ST. VINCENT'S
HEALTHCARE GROUP

Annual Report 2019

Our Mission

At St. Vincent's Healthcare Group we strive to maintain excellence in clinical, multi-disciplinary care, education and research – and we will continue to develop our hospitals in line with these principles, and our responsibilities to the wider Irish healthcare system.

We will treat each of our patients individually with dignity and respect recognising, at all times, the right of everyone to access the care and treatment they need to achieve the best possible healthcare outcomes – regardless of race, ethnicity, religion or gender.

Our Vision

To be a valuable part of an Irish healthcare system that achieves best outcomes for patients and their families.

To be known for the highest standards of patient care, clinical excellence, medical research and staff education.

To remain a private, independent group that invests all our funds in treatment and care for our patients.

Human Dignity

We respect the value of human life and the dignity and uniqueness of each person.

Compassion

We accept people as they are, bringing empathy and caring to all.

Justice

We act with fairness and integrity that respects the rights of all.

Quality

We seek excellence in all aspects of care.

Advocacy

We speak for the voiceless, acting with and for them to achieve the right quality of care.

In 1834, at the height of the cholera pandemic in Ireland, the Religious Sisters of Charity opened St. Vincent's Hospital at 56, St. Stephen's Green. For 186 years they have nurtured, trained and educated generations of doctors, nurses and healthcare workers whose sole focus is to care for our patients and their families. Now, in 2020, at the height of a major global pandemic, once specific consent letters (which are imminent) are received from SVHG stakeholders, the RSC will officially end their involvement in SVHG – leaving behind a legacy of 4,000 talented staff working across three leading hospitals serving Dublin and the South East.

This annual report has been inspired and shaped by all the staff in SVHG. Over the last nine months they have dealt with the most unprecedented of challenges that any healthcare worker will ever have to face in their lifetime. They have all played a crucial part in making sure that our hospitals continue to run smoothly and that our patients and their families receive the very best possible care and attention they need.

Thank you to the RSC for their extraordinary contribution to healthcare in Ireland. Thank you to every single one of our staff for their exceptional commitment to our patients.

This annual report is dedicated to you.

October 2020

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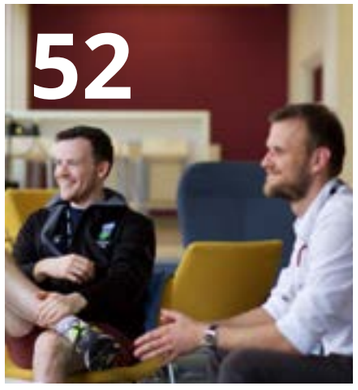

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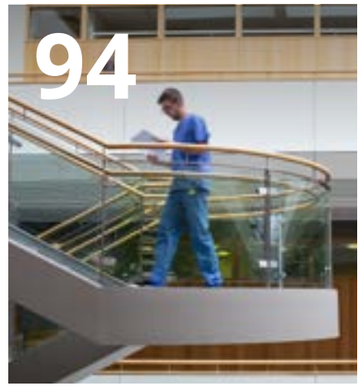


SVUH St. Vincent's University Hospital
SVPH St. Vincent's Private Hospital
SMH St. Michael's Hospital
SVHG St. Vincent's Healthcare Group

To download a PDF copy of this report please visit **www.stvincents.ie**, **www.svph.ie** or **www.stmichaels.ie**

St. Vincent's Healthcare Group (SVHG) is a strategically important and leading healthcare group in Ireland, on an integrated multi-hospital campus located at Elm Park, Dublin 4 and Dún Laoghaire, Co. Dublin. We provide front-line, acute, chronic and emergency care across 50 different medical and surgical specialities. Our two public hospitals are an integral part of services in the region, providing local, regional and national services in designated specialities.

250+
consultants

50+
specialities

150
clinical research studies every day – the largest number in any one institution

Every day
5,000
patients, visitors and staff pass through our Elm Park campus

Every day, over
1,000
undergraduate and postgraduate students pass through our Elm Park campus

1,000
beds

4,000
staff at St. Vincent's Healthcare Group

1,600
nurses

National Centres of Excellence

- National Cancer Control Programme (NCCP)
- National Cancer Screening Programmes for breast, colorectal, lung and prostate cancer
- National Centre for Cystic Fibrosis
- National Centre for Neuroendocrine Tumours (NETs)
- National Centre for Pancreatic Cancer
- National Liver Transplant Programme
- National Pancreas Transplant Programme
- Ireland's first multidisciplinary Pelvic Floor Centre
- Leading Colorectal Surgical Unit

National Centres of Expertise

- Care of the elderly
- Colorectal surgery
- Dermatology
- Endoscopy procedures
- Gastroenterology
- General endocrinology (inc. obesity, gender)
- Inflammatory bowel disease
- Management of heart failure
- Nephrology
- Neurology
- Orthopaedic care
- Pelvic floor disorders
- Renal medicine
- Respiratory disease
- Sarcoma
- Urology

Chair's Introduction

On behalf of the Board of St. Vincent's Healthcare Group, I am delighted to present our annual report for 2019.

Our vision, at St. Vincent's Healthcare Group, is to be a valuable part of the Irish healthcare system which achieves the best outcomes for patients and families – by providing the highest standards of clinical excellence, medical research and patient care.

This report for 2019 is one with a difference.

It has been written and compiled in October 2020 in the middle of a major global pandemic which, to date, has claimed the lives of over 1,000,000 people.

Whilst the report reviews activity and performance in 2019 across our three hospitals, it also takes a look at our more recent past and the events which have shaped the unsettling world we are living in today – through the eyes of our staff.

In 2020, every single one of our 4,000 staff in SVHG has experienced months that have challenged them immeasurably with no warning, no time for preparation and no manual. They have drawn on their expertise, their instincts and their creativity in an on-going battle against one of the world's worst pandemics. And they have had to cope with the toll that this has taken on their personal lives – every day.

We know that healthcare continues to face many challenges: the ageing population and older patient, the increase in number of people living with chronic illness, the pressure on waiting lists and hospital beds and the growing need for care in the community.

When Covid-19 first arrived on our doorstep – abruptly and aggressively – it added an extra layer of pressure on the system. But instead of tackling it the way we would normally tackle any new health event – by following established processes and policies – we did something completely different.

We allowed Covid-19 to become the catalyst for change that we needed. We allowed it to inspire us into new ways of thinking, new ways of doing things. We let it draw out the very best in all of us so that we could tackle – and continue to tackle – the very worst that the world was facing.

This pandemic has started to define a new way of addressing the many challenges of Irish healthcare – and a new attitude. It has proved beyond all doubt that we can cope with the most unpredictable; that we are ready to think outside the box and innovate, and that process – whilst acting as a valuable framework – does not uniquely define our thinking.

One hospital – three sites

One of the biggest challenges that SVHG initially faced with Covid-19 was the responsibilities we held as national centres of expertise serving and looking after patients from all over Ireland. It was important, despite the cancellation of most outpatient procedures, to continue a number of essential treatments for patients including chemotherapy, dialysis, emergency surgery and post-trauma care. But we had to provide this under tight infection control conditions and in an environment that our patients would be comfortable visiting.

