

St. Vincent's Healthcāre  
GROUP LIMITED



Annual Report 2006



## **MISSION STATEMENT**

***St. Vincent's Healthcare Group Limited***

***St. Vincent's University Hospital***

***St. Michael's Hospital DunLaoghaire***

***St. Vincent's Private Hospital***

*The values underlying the philosophy of St Vincent's Healthcare Group in relation to our care of patients and staff are those of human dignity, compassion, justice, quality and advocacy, which are based on the mission and philosophy of the Religious Sisters of Charity, our shareholders.*

*We strive to maintain excellence in clinical care, education and research.*

*We will continue to develop the Healthcare Group in line with the above principles and with our responsibilities to the wider Irish healthcare system.*



**ANNUAL REPORT 2006**

**FOR**

**ST. VINCENT'S HEALTHCARE  
GROUP LIMITED**

## CONTENTS

Board of Directors	5
Overview by the Chairman of the Board of Directors	7
Group Chief Executive Report	10
Members of the Group Executive	17
Report by the Chairman of the Medical Board	18
Finance Report 2006	21
St Vincent's Healthcare Group Limited. Company Branch Accounts for the Year Ended 2006	25
Financial Analysis	27
Governance and Management Structure	28
Statistics	29
Departmental Statistics	30

## BOARD OF DIRECTORS



*Chairman*  
Professor Noel Whelan



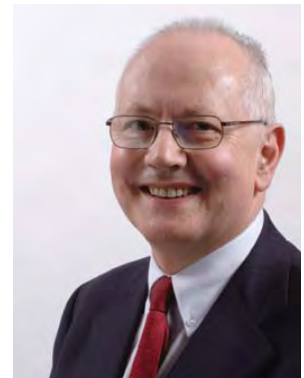
Mr. Edmond J. Bergin



Sr. Eugene Butler



Ms. Louise English



Professor M. X. FitzGerald



Mr. N. C. Jermyn



Mr. Joe Leyden



Sr. Anne MacEneaney



Dr. Brian Maurer  
(to September 2006)



Ms. Gemma McCrohan



Mr. Patrick Meade



Prof. Diarmuid O'Donoghue  
(Appointed 1st October 2006)



Dr. Risteárd Ó Laoide



Mr. W. R. Quinlan

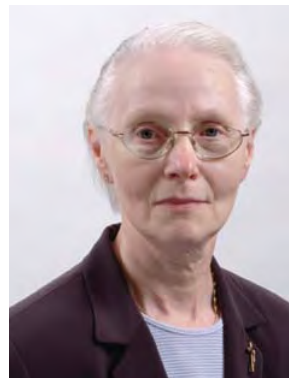


Mr. Conor Sexton

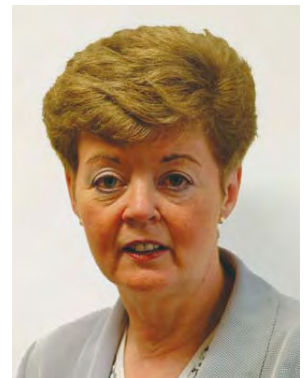


Dr. Michael Somers

## IN ATTENDANCE



Sr. Therese Culhane



Ms. Mary Duff



Mr. Eamonn Fitzgerald  
(to August 2006)



Mr. Cormac Maloney



Mr. Michael Redmond



## OVERVIEW BY THE CHAIRMAN OF THE BOARD OF DIRECTORS

I have pleasure in presenting, on behalf of the Board of Directors, the annual report of St. Vincent's Healthcare Group Ltd for the year 2006. This is the fourth annual report from the group, which comprises St. Vincent's University Hospital, St. Vincent's Private Hospital, and St. Michael's Hospital (Dun Laoghaire, Co. Dublin).

Details of the many challenging and exciting issues and opportunities which arose for the group during 2006 are contained in the report from the Group Chief Executive Officer. So, I shall concentrate here on the strategic matters which have arisen from the group board's perspective, and which will shape the group's future development.

### ONGOING GROUP MANAGEMENT

St. Vincent's Healthcare Group was formed over four years ago; since then, the board's managerial emphasis has been *on* integrating the individual group hospitals in the context of the group's ethos and plans, *on* group consolidation, and *on* positioning the group so that it may contribute effectively both to Ireland's national and regional clinical health-care delivery requirements and to medical education and research. By and large, these objectives have now been achieved, and the current emphasis is on expanding and deepening the group's hospital asset base to ensure that the group is in a position to deliver state-of-the-art and excellent clinical care, medical research, and medical education. In a fast-moving and highly scientific and technological environment such as relates to medicine and health, this is a major task which calls for the constant review of the group's physical and scientific technological capacity; the group's Board of Directors have been pursuing it relentlessly during year 2006. As in previous years, the

pursuit of the group's objectives has taken place in the context of major challenges which arise within the health sector, of serious resource constraints, and of the ever-increasing demand for the health services provided by the group. The on-going development of the Health Services Executive, the national health sector reform programme, inadequate hospital bed capacity, inadequate hospital isolation facilities, and overstretched accident and emergency services are some of the serious issues which have faced the group during the year 2006. Both the Board of Directors and group management have pursued economies of scale and productivity increases wherever possible without reducing the quality of clinical care delivered to the public; and they have reinforced these by networking, creating alliances and establishing synergies with other hospitals and health/medical entities.

### STRATEGIC ISSUES

During year 2006, the following strategic issues were pursued and dealt with by the Board of Directors and group management:

**Group Governance:** I reported last year on the various individual governance issues which were put in place by the group board. These have resulted in a board which has a sound and thorough governance base (general, clinical, managerial, and operational), and which is underpinned by a fundamental group charter and mission statement which is patient focused, by a focused and active board committee system, and by a systematic programme of board meetings which are devoted to both the strategic development of the group and to the group's on-going operational development. For instance, a number of special board meetings took place during year 2006; these dealt with the

### OVERVIEW BY THE CHAIRMAN OF THE BOARD OF DIRECTORS

implementation of the strategic framework which exists for the group's development, with the overall strategic direction of the group's research and education programmes, with the infrastructural development of the Group's three constituent hospitals, and with the current group management structure. We are at present addressing how the Board of Directors should be audited to ensure that it is performing effectively and efficiently. In addition, during year 2006 the group board had in-depth presentations and discussions on key strategic operational issues: accident and emergency services; care of the elderly; MRSA and hospital acquired infections, and clinical risk. Two Board Directors retired during year 2006: Mr. Stewart Harrington and Dr. Brian Maurer. To mark the valuable contribution which Mr. Harrington and Dr. Maurer made to Board business during their terms of office, and to ensure their continuing general involvement in Group affairs, the Board of Directors has awarded each of them the status of Director Emeritus.

**Group Planning:** A comprehensive strategic framework was drawn up in year 2005 for the Group's future development over the period 2006 to 2010. The Board of Directors, the group Medical Board and group management were involved in its formulation and are now contributing actively to its realization. This framework has been circulated to all staff in the group's three hospitals. It is being constantly updated and adapted so that it matches the challenges which lie ahead.

**Medical Education and Research:** The group, through one of its hospitals....St. Vincent's University Hospital....is closely involved in medical education and research. This arises from its affiliation with the School of Medicine and Medical Science of University College Dublin. The group values highly its relationship with University College Dublin, and it makes every effort to ensure that its teaching and research capacity is excellent. Forthcoming developments designed to enhance the group's educational and research capacity will be the formal opening of a state-of-the-art Genome Resource Unit in St. Vincent's University Hospital, and the development of an integrated Academic Health Centre comprising University College Dublin, St. Vincent's Healthcare Group, and the Mater Misericordiae Hospital Group. The group board has retained the services of an international panel of experts

to review, on an international bench-marking basis, its research in the following areas: cancer/ oncology; inflammation and immunobiology, and depression/ suicide. The international expert panel reported that the research undertaken by the group was of the highest international standard. The group board also retained the services of an expert panel to review the quality of the group's medical education programmes at undergraduate and post-graduate levels. The expert panel endorsed the group's education programmes as being of high standard and recommended that the educational infrastructure within the group's hospitals should continue to be developed. These initiatives are "copper-fastened" by the group having strategic plans for the future development of both education and research, and having advisory boards for both education and research, each of which functions under the aegis of the group Board of Directors.

**Major Infrastructural Investment:** The group board constantly reviews the infrastructural requirements needed for it to deliver excellence in clinical care, in medical education and in medical research. Because of the vibrant and developing nature of medicine, this is a "fast-moving" and ever changing scene. As of year 2006, the following is an overview of major group infrastructural development:

- All services in the new €300 million Clinical Services Building have now been commissioned; the final service to be transferred to the new building (the operating theatres complex) is scheduled to take place early in year 2007;
- A major project to build a new 260 bed St. Vincent's Private Hospital on the group's campus is now well underway. Building will commence before the end of year 2007, and it is planned that this new private hospital will treat its first patients in September, 2009. This new private hospital will ensure that 180 bed capacity of the existing St. Vincent's Private Hospital can be used to extend the capacity of the existing public hospital....St. Vincent's University Hospital;
- St. Michael's Hospital (Dun Laoghaire, Co. Dublin) is being modernised and developed; in addition, various options are being explored (without commitment at

**OVERVIEW BY THE CHAIRMAN OF THE BOARD OF DIRECTORS**

this stage) whereby St. Vincent's Healthcare Group can, in the years ahead, provide the people in the Dun Laoghaire hinterland, and further afield, with medical excellence on par with the best available internationally;

- In order to cope better with the reduction of MRSA and other hospital acquired infections, it is the group's intention to build a new ward block (120 beds). It is hoped that this bed block can be built and rendered operational within two years given planning permission from the planning authorities (which has already been sought) and funding from the Health Services Executive.

