr. Patrick Higgins  Dr. Geraldine O’Leary
Mr. Niall Hogan  Mr. Kieran O’Shea
Mr. Donough Howard  Mr. Gary O’Toole
Dr. Kim Hunter  Prof. Dermot Power
Mr. Conor Hurson  Dr. Cormac Redahan
Mr. Darragh Hynes  Mr. James Walsh
Prof. Eoin Kavanagh
Dr. Grainne Kearns
Mr. Patrick Kenny
Hospital Committees & Group

Bed Management
Catering
Child & Vulnerable Adults Protection
Clinical Governance and Clinical Risk
Clinical Nurse Managers
Clinical Nurse Specialist
Clinical Research Ethics
Department Heads
Diagnostic Imaging IV Protocol Review
Drugs & Therapeutic
Early Warning Score Implementation
Education
Finance
Financial Audit
HDU
Health, Safety & Risk Management
Healthcare Assistant
Healthcare Records Management
Hygiene Services
Infection Prevention & Control
Infrastructure Development
IT Development
Medication Management
Mission Effectiveness
Nursing - AHP's
Nursing Clinical Audit
Nursing - Stores
Out Patients Service Review
Pain Management
Patient Care
Procurement
Quality Review
Radiation Safety
Staff Nurse
Technical Services
Theatre Users
Tissue & Transfusion
Training
Wound Management
Finance
The following information is an overview of Cappagh National Orthopaedic Hospital’s financial position as of the 31st of December 2014
### PROFIT AND LOSS Account

**For the year ended 31 December 2014**

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€’000</td>
<td>€’000</td>
</tr>
<tr>
<td><strong>Turnover</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue Allocation</td>
<td>25,396</td>
<td>24,773</td>
</tr>
<tr>
<td>Patient income</td>
<td>2,235</td>
<td>4,274</td>
</tr>
<tr>
<td>Other income</td>
<td>6,110</td>
<td>6,103</td>
</tr>
<tr>
<td><strong>Total turnover</strong></td>
<td>33,741</td>
<td>35,150</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other operating income - Grants amortised</td>
<td>801</td>
<td>943</td>
</tr>
<tr>
<td>Staff costs</td>
<td>(21,612)</td>
<td>(22,029)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(801)</td>
<td>(943)</td>
</tr>
<tr>
<td>Other operating charges</td>
<td>(11,683)</td>
<td>(13,722)</td>
</tr>
<tr>
<td><strong>Operating Profit / (loss)</strong> - continuing activities</td>
<td>446</td>
<td>(601)</td>
</tr>
<tr>
<td>Interest payable and similar charges</td>
<td>(11)</td>
<td>(6)</td>
</tr>
<tr>
<td><strong>Profit/ (loss) on ordinary activities before taxation</strong></td>
<td>435</td>
<td>(607)</td>
</tr>
<tr>
<td>Taxation on (loss)/profit on ordinary activities</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Profit/ (loss) profit for the financial year</strong></td>
<td>435</td>
<td>(607)</td>
</tr>
</tbody>
</table>
**BALANCE SHEET**  
*at 31 December 2014*

<table>
<thead>
<tr>
<th></th>
<th>2014 €'000</th>
<th>2013 €'000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS EMPLOYED</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FIXED ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible assets</td>
<td>14,495</td>
<td>13,874</td>
</tr>
<tr>
<td>__________</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks</td>
<td>653</td>
<td>632</td>
</tr>
<tr>
<td>Debtors</td>
<td>3,517</td>
<td>5,035</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>565</td>
<td>1,092</td>
</tr>
<tr>
<td>__________</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td><strong>CREDITORS</strong> (amounts falling due within one year)</td>
<td>(4,207)</td>
<td>(5,669)</td>
</tr>
<tr>
<td>__________</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td><strong>NET CURRENT ASSETS/ (LIABILITIES)</strong></td>
<td>528</td>
<td>1,090</td>
</tr>
<tr>
<td>__________</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS LESS CURRENT LIABILITIES</strong></td>
<td>15,023</td>
<td>14,964</td>
</tr>
<tr>
<td>__________</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td><strong>CREDITORS</strong> (amounts falling due after more than one year)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>__________</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td><strong>CAPITAL GRANTS</strong></td>
<td>(14,968)</td>
<td>(15,344)</td>
</tr>
<tr>
<td>__________</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td><strong>NET ASSETS/ (LIABILITIES)</strong></td>
<td>55</td>
<td>(380)</td>
</tr>
<tr>
<td>__________</td>
<td>__________</td>
<td>__________</td>
</tr>
</tbody>
</table>

**CAPITAL AND RESERVES**

|                      |            |            |
| Called up share capital | -         | -          |
| Profit and loss account | 26        | (409)      |
| Other reserves         | 29         | 29         |
| __________             | __________ | __________ |
| Shareholders' funds (deficit) | 55    | (380)     |
| __________             | __________ | __________ |
Notes