Having three hospitals in the Group – two on the same campus – allowed us, at the very early stages of the pandemic, to quickly segregate and cohort our patients across St. Vincent's University Hospital, St. Vincent's Private Hospital and St. Michael's Hospital. We moved all oncology and haematology patients from SVUH to SVPH and shortly afterwards moved the liver transplant theatre to SVPH to continue the service, as well as all robotic surgery. Teams from different hospitals all moved with their specialities into the relevant hospital which provided a necessary continuity of care for the patient albeit in a different environment.

By week four of our first Covid-19 patient arriving into SVUH, we had moved all non-Covid-19 surgery to SVPH, the milder Covid-19 patients had been transferred to SMH and SVUH had become almost uniquely a Covid-19 hospital. Rather than operating as three different hospitals, we were operating as one hospital – across three different sites.

Patients, Talent and Research

The next few pages provide a snapshot view of how SVHG has dealt with a time of unprecedented challenges across our three strategic pillars of Patient, Talent, Research.

On page 10 (Patients) we highlight – through the eyes of our staff – how we have addressed the pressures of Covid-19, from the re-configuration of the hospitals, the challenges of infection control, the role of testing to the introduction of a range of innovative solutions to patient care. We look at the growing role of virtual clinics, the increased need for e-health and the valuable impact of outreach hospital home visits in the community.

Protecting and caring for our staff – who were working long hours under high-pressure conditions – has never been more important. On page 52 (Talent), we feature some of the new initiatives put in place to look after our staff's physical and mental wellbeing as well as our approach to talent management and the continuing importance of student education and the recruitment of world class talent.

As an academic teaching hospital group, 'Bench to Bedside' research continues to be an on-going priority for us and a necessary ingredient in delivering the latest and most advanced patient care. On page 68 (Research), we outline current research studies across a number of different disease areas which this year have also included a range of significant Covid-19 projects.

2020 – A historical year for SVHG / RSC

This year marks an important development in Irish healthcare and a key milestone in the evolution of SVHG. After 186 years in healthcare, once specific consent letters from SVHG stakeholders are received (which are imminent), the Religious Sisters of Charity (RSC) will transfer their shares in SVHG to our newly formed holding company, St. Vincent's Holdings CLG.

The RSC have trusted us to carry on their extraordinary legacy and provide the Irish people with a commitment and promise about their future that – no matter what – they will continue to have open access to the most advanced healthcare in the country for generations to come. This landmark move marks a symbolic and significant separation between Church and State and a necessary and important distinction in our secular and multi-cultural society.

Our new ownership and unique structure (see page 94 Governance) allows us to build on the foundations of the RSC, with the freedom to innovate and the flexibility and inspiration to ensure that our patients and our communities are provided with the most advanced healthcare.

Conclusion

The year 2020 has been a year of anxiety, worry, sadness and extraordinary pressure but it has also been a year of opportunity, a year for change, for innovation and for doing things differently.

We will be living with Covid-19 for some time to come but I am confident, more than ever, that we will continue to cope, to manage and embrace the many challenges Covid-19 puts in our way.

This year we also welcomed Mark Ryan as a new director to our Board, who took up his role in March 2020 (see page 98 for Board biographies).

On behalf of the Board, I would like to thank all of the staff in SVHG for their extraordinary commitment, their energy and their hard work. They have gone beyond the call of duty and worked in an exceptional way.

James Menton
Chair
October 2020

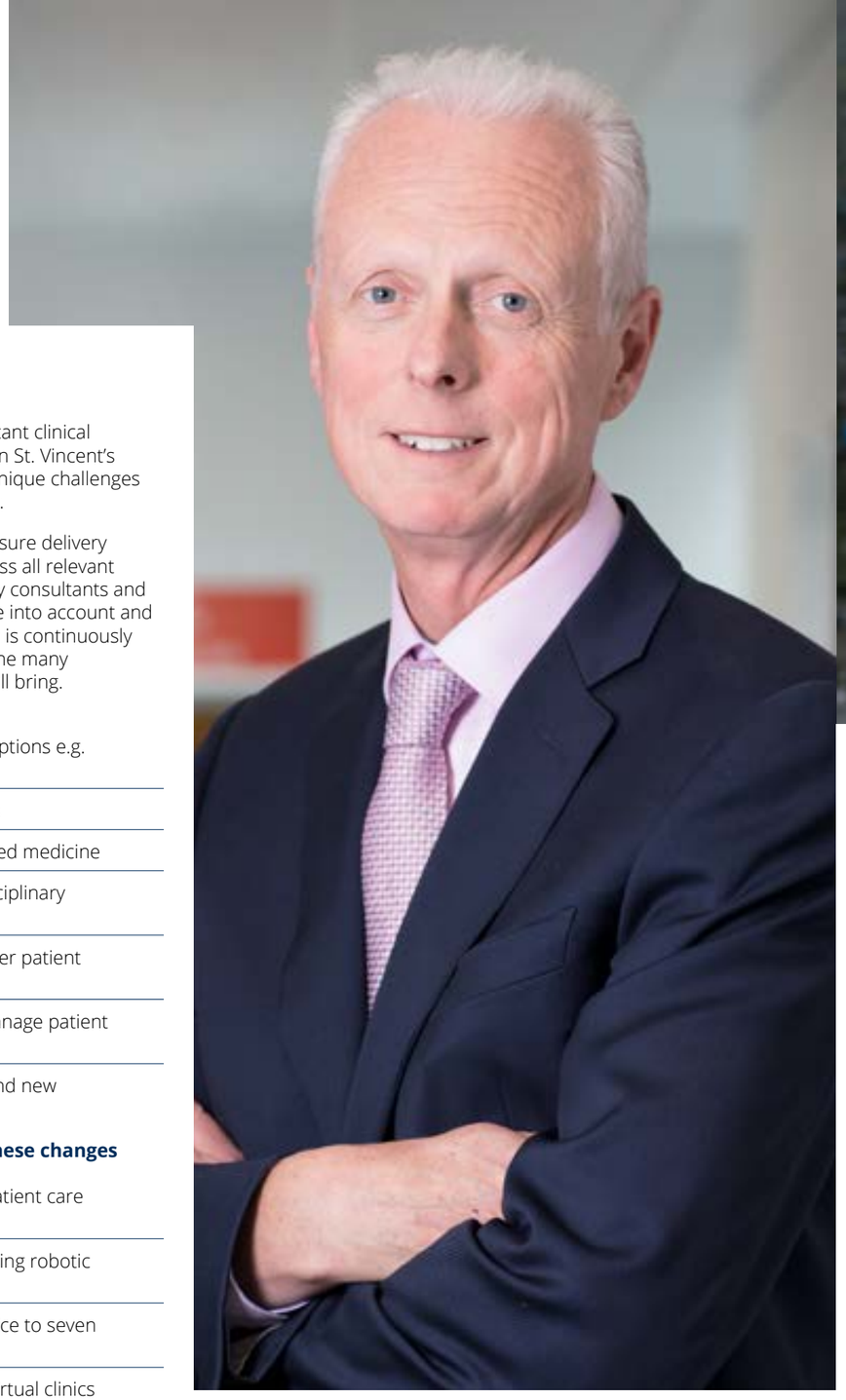
The Board of Directors

The Board of SVHG has overall responsibility for the strategic development and policy of SVHG. The Directors are drawn from diverse backgrounds in business and the professions, and bring a broad range of experience and skills to the Board's deliberations.