### **THANKS**

I have listed above just some of the main strategic issues which have faced the Board of Directors during year 2006. It is obvious that the group board could not have dealt with these issues satisfactorily without the commitment and help which we receive from so many persons and institutions. I have much pleasure therefore in acknowledging this help and in extending the warm and appreciative thanks of the Board of Directors to our many friends and benefactors who willingly and without any material reward contribute to the exciting development of St. Vincent's Healthcare Group. We acknowledge and thank:

- The shareholders of the group, the Religious Sisters of Charity, under the caring guidance of Sr Una O'Neill and her colleague sisters;

- The staff of the group and of the group's constituent hospitals;
- The Tanaiste and Minister for Health and Children, and the departmental officials of the Department of Health and Children;
- The board members, chief executive and officials of the Health Services Executive;
- The governing boards and staff of our many partner hospitals, and of University College Dublin;
- Our many supportive friends in Ireland and around the world.

I extend my personal thanks to my colleague directors on the group board, and to the management and staff of both the group and of the individual group hospitals. All have been most supportive and helpful.

As we look forward from year 2006 to the time ahead, the group board renews its commitment and dedication to pursuing the welfare of St. Vincent's in the context of medical excellence and in accordance with the ethos of its shareholders.

Professor Noel Whelan  
*Chairman*  
 St. Vincent's Healthcare Group Limited



## GROUP CHIEF EXECUTIVE REPORT

I am pleased to report, for the 4th year, on the work carried out in St. Vincent's Healthcare Group Ltd. (incorporating St. Vincent's University Hospital, St. Vincent's Private Hospital and St. Michael's Hospital) for the year ended 31st December 2006.

I would like to thank all staff for their support, dedication and professionalism in looking after our patients over the last year. I realise it is becoming more and more challenging to meet the needs and expectations of our patients and their families.

The Group hospitals continue to face similar challenges as I reported last year. A lot of time was spent discussing the following issues which are of particular concern to myself and the Board:

- a. Bed capacity and infrastructural deficits
- b. Infection control and isolation requirements
- c. A & E
- d. Finances
- e. Health reforms
- f. Media coverage of the health service

Hospital management, with the support of the Board of Directors and its Shareholders, are faced on a daily basis (24 hours, 365 days) with the challenge of providing services under a media microscope while at the same time coping with the on-going health reforms, delivering services to our patients and supporting their families.

Notwithstanding the on-going investment in the health services and the change processes that are being driven by the HSE, it is going to take time for many of these changes to bear fruit. I believe one of the greatest challenges for myself, my colleagues and hospital staff is managing the public's expectations of the services

having regard to the physical environment and resources available to our Group hospitals. It has to be remembered that hospitals are not stand alone organisations, they depend on many other service providers. It is important we keep in focus the core activities of the Healthcare Group hospitals i.e.

1. Clinical care delivered to our patients in the most effective and efficient way possible
2. Provision of undergraduate and post-graduate education and
3. Research relevant to the delivery of care is encouraged and undertaken

I would like to reassure staff and the public that St. Vincent's Healthcare Group has and will continue to prioritise the above three core activities of the Healthcare Group hospitals.

Once again I would like to highlight the lack of capacity which is a major challenge for the Group. On a daily basis our hospitals cannot meet the demand for beds. This issue has been analysed, and discussed with the HSE, by St. Vincent's and other hospitals. It is clear that there is a requirement to create additional beds within the healthcare environment to deal with the ageing population and the numbers of patients who have completed their acute hospital stay and require on-going care. This issue is not going to go away and has to be addressed.

As I reported last year, St. Vincent's Healthcare Group has submitted proposals to the HSE on how we can contribute as a Group to help resolve the difficulties in relation to bed capacity within our region. While we have received some support from the HSE in relation to plans to increase our bed capacity to deal with the daily challenges; to date resources have not been sanctioned

### GROUP CHIEF EXECUTIVE REPORT

to bring these plans to fruition. I know myself, the Chairman of the Board and the hospitals in the Group are working towards solutions. It is hoped over the coming months into 2007 we will get some definitive answers in relation to investment in the Group's replacement and development of its bed capacity.

Notwithstanding this issue, St. Vincent's Healthcare Group's Board of Directors and its Shareholders agreed to the building of a new 260 bed Private Hospital. Building will commence before the end of 2007. A planning application for this project has been made and I am pleased to report that this has been passed. This will enable us to release to the public system over 180 beds in the present private hospital facility, which will help with some of our current bed capacity problems. It is planned that the new private hospital will treat its first patient in September 2009.

Infrastructural deficits have and will continue to create difficulties for our Group hospitals. As we are all aware the media have extensively covered the issues around hygiene, MRSA etc. The Healthcare Group's Board of Directors, Shareholders and management have had discussions and presentations regarding infection, hygiene etc. throughout the year. It is the Group's intention to build a new ward block incorporating 120 beds (single rooms with en-suite bathrooms). Planning permission for this has been submitted to the local planning authorities. This bed block could be built within two years once funding has been received from the HSE.

### FINANCE

2006 proved to be a very difficult year for the Group. However, I am pleased to report that the overall expenditure versus revenue for the company resulted in a small surplus for the year ended 31/12/06.

This year the group, similar to last year, spent a lot of time negotiating with its funders HSE/VHI to ensure resources were made available to fund the activities of the Group hospitals. Please see the Financial Controller's report on behalf of the Group for more details.

Overall the Group hospitals performance was good. Patient services have been developed and activity is up.

I said last year it is important that the Group gets resources based on its activity. The main funders of the Group hospitals services, the HSE and VHI, are slowly moving towards such a system. I firmly believe the Group will benefit from a system funded on an item of activity basis. It will be important that our hospitals continue to drive for financial efficiencies.

### RESEARCH & EDUCATION

Following on from last year's work, when I reported on the development of a Research Advisory Board and the commissioning of an education strategic review, I am pleased to inform you that the Board and management met key members of the Research Advisory Board on a number of occasions. Mr. Pat Fottrell (Chairman of the Research Advisory Board) and his colleague, Mr. Leo Kearns, accompanied by Dr. Doug Veale (Interim Director of the Education & Research Centre) and Professor William Powderly (Dean, School of Medicine and Medical Science, UCD) gave up-dates on the progress with regard to the Research Advisory Board's work and outlined the findings of the strategic review of education in St. Vincent's Healthcare Group.

Considerable progress has been made in relation to the actions proposed by the Research Advisory Board. One such action was to have an international panel of experts visit the hospital and review the research taking place under the following headings (i) Cancer (colorectal and breast), (ii) Inflammation and Immunobiology and (iii) Depression/Suicide. This international panel benchmarked and reviewed the research presented to them under these three main headings and validated that the standard of the research undertaken at St. Vincent's Healthcare Group was of international standard. The Research Advisory Board is now acting on proposals that came from that review which we believe will improve and help us compete for resources at a local, regional, national and international level. Another very satisfactory review of our education services was carried out. The review confirmed that the level of education at undergraduate and post-graduate level was of a very high standard. However, it identified there was a need to develop the infrastructure and continue to develop links with UCD and other educational bodies as part of the evolving development of our education strategy within the Healthcare Group.

### GROUP CHIEF EXECUTIVE REPORT

I believe the reviews and the momentum that has been generated by the Research Advisory Board has created an enthusiasm and impetus which will help research and educational staff on campus to further develop the collaboration that, we believe, is required between UCD, St. Vincent's Healthcare Group and other relevant bodies.

It is important to note the level of research papers produced by the MSc and PhD students that are supported here at St. Vincent's Healthcare Group. It should also be noted that the quality of output from these people is of the highest level.

It is extremely important to also recognise the Healthcare Group Hospitals have many types of educational programmes, at both undergraduate and post-graduate level, in nursing and other disciplines (Allied Health Professionals etc.).

As part of the on-going development of research (bench to bedside, translational related research) here at St. Vincent's Healthcare Group, the Genome Resource Unit has now been built and is ready to open. The overall governance and management of this translational research unit will be organised in tandem with the Education & Research Centre which will allow us to continue the development of patient related research in the Group hospitals.

I have to say this is a very exciting time for the hospital's clinicians, researchers and academic staff. If we can continue with the foresight and vision of the Board and all participants, St. Vincent's University Hospital and the other hospitals within the Group can further develop its international and national reputation for excellence in education and research.

### ACADEMIC HEALTH CENTRE

A further development in 2006, which is of immense relevance to the future of the Healthcare Group, is the concept of developing an Academic Health Centre between UCD, Mater and St. Vincent's University Hospital/Healthcare Group as a joint body/consortium aimed at linking the academic and clinical enterprises of these three institutions. Such a collaborative initiative would strengthen the potential for the consortium to

receive investment funds from the Government's new programme for investment in innovation and science. The Board of the Healthcare Group has supported this concept and meetings to progress this initiative have taken place throughout 2006. This is a very exciting potential partnership into the future which will put the Group with the Mater and UCD on par with other international academic health centres in the world.