The Board of Directors are:

- James Menton, Chair
- Dr. David Brophy
- Deirdre Burns
- John Compton
- Gerard Flood
- Ann Hargaden
- Myles Lee
- Sharen McCabe
- Dr. Rhona Mahony
- Imelda Reynolds
- Mark Ryan

See page 98 for Board biographies.



Our Clinical Highlights

The last year has seen a number of significant clinical developments across our three hospitals in St. Vincent's Healthcare Group against a backdrop of unique challenges and the arrival of a major global pandemic.

As Group Clinical Director, my role is to ensure delivery of clinical excellence and patient care across all relevant specialities, provided by the highest-quality consultants and doctors. At the same time, we need to take into account and understand how the healthcare landscape is continuously changing, and anticipate and respond to the many challenges and opportunities the future will bring.

How is healthcare changing?

- Advanced diagnostics and treatment options e.g. PET CT Scan, interventional radiology
- Minimally invasive surgery e.g. robotics
- Early prevention, genomics, personalised medicine
- More holistic care e.g. role of multi-disciplinary care, psychology
- Medical technologies to allow for greater patient control and self-management
- Virtual consultation and e-health to manage patient care remotely
- The emergence of global pandemics and new infectious diseases

How have we responded at SVHG to these changes in the last year?

- Extension of PET CT service for both patient care and research
- Increase in number of specialities utilising robotic surgery and consultant training
- Expansion of pancreas transplant service to seven days a week
- Significant increase in the number of virtual clinics across all specialities
- Development of Stereotactic Radiosurgery (SRS) and Stereotactic Ablative Body Radiotherapy (SABR) as part of our radiation oncology service
- Continuing to recruit high quality consultants

Prof. Michael Keane
Group Clinical Director, St. Vincent's Healthcare Group, Dean of School of Medicine, UCD

Strategy 2030

In 2020, we agreed the framework for our new ten-year strategy – against the backdrop of an unsettled and turbulent healthcare landscape caused by the arrival of Covid-19.

The challenges of this pandemic have driven us to care for our patients in a variety of different ways. Fundamentally, however, our overriding objective remains the same which is to deliver exceptional care to our patients with the most advanced treatment and diagnostics provided by world class talent in hospital, in the community, at home and online.

One of the biggest markers of success is to ensure that we deliver on this by becoming more flexible, more adaptable and more accessible, so we can respond as quickly as our patients need us to.

Strategy 2030 is a ten-year plan with a flexible framework which will allow it to evolve and adapt as required. Central to this are our three strategic pillars of Patient, Talent and Research, important foundations and building blocks for all our work.

Nicky Jermyn
Group Director of Strategy

> To deliver exceptional care to our patients with the most advanced treatment and diagnostics provided by world class talent in hospital, in the community, at home and online.

Strategy 2030: Key objectives

- To care for our patients and communities with clinical excellence and exceptional care in the short and long term, inside and outside the hospital.
- To recruit, educate, enable and lead current and future generations of healthcare practitioners.
- To find new ways to treat our patients today and anticipate the needs of the future.

Patients – objectives

- Develop a range of state-of-the-art facilities and services supported by effective IT systems, aligned to the needs of individual patient cohorts which allow our hospitals to focus on acute care.
- Provide world class diagnosis, treatment and clinical care to individual patient cohorts in settings appropriate to their medical conditions and needs.

Talent – objectives

- Develop a diverse and talented workforce matched to our individual care settings.
- Provide mentoring, support, education and development opportunities to ensure we attract and retain world-class talent.

Research – objectives

- Foster and adopt innovative medical treatments and technologies through enhanced research facilities, increased patient participation in clinical trials and collaboration with medical and academic institutions at home and abroad.
- Focus on disease areas to address the transformative impact of research on patient lives now and in the future.

Our Patients

This year has been like no other. A major global pandemic, which we had little knowledge of, suddenly appeared on our doorstep. Very sick people were arriving into our hospitals, scared and vulnerable, and it was our job to make them better. We had no book or manual to turn to, yet in an instant we had to change our work practices and behaviours in so many different ways.

- How did we **care for a new type of patient** we knew very little about?
- How did we continue providing treatments in a **changing hospital environment?**

Caring for a new type of patient

Everything changed overnight

Our first Covid-19 patient was admitted on 6th March 2020 and overnight, everything changed. Whilst we had been planning for this since January, nothing could have prepared us for the intense pressures and challenges that we would be faced with every day.

Overnight, ED visits plummeted, outpatient clinics were cancelled and visiting was stopped. Our normally busy hospital environment with a regular stream of patients, visitors and staff visiting clinical areas, wards and coffee shops turned into a quiet, tightly controlled, clinical environment dominated by corridors of staff in scrubs, PPE, no entry signs and closed doors. Within days our medical marquee was set up outside St. Vincent's University Hospital ED to improve patient flow, a testing hub for healthcare workers was installed in St. Michael's Hospital and we started the segregation and transfer of our non-Covid-19 patients across the Elm Park Campus to St. Vincent's Private Hospital.

Since March 2020 we have tested over

26,000

Covid-19 swabs

St. Vincent's Healthcare Group

We had trained in the Emergency Department for situations like this as part of major disaster and pandemic planning. At the same time, we could never prepare for numbers like these.

Our planning started in January. We were watching what was happening in China and once the virus hit Italy, we really started to get concerned. Soon after our first patient admission, we installed a medical marquee outside the ED. At the start, any patients with symptoms were advised to ring the ED in advance and drive up to the front of the tent where they were met by one of our team in full PPE and taken immediately to an isolation area. It was hard watching people say goodbye to their relatives knowing they would not be able to visit during their stay. We also had a lot of vulnerable patients who would have relied on lip reading, touch and facial expressions which was made more difficult under all the PPE and strict infection control conditions.

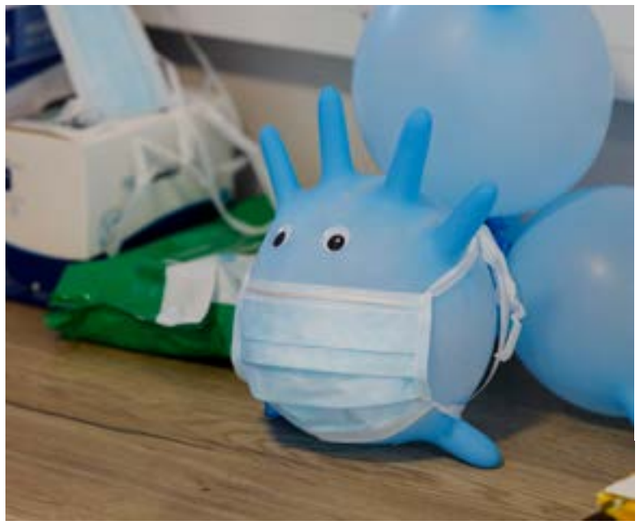
One of the biggest challenges was having to continuously change the service as the profile of the patients changed. Constant departmental communication and regular meetings with the hospital executive really helped. What struck me most was the kindness and support everyone showed towards each other. Smiles in the corridor and staff working outside their usual area made sure that patients got the best care. We are also so grateful to Procurement driving all around the country making sure we were well stocked with PPE.

We pulled together really well and I know we will again.

Nessa O'Herlihy
Assistant Director of Nursing, Emergency Department, Acute Medical Assessment Unit and Cardiology, St. Vincent's University Hospital

The early installation of a testing hub in St. Michael's Hospital offered peace of mind for healthcare workers around the country

A big priority for the country was to ensure that our healthcare workers stayed safe and well. In the second week of March, one of the first public testing hubs was installed on the grounds of SMH, initially for healthcare workers who were referred from all over the country and then subsequently extended into the community. In the first five weeks the hub had conducted over 1,700 tests.



The testing hub was a mammoth task requiring meticulous planning, involving a large team including senior management, medical, nursing, patient services, administration, portering, catering, IT, laboratory, procurement and security staff, all pulling together.

Patients were referred through the public health department. They were then contacted by a member of the patient services team, given an appointment time, advice, what to expect and directions to the testing hub. When the patients arrived they were directed by security to pre-designated parking bays. They radioed the patient name into administration staff which was checked against the required paperwork.

A drive-through system was used to obtain the swabs. Patients stayed in their cars and the nurse came to them and carried out the procedure. They were provided with an information pack with all they would need to know about Covid-19, self-isolating and what to do if they had a positive swab. At that time, patients were being contacted by doctors directly with their results and advice given as appropriate.

As this was one of the first testing hubs in the country, it was natural for people to feel anxious about this virus that everyone was talking about. There were mixed emotions when they arrived, feeling unwell, terrified, tearful, relieved and appreciative. For some, it was also the first interaction with anyone in a number of weeks following a period of self-isolation. They were delighted to be having a conversation with someone, despite the reasons for being there.

I think as far as Covid-19 is concerned we are still in the learning phase, we are still discovering how to adapt and work outside of our comfort zones. I am very fortunate to work with such a fantastic team and the dedication and support of all my colleagues in SMH has helped enormously.

Siobhan McCaffrey
Nurse Practice Development Co-ordinator, Assistant Director of Nursing, St. Michael's Hospital

"I am very fortunate to work with such a fantastic team and the dedication and support of all my colleagues in St. Michael's Hospital has helped enormously."

One Hospital – three sites

One of the biggest advantages of being on a multi-hospital campus and part of St. Vincent's Healthcare Group is that it was easier to transfer and streamline our patients to different hospitals.

This not only had the advantage of releasing beds in desired locations but it also allowed us to segregate and cohort our patients more effectively. Within weeks of our first Covid-19 admission, we had moved all of our oncology and haematology patients and their clinical teams from St. Vincent's University Hospital to St. Vincent's Private Hospital – as well as all our non-Covid-19 surgical patients – and the milder Covid-19 patients were transferred to St. Michael's Hospital in Dún Laoghaire. Moving the transplant team and the robot, which continued to perform all surgical procedures – this time in SVPH – was quite an achievement in logistics and took a huge effort on the part of all staff including the clinical teams, portering, and administration in both SVUH and SVPH. Essentially we were operating as one large hospital across three different locations.

Changing rooms

Reconfiguring our hospital in the middle of a pandemic had its challenges. Overnight we needed storage for equipment which was new to us, new spaces for unwanted chairs, tables and trolleys. We moved floors around, services around, removed doors, added new ones, new partitions, protective screens. Family rooms became storage rooms, empty coffee shops became other spaces for unused furniture. Meeting rooms became new clinical spaces or socially distanced office spaces. Full theatres (and equipment) moved to St. Vincent's Private Hospital via underground tunnels. The transformation was immense but we were lucky that we had the space across campus to cope with such change.

"With the onset of the Covid-19 pandemic there was a requirement for St. Vincent's University Hospital to change operationally within a short space of time. In line with public health advice a number of services were suspended and others were re-located to accommodate Covid-19 patients. Consequently, staff were re-deployed to other areas or services as required. Staff must be commended for their response, as it was instrumental in meeting the challenges presented by Covid-19 and in providing continued care for patients."

Noel Gorman
Director of Operations,
St. Vincent's University Hospital

Before	After
Bone and Joint Unit	Covid-19 ED
Outpatients	Bone and Joint Unit
ICU Family Room	ICU Storage Rooms
Nurse Education Centre	PPE Storage
HSCP Seminar Room	Phlebotomy Suite
Gym	IV Therapies
Theatres	Extra ICU Beds
Daffodil Centre	Covid-19 Relative Support Service

Much of the movement of Covid-19 patients had to be done through the night to minimise contact with people.

My job as a porter is to work with a team of porters from the day and night shift on the movement of patients across the hospital between wards, theatres, X-ray and ED. When Covid-19 hit, our first thoughts were "What are we going to do? We have family, we can't leave our jobs." But there was great team work and we all worked together, supporting and motivating each other to defeat this stranger we knew nothing about. It was very tough under all the PPE and many of the patients we were moving were anxious and scared – particularly those who had to be admitted to a Covid-19 ward.

We had regular training sessions in the hospital on PPE usage. We had to wear a lot of equipment that we were not used to but all the training made a big difference. Winding down after a long shift was difficult but the hospital has bathroom facilities so we could refresh ourselves with a good shower before going back home to join our families. For me, listening to Gospel music and a cup of tea really helped.

Frank Ngonadi
Porter, St. Vincent's University Hospital

"We had to wear a lot of equipment that we were not used to but all the training made a big difference."

A brand new virus with no vaccine and no immunity, which is affecting the world's population. How do you protect your patients, your staff and your hospital?

At the start, it wasn't clear what the impact of Covid-19 would be – i.e. how many people would get infected or how mild or severe it would be. There was so much that we didn't know about the virus, including exactly how it was transmitted, which meant we had to err on the side of caution and advise high levels of precautions for staff to cover the possibility of airborne spread.

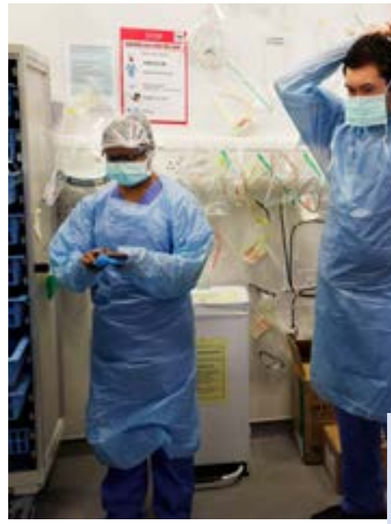
Naturally, there was a high degree of anxiety amongst our staff, so a key part of the infection prevention and control role was to educate everyone as much as possible and answer questions about the risk of transmission and what precautions we needed to take, including what PPE to use and how to get it on and off safely. We followed national guidelines, but the situation in every hospital is different, so we had to work out how to implement them locally.