The activities of the hospital's Education & Research Centre and various clinical departments research endeavours are highlighted in the Education & Research Centre's annual report, and the Healthcare Group's Annual Review for 2006. (These will be released shortly).

### BOARD BUSINESS

I would like to take this opportunity of highlighting that a number of special Board meetings took place in 2006 to discuss issues which need to be highlighted again:

1. The overall strategic direction of research and education that I have already outlined.
2. The development of the three hospital sites from infrastructural point of view.
3. The Board of Directors defined core projects, then reviewed the strategic framework prepared last year having regard to key objectives set for the next 5 – 7 years.
4. The Directors also looked at the current management structures, proposed new structures going forward and looked at various Board programmes and initiatives which they felt were important, for example, the formation of a Nominations Committee and the whole area around the review of the Board's performance and how to ensure that the Board was populated with Directors who could add value and support the business of the Healthcare Group into the future. This initiative was headed up by the Chairman of the Board, Professor Noel Whelan.
5. It would be also useful to note that through Mission Effectiveness Programme, it was decided that the Healthcare Group should develop a Leadership Programme for the Board and senior managers within the Healthcare Group Hospitals and the broader Caritas Group Hospitals associated with the Religious Sisters of Charity.

### GROUP CHIEF EXECUTIVE REPORT

A development programme was run and was attended by the Board and senior managers. The programme covered issues in relation to the challenges facing the healthcare system, ethical and others than may arise in the context of the work of healthcare agencies like ourselves. This was a very powerful programme and attendees expressed the view that similar programmes should continue into the future. I would like to take this opportunity to thank the various people involved in the organisation of this programme.

The Board had a number of presentations made to it in 2006 on specific topics which were of particular concern:

1. **A & E services** – Mr. Robert McQuillan (Director of A & E services) presented to the Board detailed analysis of our Accident and Emergency services within the Healthcare Group and the region identifying areas requiring improvement and confirming what actually happens and the processes that take place within the department.
2. **Care for the Elderly** - The Board have had concerns for some time in relation to services for the elderly and a document was prepared with information about the in-patient and outpatient services within the Healthcare Group.
3. **MRSA & Hospital Acquired Infections** - The Board were supplied with up-dates from hospital management and staff in charge of Infection Control in relation to what is and is not possible in relation to managing MRSA and other infections within the Group hospitals.
4. **Risks** - The Board looked at issues around risks, particularly clinical, and, as previously stated, the Clinical Governance Committee is looking at this whole area in more detail in the context of practices in the Group and best practice elsewhere.

### CLINICAL GOVERNANCE

In 2006, the Group's Clinical Governance Committee developed a short term strategic plan which was approved by the Board. This will be of great help to the Group moving forward. As part of this strategy it was agreed:

- a. To review the current structures of the hospital committees relating to quality. A system which

would allow collaboration between each of the committees will be proposed.

- b. The provision of an adequate computer database structure which will allow clinicians to easily enter and retrieve data essential to quality assurance, quality improvement, audit and clinical governance.
- c. The promotion and use of clinical pathways. Selected multidisciplinary groups will be asked to submit suggestions for appropriate clinical pathways for the most common presenting disease/conditions.
- d. The identification of clinical indicators through the clinical pathway processes which will allow the Clinical Governance Committee ensure and identify high levels of quality of care within the organisation.

The Clinical Governance Committee also reviewed its original terms of reference and agreed that these terms of reference will be reviewed on an annual basis as the structures relating to clinical governance are developed within the organisations of the Healthcare Group hospitals.

As part of the overall clinical governance structures, Clinical Audit has been developed and this programme is progressing and evolving. Over 60 individual audits have taken place within the Healthcare Group in the last year.

Over 80 quality improvement initiatives have been progressed within the Healthcare Group as a result of our accreditation process. Two of the surveyors who carried out a peer review of the Healthcare group eighteen months ago reviewed the Group's current progress regarding its journey towards full accreditation. The surveyors confirmed that the Healthcare Group hospitals have made good progress.

The Clinical Governance Committee has agreed, as part of its key role, to:

1. **Systems assurance** – oversee the establishment and maintenance of effective clinical governance mechanisms throughout the Healthcare Group.
2. **Policy development : Governance** – Monitoring clinical governance principles, policies and standards in respect of the St. Vincent's Healthcare Group and
3. **Clinical risk** – working with the risk management committees to identify and manage significant clinical risks.

### GROUP CHIEF EXECUTIVE REPORT

At a national level within the overall clinical governance structures a number of audits have been carried out by the HSE, to mention a few: - Bed utilisation, Hygiene and decontamination of medical devices. There are further audits proposed in the areas of Medical Records, Complaints Handling etc.

I believe all of these initiatives at national and local level can only help to ensure and improve the level of care we deliver to our patients. St. Vincent's Healthcare Group hospitals and its staff have embraced these audits. The care we deliver to our patients can only be the better for the commitment of our staff to these various initiatives.

I think it is important to note and identify in 2006 that the hospitals within the Group have spent a considerable amount of time conveying to our patients information about the various services it provides. The feedback and two-way communication created from initiatives like this are invaluable in understanding what patients and their families think and need.

#### MEDIA COVERAGE

Management of the media is becoming more and more of an issue for the Healthcare Group hospitals and the Board. There have been a number of situations whereby articles have appeared in the media about patients who have been looked after in St. Vincent's Healthcare Group hospitals. These cases have been reviewed and discussed with the Board. The hospitals are having to manage these situations now on a regular basis and this has created considerable upset and unrest not just for the patients and their families but also for the staff within the Healthcare Group. I believe this is something we will continue to face into the future. It is up to the hospitals management, Board and staff to manage as best we can. However, it is important we remind ourselves of the many patients who are appreciative of our care who do receive a good service within our Healthcare Group hospitals. This is something we must keep reminding ourselves of. There are times the care we deliver is not up to the standards we would like. This can happen and when it is brought to our attention we must learn from the experience.

Everyone must acknowledge there are limitations to what our staff and hospitals can do. I have mentioned these earlier in relation to infrastructural deficits and

resources etc. The key for all of us to remember is that as long as we all do our best and utilise the resources available, then we have done our job in a professional way.

I believe the decision by the Board to support the production of the "Young Doctors" series on RTE 1 has shown the hospital and its medical trainees in a very good light. Notwithstanding some of the criticism, overall I think the programme showed that the system is producing caring doctors. The future of medicine is in safe hands when you look at the four Interns who were highlighted in this documentary series.

The Board has also decided to support the production of another documentary series in 2007 called "Surgeons". Two of the surgeons working for the Healthcare Group will be involved.

#### FUND-RAISING

The strategy for fund-raising has been finalised within the Group and the key issue now is the search for a Chair to head up the Friends of St. Vincent's University Hospital's Fund-raising Board. Brochures and other relevant documentation has been prepared for the launch of St. Vincent's Healthcare Group's fund-raising initiative and I hope that before the end of 2007 there will be a Chair of our Fund-raising Board in place with a Director of fund-raising appointed.

This is one of the key strategic objectives of the Group hospitals to have in place an ability to attract funds from other sources to supplement the State funds already received. The funds raised will be used to support the development of the Healthcare Group hospitals in their efforts to deliver top class clinical services, education and research.

#### SERVICE INITIATIVES

I do not intend to highlight all the service developments that occurred within the Group hospitals in 2006. The annual review of the Group services for 2006 will be launched shortly. However, I would like to highlight one or two – for example:

On the 1st November 2006 we welcomed a group of staff who decided to take up employment with St. Vincent's University Hospital following the cessation of

**GROUP CHIEF EXECUTIVE REPORT**

services at Hume Street Hospital. The newly enhanced Dermatology department which is located in the former Outpatients Department will offer a comprehensive service which will cater for the dermatological needs of our local population. Services such as daily Consultant led outpatients and specialist clinics will be provided. Furthermore there will be daily Clinical Nurse Specialist/Advanced Nurse Practitioner clinics that will focus on patient monitoring, disease management, patient education and health promotion. Day case procedures will also be provided and they will include phototherapy, photodynamic therapy, laser, cutaneous surgery, patch testing, cryotherapy, topical therapy, specialist dressings and skin camouflage, Inpatient dermatology services will also be co-ordinated from this unit. I would like to take this opportunity of thanking the staff here in St. Vincent's University Hospital who have welcomed the staff from Hume Street as part of the development of our dermatology services here on St. Vincent's University Hospital's campus.

It should be noted that it is planned to build a purpose built Dermatology department here on the campus and outline plans have been submitted to the HSE. We await their response but it has been agreed that a purpose designed Dermatology department will be built.

Services in the new Clinical Services Building on St. Vincent's University Hospital's campus have now been commissioned and include the following:

Departments of Radiology and Pathology	- Diabetes Centre
Ambulatory Day Care Centre which includes	- Liver Unit
General medical and surgical clinics	- ENT
Department of Neurology	- Bone & Joint Unit
Department of Gastroenterology	- Dialysis Centre
Department of Rehabilitation	- Department of
Department of Trauma and Orthopaedics	- Rheumatology
Other services provided in this building:	
TSSU	
Intensive Care	

The last department to be transferred to the new clinical building will be the theatre services in the first half of 2007.