Initially, we tried to plan by looking at possible scenarios: what would we do if we had one suspect case coming into ED? Where would we put them? What if we got a second one? Or 20, 30, 40? How do we avoid transmission of infection to non-Covid-19 patients? It's all about service and capacity planning, anticipating the worst possible scenarios and assessing how we could cope within our existing hospital infrastructure.

It's likely that in two or three years, this coronavirus will be regarded as similar to flu infection, when we hopefully have an effective vaccine, more people have had infection and there is, therefore, more immunity within the population.

There were times when it really was absolutely bananas, and I didn't know what was coming next, when things were really busy, lots of people coming through the ED and being admitted to the wards. But our staff were incredible, really working way beyond all expectation, and often in different roles than they were used to. And just when you thought you couldn't ask for any more, people once again put their shoulder to the wheel and carried on – which we will continue to do as we live with this virus.

Dr. Suzy FitzGerald
Consultant Microbiologist,
Head of Infection Prevention and Control,
St. Vincent's University Hospital



PPE Stats

4,000,000 Surgical gloves

90,000 Goggles

30,000 Face shields / visors

900,000 Shoe covers

St. Vincent's Healthcare Group

"Initially patients were anxious about the move from SVUH to SVPH and didn't know what to expect but once they knew their teams were moving with them and there would be a continuity of care, that really made a difference."

A big challenge was to control the number of people in the hospital, making sure there was no build-up of patients, spacing up essential appointment times and moving patients across from St. Vincent's University Hospital.

I left the hotel industry and took up my first job in healthcare three months before a global pandemic. Yes it was a baptism of fire!

My role as Facilities Manager in St. Vincent's Private Hospital is a very hands-on operational role involving all aspects of support services in the hospital, working closely with the Portering Dept, Household Service and the Reception Team – a lot of logistics. With Covid-19, one of the biggest challenges was to control the number of people in the hospital, making sure there was no build-up of patients in waiting areas and working with the clinical teams to space up appointments for those outpatients that still needed to be seen.

One of the first things we set up was a concierge desk at the main entrance of the hospital which has worked really well. Patients were naturally anxious visiting the hospital at this time so a friendly face that could immediately put their mind at rest and advise them where to go or simply just to say hello has really made a difference. Signage is important but nothing really beats human interaction.

One of the biggest challenges was the movement of patients from SVUH to SVPH. Initially patients were anxious and didn't know what to expect but once they knew their teams were moving with them and there would be a continuity of care, that really made a difference and offered real peace of mind.

Mary Pierce
Facilities Manager, St. Vincent's Private Hospital

Interview

Prof. Paddy Mallon, Consultant in Infectious Diseases, St. Vincent's University Hospital

As a consultant in infectious diseases used to dealing with all types of infectious diseases all the time, what was very different about Covid-19?

It's a brand new disease, brand new infection, so there is a huge amount of uncertainty about what's coming your way. We had no idea about the scale of the problem that we were facing, about how sick people were going to be, how to treat them, so there was a huge amount of preparation going on for something that we weren't 100 per cent sure about.

Is that uncommon?

Most of the time you will have a good idea. There's always the diagnostic piece where someone comes in sick and you have to make a diagnosis but once you've made a diagnosis, most infections have that fairly clear treatment plan and you know what to expect the majority of the time. With Covid-19 it was just something completely different and that really was a huge challenge but I think we have stood up to it well.

When did you start becoming concerned that it was likely to arrive here?

Probably early in the year. So when you started seeing what was happening in China and the dynamics of what was happening in Wuhan we knew it had outbreak and pandemic potential.

What made that so clear?

When you looked at the dynamics of the cases that were coming in, especially in Wuhan, when you saw the case numbers were doubling every couple of days.

Also, the response of the Chinese government was on a scale and on a rapidity that you only get with something that's really serious.

Was it easy to get information about the virus?

There was very little published information because it takes a while to publish things so a lot of it was based on social media. There was one particular website called Flu Trackers that has been around for years, which tracks outbreaks all around the world. It's contributed to by people on the ground – medics, scientists in China, translating and uploading locally so you could see very clearly the seriousness of what was going on.

Were there many different variables on how to handle this? How did you decide what the best route to go was given all the information you were getting from different sources?

We knew very early, before cases started arriving in Ireland, that it was a disease that disproportionately affected older people and more vulnerable people and the mortality rates were much higher in these groups. And we also knew that if this disease went unchecked, it would overwhelm the health system.

What do you mean by unchecked?

If it wasn't controlled and you ended up with a significant amount of cases, it would infect a lot of people very quickly, to the point where there would be a wave of very sick hospital admissions, and you wouldn't have the capacity to deal with them. From our perspective in SVUH, our first priority was to make sure that this infection didn't get into the hospital. As our demographic here is older, it would have been devastating. The second thing was to try and ensure there wasn't an unchecked wave of infections in the community, and that's really where the early education of the population was vital.

When you saw the pictures in Wuhan did you think at any point we could get to that?

At that stage I thought that we may get to that point but I didn't think we would be adhering to those strict restrictions. The big thing that surprised me was how much buy-in there was with the population here in terms of the approach of the lockdown and avoiding those mass waves of cases.

Why did that surprise you?

I was surprised because of our culture. If I had turned around and said to someone in the middle of February that by the end of March pubs and restaurants would be shut, and everyone would be staying within two kilometres of their homes, they would have told you that you were bonkers. We weren't a society that was seemingly culturally geared-up for this change, but we obviously were.

So why did we?

I think that we are a society that focuses on protecting each other and I think that's the core. I think people did what they did because they realised it was protecting human health. I think they did it for the common good and that's reassuring, but it was also driven by a government message that made it very clear the focus was on public health.

Do you think that our behaviour, locking down and following all the guidelines, has a significant impact on how the virus developed or was it largely how the virus itself was developing?

The reason that we started to flatten the curve in the first phase of this virus was solely due to the community efforts.

How do you see the virus developing?

The virus hasn't changed, it's just as infectious and just as deadly. What has changed is our behaviour. We are testing more so we are picking up more cases, we're picking up asymptomatic cases and testing a higher number of contacts.

How will the flu affect the virus?

It's hard to know. The data from Australasia is showing that Australia and New Zealand has had very little in the flu season. They haven't really had any flu season this year and I reckon that's because most people are taking precautions by wearing masks, hand washing and social distancing. So if we can maintain what we're doing at the minute there is a chance that our flu season may not be that bad but that's not a certainty.

The key to managing Covid-19 is protecting your test, tracing and isolate system so that it's only dealing with Covid-19 rather than having to deal with a whole load of flu cases. So by getting your flu vaccine now you're not only preventing yourself from getting the flu but you're protecting the system.

Do you think we'll continue to cope as we have been or are we becoming a little fatigued?

The thing about any public health intervention – and I've known this for 20 years with HIV – is that public health interventions are not eternal. Any public health intervention has a lifespan and you get fatigue with anything you do.