I am pleased to report that the formal opening of the new Clinical Sciences Building at St. Vincent's University Hospital took place on 11th July 2006. This event which was attended by Ms. Mary Harney, Tánaiste & Minister for Health & Children, was well received.

The blessing of the new Clinical Services Building took place on 27th September 2007. All staff, both past and present, were invited to attend.

Both of the above events were very successful and pleasant. Retired members of staff and colleagues from other hospitals associated with the Healthcare Group were also invited to attend.

The 2nd linear accelerator in St. Vincent's Private Hospital has been commissioned and is fully functional. This has made a huge difference in the treatment of the Group's cancer patients receiving radiotherapy. A daily open access phlebotomy service for private patients was also opened.

St. Michael's Hospital with St. Vincent's Private Hospital and St. Vincent's University Hospital continue to expand and develop their services in the interest of the Group's patients.

**ICT DEVELOPMENTS**

I reported last year that various Group initiatives were underway in relation to the convergence and development of infrastructure for the development of information technology within the Healthcare Group. I am glad to report that this has continued throughout 2006 and I believe we are in a position in the Healthcare Group to launch further information technology developments particularly in relation to individual clinical systems now that a proper infrastructural base has been established in the three hospitals. The key issue for us going into the future will be development of our electronic patient record and the installation of an order communications system throughout the Healthcare Group to facilitate patient point of ordering and resulting reporting.

**GROUP CHIEF EXECUTIVE REPORT**

However resources will be required and we are working in tandem with the HSE and with our colleagues in other hospitals to ensure that St. Vincent's Healthcare Group hospitals receive the financial support it requires to achieve its ultimate goal of computerising all patient records.

I would like to take this opportunity of thanking the Group hospitals staff. Every year they provide services to our patients in a caring and professional way. The health services system is not an easy place to work in at the moment. The expectations and demands of patients, their families and the public at large are high. I want to acknowledge each and every member of staff for their contribution in caring for our patients and their families – Thank You.

I want to thank Professor Noel Whelan, Chairman of the Board of Directors, and his Board Director colleagues for their support and leadership throughout the year. They give of their time freely.

To the various sub-committee members and Chairs, Thank You.

I want to thank the Groups Shareholders, the Religious Sisters of Charity.

To all the other supporters and colleagues, HSE, Department of Health & Children, associated hospitals and other voluntary organisations who support the Group in its endeavours to serve patients and their families as best we can.

To the various hospital professional advisors: Financial – PWC, Oliver Freaney & Co., Legal – Arthur Cox, Beauchamps, Technical Design Team – Scott Tallon Walker, Boyd Creed Sweett, J.V. Tierney, ARUP, Bruce Shaw Partnership, YRM & Michael Slattery Associates and everybody else who helps the Group, Thank You.

I would like to welcome any new members of staff and wish those who left in the last year to pursue their careers every success. To all staff, remember if we treat every patient as we ourselves would like and expect to be treated, we will not go far wrong.

Well done everybody – Thank You.

Nicholas C. Jermyn  
*Group Chief Executive*

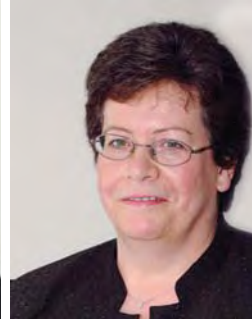
## MEMBERS OF THE GROUP EXECUTIVE



Mr. N. C. Jermyn  
(Chairman)



Mr. Ken Bale



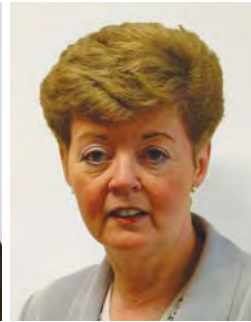
Ms Josephine Barrett



Mr. James Crowe



Mr. Dermot Cullinan



Ms Mary Duff



Mr. Eamonn Fitzgerald  
(to August 2006)



Mr. Ian Maguire



Mr. John McPhillips



Mr. Cormac Maloney



Mr. Seamus Murtagh



Prof. Diarmuid O'Donoghue  
(Appointed 1st October 2006)



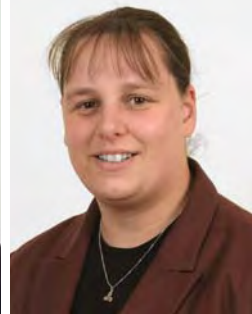
Dr. Risteárd Ó Laoide



Mr. Michael Redmond



Mr. Peter Sheehan



Ms. June Stanley  
(to October 2006)



Mr. Neil Twomey

Ms. Therese Carey (from October 2006)

[BACK TO CONTENTS](#)



## REPORT BY THE CHAIRMAN OF THE MEDICAL BOARD

As Chairman of the Medical Board I have pleasure in presenting the annual report for the year 2006.

### BED CAPACITY

The continuing lack of an appropriate, effective bed capacity within the group continues to pose major difficulties. The combination of increasing high levels of emergency department activity, the lack of adequate step down facilities, the inadequate bed base, and infrastructural deficits, have led to continuing and increasing difficulties throughout 2006.

A number of initiatives were instigated in 2006 to try to address this issue. The Hospital proposed an innovative plan to the HSE for direct sub speciality referral from the Emergency Department. While informal responses to this proposal have been extremely positive, successful implementation of this initiative depends on appropriate resourcing from the HSE. A proposal for the development of a new 120 bed block within the campus was also submitted to the HSE. This development is particularly important in relation to the National Cystic Fibrosis Unit, the Haematology/ Oncology units and the National Liver Unit. The development will consist of a significant number of single beds, which will help to address one of the main underlying determinants of hospital acquired infections.

### PROJECT DEVELOPMENT

The equipping, commissioning, and opening, of the new Ambulatory Day Care Centre (ADDC) took place in 2006. The successful completion of this complex process was achieved by excellent organisation, effort and team work between medical, nursing, allied health, administration

and the Project Team. State of the art departments in Emergency, Radiology, Pathology, Ambulatory Day Care, Neurology, Nephrology, Endocrinology, ICU, Endoscopy and Rheumatology are now in operation, and are a source of pride for the Institution. It is hoped that the new Theatres facilities will open in 2007. The ADDC was officially opened by the Minister for Health and Children, Ms Mary Harney on Tuesday the 11th of July 2006.

### ST. MICHAEL'S HOSPITAL

I would like to thank Mr. Donal Maguire for his continued capable Chairmanship of the medical forum at St. Michael's Hospital. Throughout 2006, increasing numbers of elective surgical cases were performed at the Hospital. Significant co-ordination between the departments of Surgery and Anaesthesia at both St. Vincent's and St. Michael's Hospital have allowed the development of St. Michael's Hospital as an excellent facility for the performance of elective work within the group. The hospital also continues to provide specialist care in Heart Failure and COPD for the St. Vincent's Healthcare Group (SVHG). During 2006 planning commenced on the development of two side by side operating theatres to optimise efficiency. A new state of the art Radiology Department has been commissioned and opened and it is hoped the imaging IT link with SVUH will be operational in early 2007.

### ST. VINCENT'S PRIVATE HOSPITAL

Dr. Brian Maurer retired as the Chairman of the SVPH medical forum during 2006, after a number of years of sterling work. The medical forum continues to meet under the capable chairmanship of Professor Diarmuid O'Donoghue. A significant amount of work took place

### REPORT BY THE CHAIRMAN OF THE MEDICAL BOARD

during 2006 on the development of a new 260 bed St. Vincent's Private Hospital on the campus. It is hoped that a planning application for this development will be submitted in early 2007. During 2006 clinical activity within SVPH remained high. The installation of the two new linear accelerators in the Radiotherapy Department has significantly increased the throughput in this Department. Discussions continue with the HSE to allow patients from the public sector access to the SVPH Radiotherapy Department to optimise cancer care within the campus.

#### RESEARCH

In July 2006, on the invitation of the Research Advisory Board at SVHG, a review of research in St. Vincent's University Hospital was performed by an international panel. The Chairman of this panel was Professor John Atkinson from the Washington School of Medicine, St. Louis. The other members of the panel were:

- Professor Patrick Johnson, Professor of Oncology, Queen's University, Belfast.
- Professor Bill Powderly, Professor of Medicine and Therapeutics, UCD
- Professor Adrian Hayday, Professor & Chair of Immunobiology, Kings College, London
- Professor Carol North, Professor of Psychiatry, University of Texas, South Western Medical Centre, Dallas.
- Professor Patrick H. Maxwell, Chair of Nephrology, Imperial College London.

Subsequently a report was submitted by the International Review Group to the Research Advisory Board and SVHG Board of Directors. Specific feedback was also given to each of the research groups who had submitted their research for review. A number of specific recommendations were made by the International Review Panel which were subsequently endorsed by the Research Advisory Board and the SVHG Board of Directors. One of the key recommendations is the creation of a joint appointment with UCD of a senior

Research Director to lead the development of combined research programmes in the University and the Hospital.

Professor Doug Veale undertook the role of Interim Director of the ERC during 2006. The Medical Board is grateful to Prof Veale and Dr. Seamus Donnelly, Director of the CRC for co-ordinating and streamlining the operations of both the CRC and ERC.

#### EDUCATION

In May 2006, Professor Pat Fottrell former president of the National University, Galway and current chair of Science Foundation Ireland and Mr Leo Kearns, management Consultant undertook a strategic review of education at St. Vincent's University Hospital. A report was subsequently submitted to the Board of SVHG. This report provided an overview of education at SVUH as well as an outline of the rapidly changing educational environment nationally. A number of observations and recommendations were made in relation to governance, management, strategic planning, strategic funding, communications, and capital development for education on the Campus. This report was adopted by the Board of SVHG and an action plan is currently being drawn up to progress the recommendations. The significant educational infrastructural deficit on the campus was recognised in the strategic review and it hoped to address this urgently in 2007.

#### ACADEMIC HEALTH CENTRE

Government policy is clearly indicating the need to consolidate acute services and specialities around a limited number of major acute teaching hospitals. The Government Strategy for Science Technology and Innovation also proposes to develop a small number of high quality centres in translational research. This changing external environment prompted informal discussions between the SVHG, the Mater Misericordiae University Hospital and University College Dublin on the development of an academic health centre. It is hoped that significant progress will be made on this issue in 2007. The successful development of an academic health centre would help address the challenges and opportunities faced in clinical care, education and research.

**REPORT BY THE CHAIRMAN OF THE MEDICAL BOARD****CLINICAL GOVERNANCE**

During 2006, the Board of SVHG established a new sub committee on Clinical Governance. This committee is to be chaired by the Chairman of the Medical Board. Important issues to be addressed by this committee include audit, quality assurance, quality improvement and risk management.

The audit service within the St. Vincent's Healthcare Group continues to expand under the stewardship of Dr. Ian Callanan. There have been in excess of 50 audits completed or in progress in 2006.

**CONSULTANT CHANGES**

A number of new Consultants commenced their practise in 2006. These included Dr. David T.J. Keane, (Consultant Cardiologist), Dr. Brian Kirby (Consultant Dermatologist), Mr. Desmond Winter (Consultant General Surgeon; s.i. colorectal surgery), Dr. Edward McKone (Consultant Respiratory Physician; s.i. Cystic Fibrosis), Dr. Dara Stephen Breslin (Consultant / Senior Lecturer Anaesthesia), Dr. Jonathon Dodd (Consultant Radiologist; s.i. thoracic imaging) and Professor Michael Turner (Consultant Obstetrician / Gynaecologist and Professor of Obstetrics and Gynaecology in UCD). The Medical Board welcomes our new colleagues and wishes them a happy and fulfilled professional career.

During 2006, Dr. Brian Maurer, Professor Brian Keogh, Professor Muiris X. Fitzgerald and Dr. Mary Darby retired from the group. On behalf of the Medical Board I would like to thank them for their dedication to the highest standards of clinical care, research and education over

many years. They have all played key successful roles on both the local and national stage and I wish them a long, happy and healthy retirement.

Finally I would like to thank a large number of Consultant colleagues who have given generously of their time and expertise throughout the year. In particular I would like to thank Dr. Ken McDonald, who retired as Honorary Secretary of the Medical Board during 2006. His counsel and support during his tenure was gratefully appreciated by us all.

I would like to acknowledge the significant help and contribution of the other members of the Medical Executive during 2006. In particular I would like to thank Dr. Hugh Mulcahy, who commenced his term as honorary secretary of the Medical Board in December 2006.

I would like to thank Mr E Staddon, Ms. Ann Shannon and their team in the Medical Board Office without whose considerable support the Medical Executive and Medical Board would not function.

I would also like to thank members of the Hospital Management including Mr. Nicholas Jermyn, Group CEO, for their continued help and support throughout 2006.

Dr. Risteárd Ó Laoide  
*Chairman of the Medical Board*  
St. Vincent's Healthcare Group Ltd.



## FINANCE REPORT 2006

### ST. VINCENT'S HEALTHCARE GROUP LIMITED

The Hospital has been subject to significant development in 2007 both in infrastructural terms and patient activity. The financial effect of this development is reflected in the attached accounts.

The new Clinical Services building in St. Vincent's University Hospital is now operational and the majority of the departmental transfers and equipment commissioning is now complete. In addition the Dermatology Unit from Hume Street transferred to the University Hospital site in November 2006. Despite considerable cost pressures both St Vincent's University Hospital and St Michael's have managed to limit their result to small deficits for the 2006 financial year. The Private Hospital Branch achieved a surplus of €2.5m in 2006.

St. Vincent's Healthcare Group Ltd includes the business of St. Vincent's University Hospital, St. Michael's Hospital and St. Vincent's Private Hospital.

The combined branch results attached include the income, expenditure and assets of the three institutions. Branch accounts are prepared separately for each division.

The following notes have treated each branch separately.

### ST. VINCENT'S UNIVERSITY HOSPITAL BRANCH Income & Expenditure

The final revenue allocation received from the HSE in 2006 was €198.43m. This included revenue funding of €7.6m in relation to the operation of the new Hospital development.

An additional €3.1m was received in relation to Minor Capital, works and hygiene grants.

This additional funding received together with careful management of financial resources has ensured that the Hospital limited its result to a deficit of €1.2m for the year.

Total pay and non-pay Expenditure in 2006 was €220.6m

### Pay

One of the most significant drivers of increased pay costs was the impact of the National pay agreements, as follows:

- Sustaining Progress
- Benchmarking
- Assimilation of Bands
- Buckley Report

Increased staffing levels arising from the opening of the new Clinical Services Building in 2006 also contributed to the increase in pay costs.

New Consultants started in 2006 in the Specialties of Dermatology, Cystic Fibrosis, Psychiatry, Anaesthetics, Ophthalmology, Orthopaedics and Colorectal Surgery. Two Consultants retired during the year.

### Nursing

A number of areas in the new Clinical Services building became operational in 2006 including the Ambulatory Day Care Center (ADCC), Pathology, Radiology and ICU.

### Non Pay Medicines

Medical inflation continues to run much higher than the national rate of inflation. The primary driver of drug cost increases has been Oncology medicines.

## FINANCE REPORT 2006

High cost medicines incurred during the year included the cost of treatments for colorectal and breast cancer as well as Neurology, and Arthritis. Increased bed capacity has also resulted in additional drug costs for the Hospital.

### Medical & Surgical Appliances

The main increase in costs arise in the following area's

- Dialysis - St.Vincent's is the referral centre for all acute dialysis patients in the East Coast Region. In 2006 there was an increase in the number of acute dialysis patients being referred to the Beacon Clinic for treatment and also an increasing number of patients using the CAPD Service.
- Pain Management-Increase in spend on Spinal cord Implants
- Pacemakers- Significantly greater usage of ICD Implants (average cost €17,000)
- Waiting list reduction initiative and Breast Check referrals
- Transplants – Approx 18% increase in number of liver transplants

### Medical Equipment

A €1.5m Minor Capital grant was received in 2006. An additional €0.8m of equipment was funded via the Hygiene and works grants received during the year. Due to the ageing profile of some equipment, clinical requirements and Health & Safety requirements a further €0.5m was spent through Revenue.

### Pathology

There is increased demand on the Pathology service from the Oncology Dept. and the Breast Screening service that access high cost Histology tests.

Pathology services moved to the new Clinical Services building in the second quarter of 2006 thereby resulting in extensive validation of all tests during this period.

There is increased pressure on the service due to

referrals from other hospitals in the region, such as St Michaels, St Columcilles and the National Rehabilitation unit.

### X-Ray

There has been a significant increase in the usage of PET scans, due to their greater diagnostic ability.

### Heat/Power/Light

The opening of the new Clinical Services building has meant a greater demand for both heat and power. Increased capacity requirements have also resulted from the operation of the new Psychiatric Unit and refurbished Dermatology unit.

Due to global factors there was a major increase in Gas prices in 2006 of approx 40%. Electricity prices also increased significantly during the year.

### Cleaning

More stringent infection control measures, hygiene audits, and the addition of the new Clinical Services Building to the cleaning specification have all contributed to the increase in cleaning costs in 2006.

### Maintenance

Maintenance costs will continue to rise due to the ageing profile of our assets. A number of projects were undertaken in 2006: -

1. Mortuary renovations
2. Medical Records refurbishment
3. TV Cabling upgrade
4. Roof membrane works

### Security

Costs include the increased utilisation of manned security for new areas such as the Psychiatric Unit and the new Clinical Services building.

### Income

Statutory income charges for Inpatient Health Act and A&E increased by 9% in 2006. The Semi-Private rate increased by 10%.

## FINANCE REPORT 2006

**Capital Expenditure**

During the year €21m was spent on the new development project, including €18.5m on equipment, primarily on new radiology, pathology, ICU and Theatre equipment. Refurbishment and post contract works amounted to €0.9m in 2006.

Costs of €1.1m were incurred on the new Dermatology unit on site resulting from the transfer of Hume St. Hospital to St. Vincent's Hospital.

In addition €3.6m of replacement equipment was purchased by the Hospital during the year.

**Finance Dept. Developments**

A new Pharmacy system was successfully implemented in June 2006. This development will greatly enhance the management of pharmacy financial data and stock control.

Significant system improvements have been implemented in the Accounts Payable area in order to automate processes and reduce paperwork.

**ST. MICHAEL'S HOSPITAL BRANCH****Income & Expenditure Account**

Total Income in 2006 was €34.6m an increase of €1.6m on year 2005 (€33.0m).

This figure includes a total allocation received in the year of €30.8m (€29.1m in 2005).

Expenditure excl depreciation rose to €34.8m from €33.1m in 2005. The main increases arose from Salaries and Wages.