Any strategy implemented will get fatigued and that's just not a health thing, that's in any walk of life. What you need is a constantly updated meaningful strategy that people can roll in behind. It gives them certainty to what they want to do and this includes a series of longer-term goals. At the moment this country doesn't have that. So when people talk about fatigue, it's natural and you need to predict and manage it strategically. We need a clear national strategy about what we're doing with this virus in the medium term which will maybe get us through the winter to February or March of next year.

How do we move forward?

The one thing that I would emphasise in moving forward in the next couple of months is that we need to remember that this is still in the community. The biggest risk that our patients have at the minute is that, as healthcare workers, we may inadvertently bring Covid-19 into the hospital. That remains our biggest threat. The worst thing that could happen to us is someone not feeling 100 per cent and ending up transmitting the virus to our patients. The second biggest thing we can do as a group of staff is to make sure we get flu vaccinated this year. Again, that helps the system by avoiding developing symptoms that could be confused with Covid-19, and helps protect patients.

Is there anything good that has come out of this in terms of our behaviour and how that has changed in the hospital?

I think as a hospital the good thing that has come out of Covid-19 is that we are a much more cohesive unit as a group of people. Prior to Covid-19 we were probably more separated in terms of our medical staff, nursing staff, the support staff, the security staff and the cleaners and I think what Covid-19 has done is really bring us together and shown us that when we work as a team we can do amazing things. That level of coordination across the different disciplines hasn't gone away and I think that if we can retain that we will be a much better health system.

Assessing the nutritional needs of Covid-19 patients without going to their bedside has been challenging

Assessing patients at the bedside is a significant part of our nutritional assessment as dietitians. We need to carry out a physical assessment of fat and muscle stores, as well as hair, skin, nails and mouth to look for signs of vitamin and mineral deficiencies which allows us to categorise the severity of malnutrition. This assessment process was reduced during the initial surge of patients with Covid-19, as we had to preserve PPE. We had to look at alternative ways in which patients could access much of this guidance remotely.

We introduced a malnutrition screening tool which patients could access online, to self-assess their risk of malnutrition, as this could not be undertaken routinely by the nursing staff. In collaboration with our catering colleagues we introduced a 'snack pack' for all Covid-19 patients, to supplement their diet, as loss of taste and smell had a significant impact on their appetite. We developed a number of information sheets to guide them on how to improve their nutritional intake. Keeping Covid-19 patients well-nourished or helping to reverse muscle loss was really important especially when patients were discharged home and during their recovery phase. In ICU, the dietetic management of patients with Covid-19 was specifically challenging as there were issues with blood glucose levels, gastrointestinal issues / feeding intolerances and multi organ failure.

Liz Barnes
Dietitian Manager,
St. Vincent's University Hospital

No bread or salad bar – everything disposable and individually wrapped

We had to make a lot of changes. We were kept up to date through briefings and kept in touch with staff in the wards with Covid-19 patients to know what was needed. We minimised the risk of infection by serving food to Covid-19 patients on disposable plates and trays with plastic cutlery so that once a meal went into a patient nothing needed to return to the kitchen. The staff canteen went through quite a transformation. We still wanted to make sure it was pleasant and peaceful for staff to take a break, while limiting seating to two or three per table, and managing the queue for hot food so that social distancing could be observed. There were no open breakfast bars or salad bars and every single slice of bread, scone and muffin had to be individually wrapped. However, the offer of free tea and coffee for all staff at any time went down well!

Teresa Peare
Head of Catering

Rosemary Hickey
Deputy Director of Catering,
St. Vincent's University Hospital

New Relative Support service brings patients and families closer together

The abrupt and enforced separation between patients and their families has been a particularly distressing and difficult side-effect of Covid-19. The new Relative Support service, introduced at St. Vincent's University Hospital, has been an invaluable resource to address the emotional and social impact of Covid-19. In a period of ten weeks, there were over 450 calls to the helpline which was manned by the SVUH Medical Social Work team seven days a week.

The goal of the service has been to make it easier for families to communicate with patients who are in isolation and included ways to:

- Connect patients, families and medical teams via FaceTime or WhatsApp video call
- Provide advice and support about Covid-19
- Support relatives who are anxious about discharge home
- Offer emotional support to patients and families focusing on grief and loss

"The sea air of Shankill Beach was a great way to switch off after a long day."

In ICU we are always preparing for an unexpected event like a major incident, but a pandemic of this scale presented a whole new set of challenges.

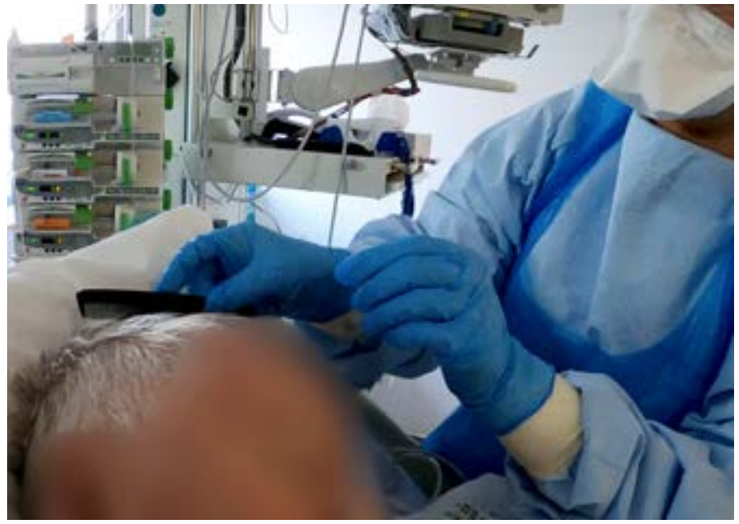
In ICU we deal with critically ill patients every day and we are always preparing for events like a major incident which thankfully are rare, but a pandemic on this scale is an event most of us could not have imagined. The first thing we had to do was to divide the ICU into two parts to prevent any cross-contamination of patients, which was really challenging for all of us as our environment changed overnight. Making sure we had enough PPE and adequate amount of stock and equipment was also a major priority that we had to address every day.

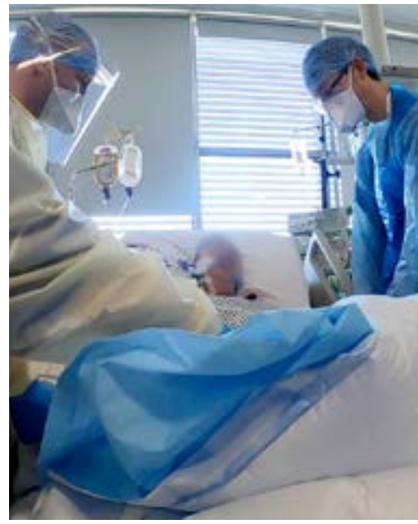
What really blew me away was the dedication and commitment of all the staff. We were a small team at the start of March in the ICU but it was amazing to see the offers of support from people inside and outside the hospital and see nurses returning to the unit from other departments.