**Pay**

Salaries and Wages were €24.5m (€22.8 in 2005).

**Non Pay**

Main increases in Non-Pay expenditure were from Drugs, Cleaning and Energy costs.

The Link Corridor was completed in 2006 and Phase 1 of the Fire Safety Works was completed.

Phase 2 has commenced and will be completed in 2007.

**Activity**

Admissions for 2006 were 7,221 compared with 7,435 in the year 2005.

**ST. VINCENT'S PRIVATE HOSPITAL BRANCH****Income & Expenditure Account**

	Eur m
Income	58.83m
Pay costs:	25.86m
Non Pay costs:	30.46m
Net Profit	2.51m

**Pay**

Pay costs in 2006 were €25.9m

The main components of these costs were:-

Nursing/Portering	€14.3m
Allied Health	€ 4.5m
Support Services	€ 2.8m

National wage agreements, higher pension costs and some extra staffing accounted for an 11.7% increase in pay costs over the previous year.

**Non Pay**

Non-pay costs increased by 16% over 2005 to €30.4m.

The main components of these costs were:-

Pathology	€2.0m
Pharmacy	€9.2m
Medical Supplies	€1.7m
Theatre	€1.9m

The costs of Pharmacy rose by €2.2m but the reimbursement also increased by the same amount. This reflects higher usage of drugs for oncology patients.

**Income**

Direct Income rose by €8.2m (16%) to €58.8m.

This would be primarily due to increases granted by VHI and other insurers.

**FINANCE REPORT 2006**

The main components of direct income are:

- inpatient accommodation €23m
- Radiology €4.5m
- Oncology €12.7m
- Major theatre €6.8m
- Daycares/minor theatre €6m

**Activity**

- Admissions (inpatient) 9,033
- Daycases 5,592
- Oncology (daycases) 5,477
- Major Theatre 3,778
- Minor Theatre 4,399
- Endoscopy 5,417
- Diagnostic Imaging 30,393
- Radiotherapy treatments 14,570

**Balance Sheet****Capital Expenditure**

Capital expenditure totalled €3.8m of which €1.2m related to expenditure incurred for the new private hospital. A new MRI scanner costing €1.5m was installed in 2006.

**OTHER GROUP ISSUES**

Financial Reporting Standard17 “Retirement Benefits” (FRS17) applied to the Group with effect from the year ending 31st December 2005. This obliged the group to bring pension valuations into the accounts for the first time in 2005. The audit opinion of the accounts has again been qualified in 2006 in relation to the requirements of FRS17 as they relate to the publicly funded branches. This situation is similar to that which exists in the majority of other publicly funded hospitals.

**FUTURE DEVELOPMENT FOR THE GROUP****FUTURE**

Web based on line requisitioning is to be introduced which will make requisitioning easier for all users and make production of purchase orders and issues of stock more efficient

The Salaries system is currently being upgraded in order to provide better analysis and control reports in conjunction with the improvement in associated HR systems.

Cormac Maloney  
*Financial Controller.*

## ST VINCENT'S HEALTHCARE GROUP LIMITED

Combined Branch Accounts for the Year Ended 31st December 2006

### INCOME & EXPENDITURE A/C

	<b>2006 SUMMARY EURO €</b>	<b>2005 SUMMARY EURO €</b>
<b>Income</b>		
Patients Income	68,089,111	58,934,749
Other Income	9,813,432	8,740,027
	<u>77,902,543</u>	<u>67,674,776</u>
<b>Amortisation</b>		
Building & Equipment	<u>15,025,395</u>	<u>11,661,304</u>
<b>Expenditure</b>		
Salaries & Wages	197,023,905	176,030,441
Surgery & Dispensary	72,348,936	62,667,459
Provisions	2,264,909	2,049,414
Domestic	13,275,785	10,611,464
Clinical Support & Administration Services	7,747,104	6,921,425
Maintenance of Buildings etc	6,036,730	5,808,281
Miscellaneous	3,678,592	4,158,098
Bad Debts	646,307	57,110
Bank Interest & Finance Charges	263,750	256,017
Depreciation - Buildings & Equipment & Motor Vehicles	17,035,869	13,372,019
<b>Total Expenditure</b>	<u>320,321,887</u>	<u>281,931,728</u>
Excess of Expenditure over Income	( 227,393,949)	202,595,648)
Refundable from the HSE	229,258,761	204,619,920
<b>Income &amp; Expenditure Surplus / (Deficit)</b>	<u>1,864,812</u>	<u>2,024,272</u>
Transfer to other reserves	( 727,774)	( 701,465)
<b>Surplus / (Deficit) for the Year after trf to reserves</b>	<u>1,137,038</u>	<u>1,322,807</u>

### ACCUMULATED INCOME AND EXPENDITURE ACCOUNT

Surplus / (Deficit) for the Year after trf to reserves	1,137,038	1,322,807
Surplus carried forward from previous years	<u>(4,323,079)</u>	<u>946,338</u>
	(3,186,041)	2,269,145
Actuarial gain/(loss) in respect of pension scheme	1,230,000	( 2,174,000)
Prior Year Adjustment : FRS 17 Retirement Benefit	0	( 4,419,000)
Investment	1,743	776
<b>Accumulated Surplus /(Deficit)</b>	<u>( 1,954,298)</u>	<u>( 4,323,079)</u>

## ST VINCENT'S HEALTHCARE GROUP LIMITED

Combined Branch Accounts for the Year Ended 31st December 2006

### BALANCE SHEET AS AT YEAR END

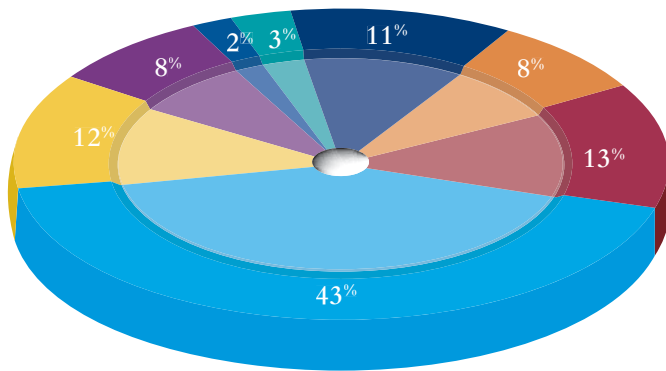
	<b>2006 SUMMARY EURO €</b>	<b>2005 SUMMARY EURO €</b>
<b>Assets</b>		
Fixed Assets	435,945,241	417,520,714
Current Assets	59,486,119	51,282,010
<b>Total Assets</b>	<b>495,431,360</b>	<b>468,802,724</b>
<b>Liabilities</b>		
Creditors	64,054,075	53,976,790
Capitalisation Accounts	191,245,315	173,991,814
Pension Liability	5,411,000	6,540,000
<b>Total Liabilities</b>	<b>260,710,390</b>	<b>234,508,604</b>
<b>Net Assets</b>	<b>234,720,970</b>	<b>234,294,120</b>
<b>Capital and Reserves</b>		
Capital & Other Reserves	236,675,268	238,617,199
Accumulated (Deficit) / Surplus	( 1,954,298)	( 4,323,079)
	<b>234,720,970</b>	<b>234,294,120</b>

#### NOTE

Figures shown for 2006 & 2005 include SVUH, St. Michael's Hospital and St. Vincent's Private Hospital.

## FINANCIAL ANALYSIS

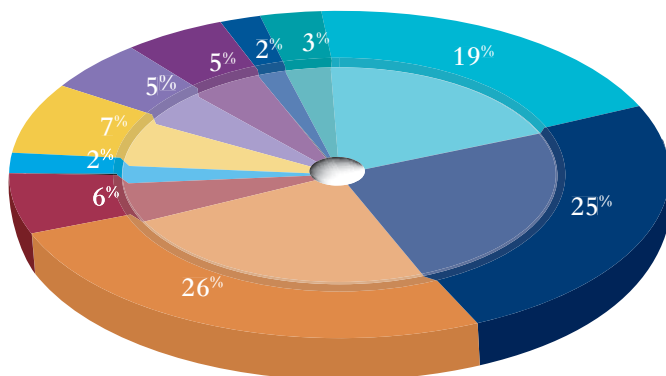
### PAY EXPENDITURE 2006



Administration	11%	
Common Contract	8%	
Medical Salaries	13%	
Nursing & Allied	43%	
Paramedical	12%	
Catering/Housekeeping	8%	
Maintenance	2%	
Superannuation	3%	

Figures shown include SVUH, St. Michael's Hospital & SVPH

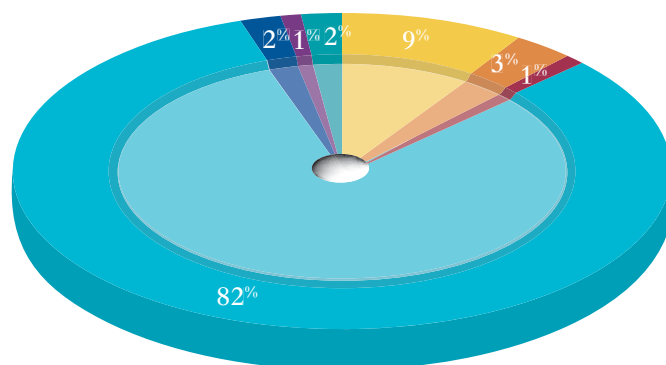
### NON PAY EXPENDITURE 2006



Medical & Surgical	25%	
Medicines	26%	
Pathology Expenses	6%	
Medical Equipment	2%	
Cleaning / Laundry	7%	
Maintenance Charges	5%	
Blood	5%	
Courses & Seminars	2%	
X-Ray Expenses	3%	
Sundry Expenses	19%	