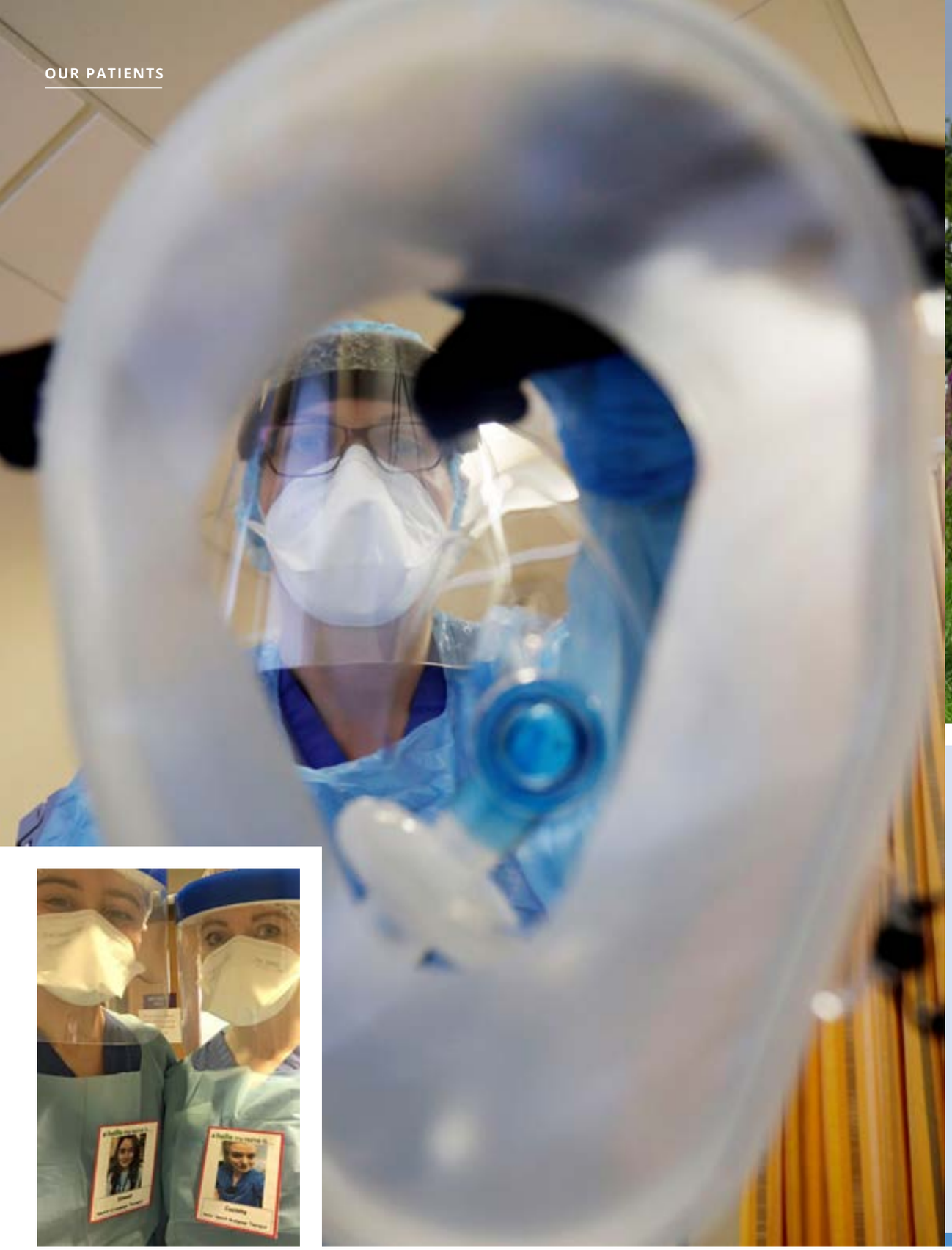
We relied heavily on the wealth of experience which we had built up over time but we also made sure to train ourselves up and educate ourselves more about this unknown virus that was spreading quickly and making world headlines. During the crisis, ICU nurses faced long hard days caring for their patients in very intense conditions. One of the most difficult situations for the nursing staff was not only caring for the patients themselves, but also for their families. Because families couldn't visit, the nurses did everything they could to connect with them such as phoning with updates and Skype calls. For some families, this was heart-wrenching as some patients lost their fight with the virus in our ICU.

The support we received from all our colleagues across the hospital was exceptional and there was a great sense of teamwork.

Brian Murray
CNM3 in ICU and Critical Care,
St. Vincent's University Hospital







We had to assess the swallowing, speech, language and voice of patients in ICU after their ventilator was removed, or if a tracheostomy was inserted.

We had to think about everything in a new way, risk-assess every new referral, constantly thinking and evaluating as things changed, whether it was a new policy or adapting how we carried out assessments.

One of my primary roles during Covid-19 was to assess the swallowing, speech, language and voice of patients in ICU after their ventilator was removed or if a tracheostomy was inserted, as many of these patients can experience some problems. They may also require a speaking valve assessment.

As a Speech and Language Therapist (SLT), communication is at the core of what we do, and the SLT team found it quite difficult assessing and treating patients with communication disorders, wearing full PPE and facemasks. We had to look at alternative ways to engage and communicate, such as flash cards, communication boards and writing. It was such an anxious and upsetting time for our patients, but also for their families, so it was critical that we kept in contact at all times to keep them informed of SLT progress.

Guidelines were changing every week so it was essential for us to gather as much information as we could from different sources. In addition to the HSE guidelines and hospital best practice, we learnt a great deal from how other countries handled Covid-19. This learning was incredibly useful as we found ourselves on a lot of webinars with our international colleagues across the UK, Italy and Spain.

Covid-19 is full of unknowns so gathering insights and finding out as much as we can about the virus is hugely important for the future. We've just started a research study called DISCOVER with Trinity College Dublin, which is looking at patients with communication and swallowing problems post Covid-19 across 22 sites around Ireland. Studies like this will really help us to move forward, identify trends and hopefully discover some novel insights.

Susie Downes
Clinical Specialist, Speech and Language Therapist, ICU and ENT, St. Vincent's University Hospital

New team of seven assigned to support Covid-19 patients with Non-Invasive Ventilation (NIV)

Our goal was to support patients with their breathing via less invasive means and hopefully prevent them from having to be intubated or go to ICU. This was a real challenge for us. Although we are specialists used to caring for patients with respiratory difficulties, Covid-19 was unknown territory for all of us in the hospital. Patients were scared and their families were too so it was important for us to act as the link between the two when we could.

The sense of camaraderie among the teams working together at the time was really strong. I really felt that staff had an appreciation for their colleagues' jobs which they may not have got an insight into normally.

Avril Durcan
CNM1 in Non-Invasive Respiratory Care, St. Paul's Ward, St. Vincent's University Hospital

Every day, we were literally measuring the volumes of reagents left to make sure we could continue testing.