Figures shown include SVUH, St. Michael's Hospital & SVPH

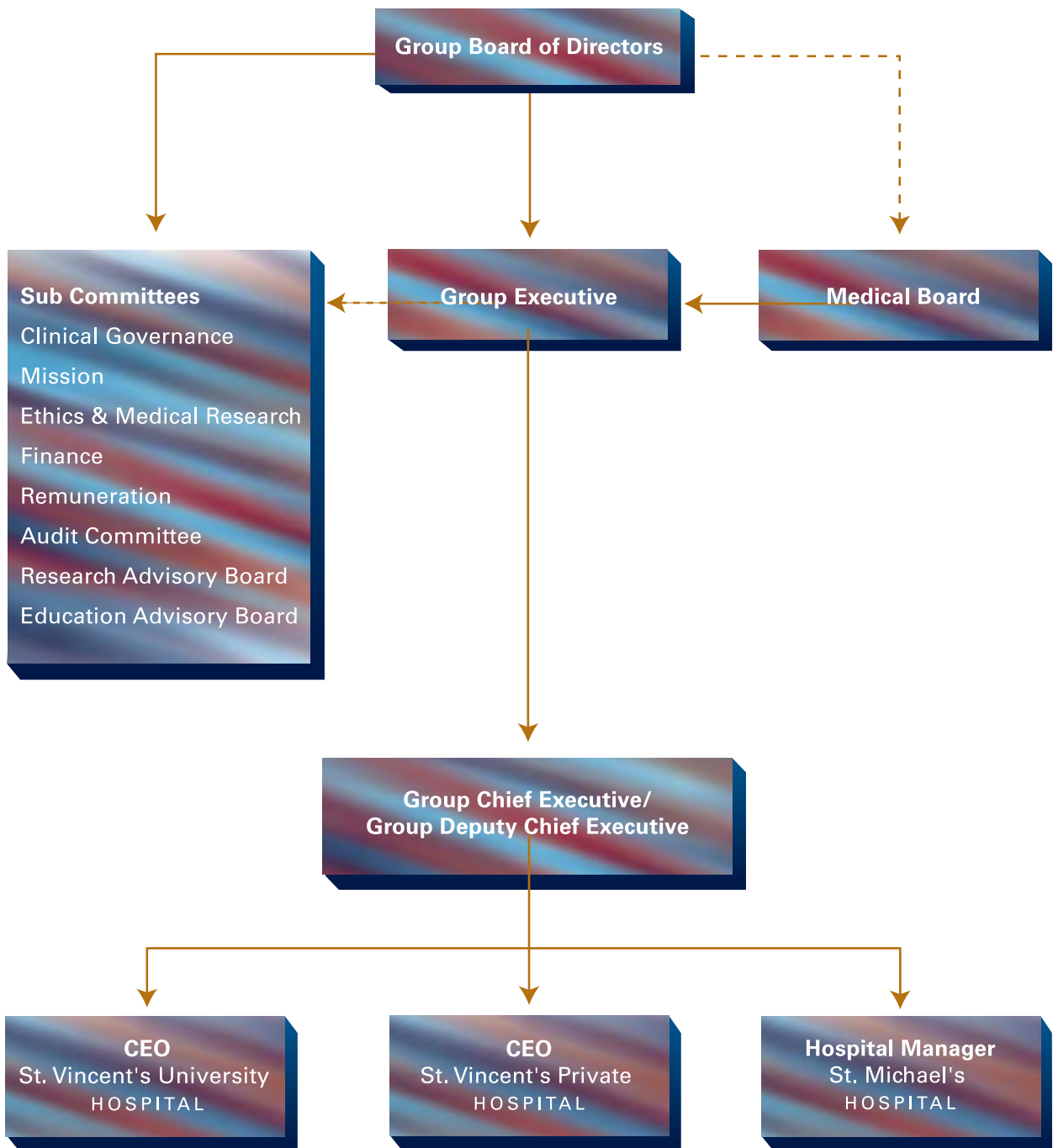
### INCOME



Superannuation	9%	
Canteen	3%	
RTA etc	1%	
Semi-Private	82%	
Health Act Inpatient	2%	
A&E Charge	1%	
Other Income	2%	

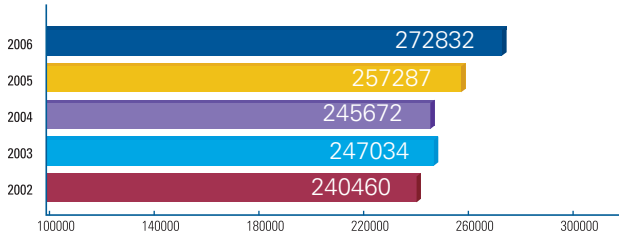
# ORGANISATIONAL STRUCTURE

## The Group's Governance & Organisational Structure



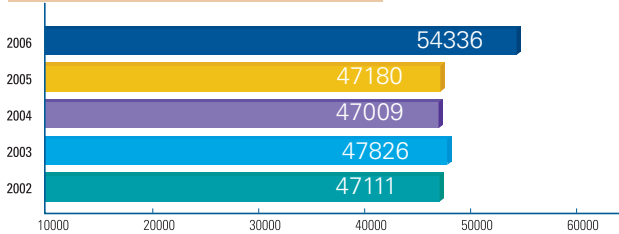
## STATISTICS

### BED DAYS



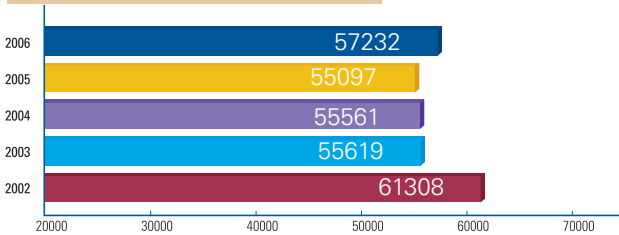
Figures shown above include SVUH, St. Michael's & SVPH.

### ADMISSIONS



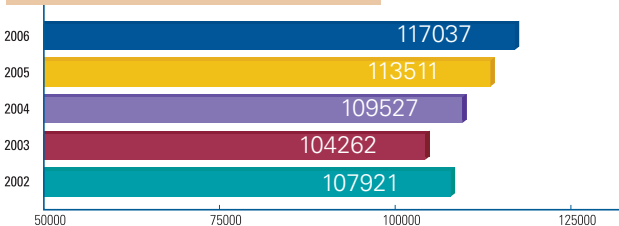
Figures shown above include SVUH, St. Michael's & SVPH.

### A & E ATTENDANCES



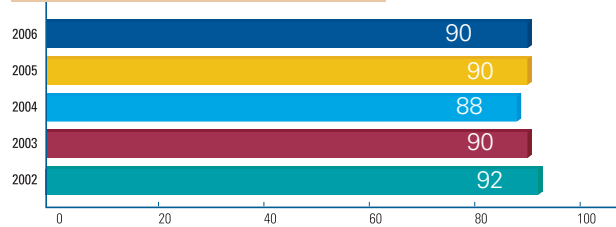
Figures shown above include SVUH & St. Michael's Hospital only.

### OPD ATTENDANCES



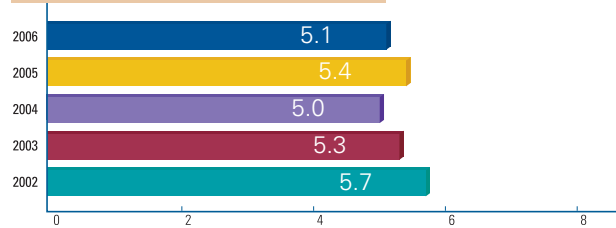
Figures shown above include SVUH & St. Michael's Hospital only

### % OCCUPANCY



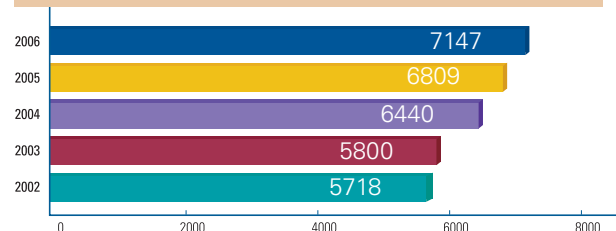
Figures shown above include SVUH, St. Michael's & SVPH.

### AVERAGE STAY (DAYS)



Figures shown above include SVUH, St. Michael's & SVPH.

### COST PER PATIENT PER WEEK €EURO



Figures shown above relate to SVUH only.

## DEPARTMENTAL STATISTICS

		2004	2005	2006
<b>CARDIOLOGY</b>				
Inpatients(incl. Day-care)	Admissions	1,572	1,687	1,720
	Discharges	1,710	1,829	1,848
Outpatients	New patients	981	981	1,042
	Total attendances	5,564	5,829	6,301
<b>EMERGENCY MEDICINE</b>				
Inpatients	Admissions	0	986	1,217
	Discharges	0	886	1,052
<b>NEPHROLOGY</b>				
Inpatients(incl. Day-care)	Admissions	558	529	588
	Discharges	511	454	545
Dialysis Day Cases	Admissions	0	0	5,689
	Discharges	0	0	5,689
Outpatients	New patients	154	193	185
	Total attendances	1,237	1,380	1,501
<b>ONCOLOGY</b>				
Inpatients	Admissions	352	426	415
	Discharges	580	619	592
Outpatients	New patients	259	322	245
	Total attendances	2,011	2,195	2,376
<b>RADIOTHERAPY</b>				
Outpatients	New patients	254	303	242
	Total attendances	339	410	353
<b>HAEMATOLOGY</b>				
Inpatients(incl. Day-care)	Admissions	193	113	120
	Discharges	220	154	145
Outpatients	New patients	210	153	244
	Total attendances	1,280	1,459	1,600
<b>ST. ANNE'S DAY CENTRE (ONCOLOGY/HAEMATOLOGY)</b>				
	Admissions	4,783	5,719	6,466
	Discharges	4,783	5,719	6,466
PLUS ward patients treated in centre		164	164	195

## DEPARTMENTAL STATISTICS

		2004	2005	2006
<b>GENERAL MEDICAL</b>				
Inpatients	Admissions	232	294	415
	Discharges	191	240	334
Outpatients	New patients	17	13	14
	Total attendances	85	90	130
<b>PSYCHIATRY</b>				
Inpatients	Admissions	172	375	423
	Discharges	178	364	434
Outpatients	New patients	229	198	150
	Total attendances	1,950	1,887	1,676
Day Centre	Attendances	1,231	1,509	1,161
<b>NEUROLOGY</b>				
Inpatients(incl. Day-care)	Admissions	344	199	154
	Discharges	394	261	209
Outpatients	New patients	903	920	1,365
	Total attendances	3,387	3,912	5,015
<b>PALLIATIVE MEDICINE</b>				
Inpatients	Admissions	0	0	0
	Discharges	0	5	1
<b>RADIOLOGY</b>				
Inpatients(incl. Day-care)	Admissions	0	1	10
	Discharges	0	1	11
<b>DERMATOLOGY</b>				
Inpatients(incl. Day-care)	Admissions	3,023	1,090	1496
	Discharges	3,025	1,094	1496
Outpatients	New patients	751	754	1,509
	Total attendances	2,333	2,245	3,901
<b>RHEUMATOLOGY</b>				
Inpatients(incl. Day-care)	Admissions	643	492	523
	Discharges	540	423	469
Outpatients	New patients	974	909	1,007
	Total attendances	5,609	5,927	6,512

## DEPARTMENTAL STATISTICS

		2004	2005	2006
<b>RESPIRATORY &amp; GENERAL MEDICINE</b>				
Inpatients(incl. Day-care)	Admissions	2,000	1,875	1,934
	Discharges	1,910	1,849	1,887
Outpatients	New patients	631	654	684
	Total attendances	5,752	5,973	6,512
<b>ENDOCRINOLOGY</b>				
Inpatients(incl. Day-care)	Admissions	513	503	503
	Discharges	459	425	451
Outpatients	New patients	330	339	326
	Total attendances	2,359	2,388	2,592
<b>DIABETES CLINIC</b>				
Outpatients	New patients	297	303	308
	Total attendances	3,479	3,614	3,708
<b>DIABETES CENTRE</b>				
	Attendances	5,020	6,265	6,589
<b>GERIATRIC MEDICINE</b>				
Inpatients	Admissions	405	445	456
	Discharges	429	451	503
Outpatients	New patients	252	221	282
	Total attendances	798	719	884
<b>GASTROENTEROLOGY &amp; GENERAL MED.</b>				
Inpatients(incl. Day-care)	Admissions	2,674	2,796	2,951
	Discharges	2,528	2,663	2,893
Outpatients	New patients	1,064	1,013	995
	Total attendances	3,821	3,571	3,748
<b>GENERAL SURGERY</b>				
Inpatients(incl. Day-care)	Admissions	4,107	4,265	4,275
	Discharges	4,081	4,291	4,282
Outpatients	New patients	3,861	4,056	3,709
	Total attendances	13,304	14,114	13,344
<b>LIVER CLINIC</b>				
Outpatients	New patients	185	160	182
	Total attendances	2,160	2,436	2,573

## DEPARTMENTAL STATISTICS

		2004	2005	2006
<b>HEPATITIS C CLINIC</b>				
Outpatients	New patients	29	44	12
	Total attendances	848	738	657
<b>COLORECTAL CLINIC</b>				
Outpatients	New patients	53	75	67
	Total attendances	696	807	785
<b>PAIN RELIEF</b>				
Inpatients(incl. Day-care)	Admissions	463	699	1,039
	Discharges	468	709	1,038
Outpatients	New patients	276	300	290
	Total attendances	3,238	3,795	3,355
<b>VASCULAR SURGERY</b>				
Inpatients(incl. Day-care)	Admissions	546	527	571
	Discharges	554	537	576
Outpatients	New patients	625	528	616
	Total attendances	2,960	2,645	2,712
<b>ORTHOPAEDIC SURGERY</b>				
Inpatients(incl. Day-care)	Admissions	1,746	1,724	1,732
	Discharges	1,759	1,720	1,732
Outpatients	New patients	3,671	3,514	3,266
	Total attendances	13,116	12,978	12,633
<b>UROLOGY</b>				
Inpatients(incl. Day-care)	Admissions	2,229	2,126	2,246
	Discharges	2,228	2,136	2,257
Outpatients	New patients	940	971	1,039
	Total attendances	3,965	3,954	4,142
<b>PLASTIC SURGERY</b>				
Inpatients(incl. Day-care)	Admissions	1,028	854	948
	Discharges	1,041	862	951
Outpatients	New patients	1,127	1,189	1,385
	Total attendances	3,795	4,228	4,459
<b>CARDIOTHORACIC</b>				
Inpatients(incl. Day-care)	Admissions	160	194	181
	Discharges	170	206	193
Outpatients	New patients	179	179	158
	Total attendances	570	557	551

## DEPARTMENTAL STATISTICS

		2004	2005	2006
<b>GYNAECOLOGY</b>				
Inpatients(incl. Day-care)	Admissions	396	260	233
	Discharges	400	267	235
Outpatients	New patients	645	622	548
	Total attendances	1,608	1,613	1,529
<b>OPHTHALMOLOGY</b>				
Inpatients	Admissions	442	365	366
	Discharges	434	363	362
Day-care	Admissions	1,729	1,647	1,536
	Discharges	1,729	1,647	1,536
Outpatients	New patients	729	836	742
	Total attendances	2,245	2,262	2,075
<b>ORTHOPTICS</b>				
	Total attendances	777	973	283
A & E Patients treated in Ophthalmology Dept.	Total attendances	1,064	1,157	1,204
<b>E.N.T. SURGERY</b>				
Inpatients(incl. Day-care)	Admissions	578	469	490
	Discharges	578	469	490
Outpatients	New patients	1,012	1,085	1,224
	Total attendances	2,370	2,694	2,952
A & E Clinic	New patients	71	86	52
	Total attendances	309	308	245
Audiometrics	Tests	533	503	315
<b>DENTAL SURGERY</b>				
Inpatients	Admissions	6	4	9
	Discharges	6	4	10
Outpatients	New patients	0	0	0
	Total attendances	0	0	0
<b>PODIATRY</b>				
Outpatients	Total attendances	345	495	462
<b>SUMMARY</b>				
Total Inpatients	Admissions	30,894	30,664	38,706
	Discharges	30,906	30,648	38,687
Total Outpatients	New patients	20,638	20,835	21,836
	Total attendances	90,879	94,420	98,576

**DEPARTMENTAL STATISTICS**  
**DIAGNOSTIC AND TREATMENT**

<b>DEPARTMENTS</b>	<b>2005</b>	<b>2006</b>	<b>% Variance</b>	<b>Variance</b>
Pathology Test	4,120,072	4,477,982	8.7%	357,910
X-Rays	116,204	118,865	2.3%	2,661
Dialysis Treatments	6,719	8,186	21.8%	1,467
Pulmonary Laboratory Attendances	3,147	3,118	-0.9%	-29
Physiotherapy Attendances	77,912	82,060	5.3%	4,148
Social Work Cases	11,103	9,326	-16.0%	-1,777
Dietetics Attendances	19,353	21,405	10.6%	2,052
Diabetes Centre	6,265	6,589	5.2%	324-
Vascular Lab. Tests	1,252	1,328	6.1%	76
E.C.G. Recordings	15,987	16,991	6.3%	1,004
<b>Theatres:</b>				
Main Theatre	10,062	10,070	0.1%	8
Cardiovascular Theatre	2,534	2,458	-3.0%	-76
Endoscopy Unit	4,261	4,518	6.0%	257
E.E.G./E.M.G. Tracings	1,487	1,615	8.6%	128
Occupational Therapy Treatment Units	40,028	40,795	1.9%	767
Nuclear Medicine Scans	3,595	3,470	-3.5%	-125

St. Vincent's Healthcare  
GROUP LIMITED

ELM PARK DUBLIN 4 IRELAND

TEL +353 1 221 3422 FAX + 353 1 269 1264

WEB [WWW.STVINCENTS.IE](http://WWW.STVINCENTS.IE)