One of my most memorable experiences of the Covid-19 pandemic so far was when I was diagnosed with Covid-19 over the St. Patrick's bank holiday weekend. It was the end of an incredibly hectic week on call, we were diagnosing more and more cases of Covid-19, we were preparing to start on-site testing and all of the new equipment was due to be delivered. We hadn't even started processing tests in our own lab at that point and there was so much to be done before we could even begin to run the tests. Fortunately, I wasn't too unwell with it, so was able to continue working remotely during my fortnight of isolation, but the situation was far from ideal!

We have an incredibly busy lab, processing over 200,000 specimens per year for the three hospitals in St. Vincent's Healthcare Group as well as the National Rehabilitation Hospital, St. Columcille's Hospital, the Royal Hospital in Donnybrook and the numerous GP practices within our large catchment area. The Covid-19 testing in our lab had to run in addition to all of this other essential work. Covid-19 is a novel pathogen, so naturally there was some anxiety over the introduction of the test and handling of specimens containing live virus. However, we deal with infectious agents in the microbiology laboratory all of the time, such as tuberculosis, salmonella and shigella, so there was a familiarity with all of the necessary processes to ensure our scientists were safe at all times.

We had to adapt and respond very quickly, sourcing and introducing new testing methods and equipment, as well as being trained on how to use them. We frequently had to change our methods in response to global availability of test reagents, all the while continuing to deliver rapid Covid-19 results so that patient care was not compromised.

Shortly after we started testing, we were alerted to the shortage of reagents nationwide, which was a big challenge as we would not be able to continue testing without them. Every day, we were literally measuring the volumes of reagents left to make sure we could continue testing. Fortunately, we never ran out and since March 18th we have tested over 26,000 swabs for our patients and healthcare workers.

We have come a long way since the beginning of the Covid-19 pandemic, and it has brought us on a lot as a laboratory. Our testing programme is well-established now and we are coping with the ever-increasing demand. We're facing a little into the unknown in terms of what to expect from a resurgence of the virus, but it's different this time around. We have processes and procedures in place from before, so we are much better placed to cope with whatever comes our way.

Dr. Sinead Mc Dermott
Consultant Clinical Microbiologist and Laboratory Director (Microbiology), St. Vincent's University Hospital

St. Vincent's University Hospital Laboratory

6 Consultants

4 Registrars

3 SpRs (Specialist Registrars)

23 Scientists

200,000+ Specimens per year

A changing environment

Same…but different

With Covid-19, our hospitals had become very different places, places where you would not be encouraged to go to, where stepping your foot in the door was not advised – yet many of our patients still needed to be seen in the hospital. Whilst most outpatient appointments were cancelled, critical treatments like chemotherapy, dialysis and radiotherapy had to continue and trauma cases never stopped. We had to treat these patients, but we had to do things differently – and we had to think innovatively and outside the box. How do we administer chemotherapy or dialysis to vulnerable patients in this highly infectious environment? How do we maintain close contact with a patient safely? What about our patients outside the hospital? How do we continue their treatment remotely?

Business as usual in oncology

As the virus intensified, the decision was made to move oncology services from St. Vincent's University Hospital over to St. Vincent's Private Hospital and while the change in work practices was being felt all around the hospital we coped well. We often experience a lot of changes in oncology due to new treatments and drugs so I felt that we were quite well-prepared for any changes that came our way as a team. Despite the challenges, we felt it was very important to retain a level of consistency in the care for our patients whose treatments like chemotherapy had to continue. The teams from both hospitals worked very well together, albeit under stricter infection prevention and control precautions. Patients answered a Covid-19 questionnaire via telephone the day prior to admission. On the day of treatment, they were met at the door, and a questionnaire completed again, to ensure the building was kept Covid-19 free, and patients as safe as possible.

Peter O'Grady
Haematology Oncology Services Manager,
St. Vincent's Private Hospital

Bio-Bubble created to continue dialysis therapy

Covid-19 has had a devastating impact on people with Chronic Kidney Disease internationally. The necessity for on-going intermittent dialysis treatment means 'cocooning' is not possible for this vulnerable patient group.

A dedicated Covid-19 telephone triage system was introduced in SVUH at the start of the pandemic, screening dialysis patients in advance of their attendance at each of our dialysis facilities. The creation of a 'Bio-Bubble' within the dialysis unit at SVUH has meant that suspected cases can continue to receive uninterrupted therapy without risk to others. In collaboration with the Infectious Disease and Clinical Engineering teams, new self-contained dialysis stations were constructed to deliver dialysis therapy in Covid-19 isolation areas, leaving us well positioned to meet surge capacity during the pandemic.

People still broke their arms and they still needed to know how to move them

We had a day and a half to move our department so the hospital could accommodate Covid-19 patients. The Bone and Joint Unit is on the Ground Floor next to the ED so it was the ideal location for a dedicated Covid-19 assessment unit. At the same time, the orthopaedic service for trauma patients had to continue so we had to adapt very quickly not only to a new physical environment but to a new way of working under strict infection control procedures, and the quick roll-out of virtual physiotherapy sessions.

One of our biggest challenges was managing our chronic pain patients who would have been used to coming here regularly for classes as part of their rehabilitation programme, exercising together with 10+ other patients, many of whom they had formed close friendships with. Overnight that stopped and they were forced into isolation which, for someone living with chronic pain, has a big emotional impact. We are running online initiatives, such as virtual classes which really help and we intend to continue them. In physiotherapy, education is as important as seeing the patients directly so videos and virtual consultation have really helped us continue with very valuable therapy.

Mícheál Bailey
Senior Physiotherapist, Orthopaedic Outpatients and Chronic Pain, St. Vincent's University Hospital

Innovative protective treatment screens designed and produced by our carpentry team allow us to safely continue to splint and care for our patients while reducing the risk of transmission.

Pre-admission screening and swabbing offers patients extra peace of mind before surgery

A big priority for us at St. Vincent's Private Hospital was to ensure that we continued to provide a safe and efficient environment for patients who needed to be seen, despite the pandemic. Huge efforts were made across the board to ensure the patient experience was as good as always.

Patients were encouraged to arrive on time for their appointments – but no earlier – in order to eliminate unnecessary waiting in clinic rooms or public areas and to leave the hospital as promptly as possible after their appointment.

We introduced a new pre-admission screening process for patients which involved calling them before their appointment to answer a pre-designed Covid-19 questionnaire, swabbing them three days before their surgery and answering the questionnaire for the second time. On the day of admission, even though they may have received a negative Covid-19 test by then, they were asked to complete the same questionnaire for the third time so we could make sure there had been no change in their symptoms.

This series of interactions with the patient – even before they had been admitted – also gave them an opportunity to get more involved in their care, to ask any questions, raise any concerns and be assured that the hospital they were coming into was as welcoming and as secure as it could be. It gave everyone involved enormous peace of mind.

Anita Boylan
Director of Nursing, St. Vincent's Private Hospital

Over 48,000 virtual clinics conducted to date

Prior to Covid-19, St. Vincent's University Hospital saw approximately 650 face-to-face patients per day in the Outpatients Department (OPD). On March 16th all OPD clinics were cancelled with the exception of urgent referrals and reviews. By the end of April, the number of virtual reviews had increased to 15,529 and over 48,000 have been conducted to date (October 2020).

Almost 900 diabetes patients managed by virtual clinic

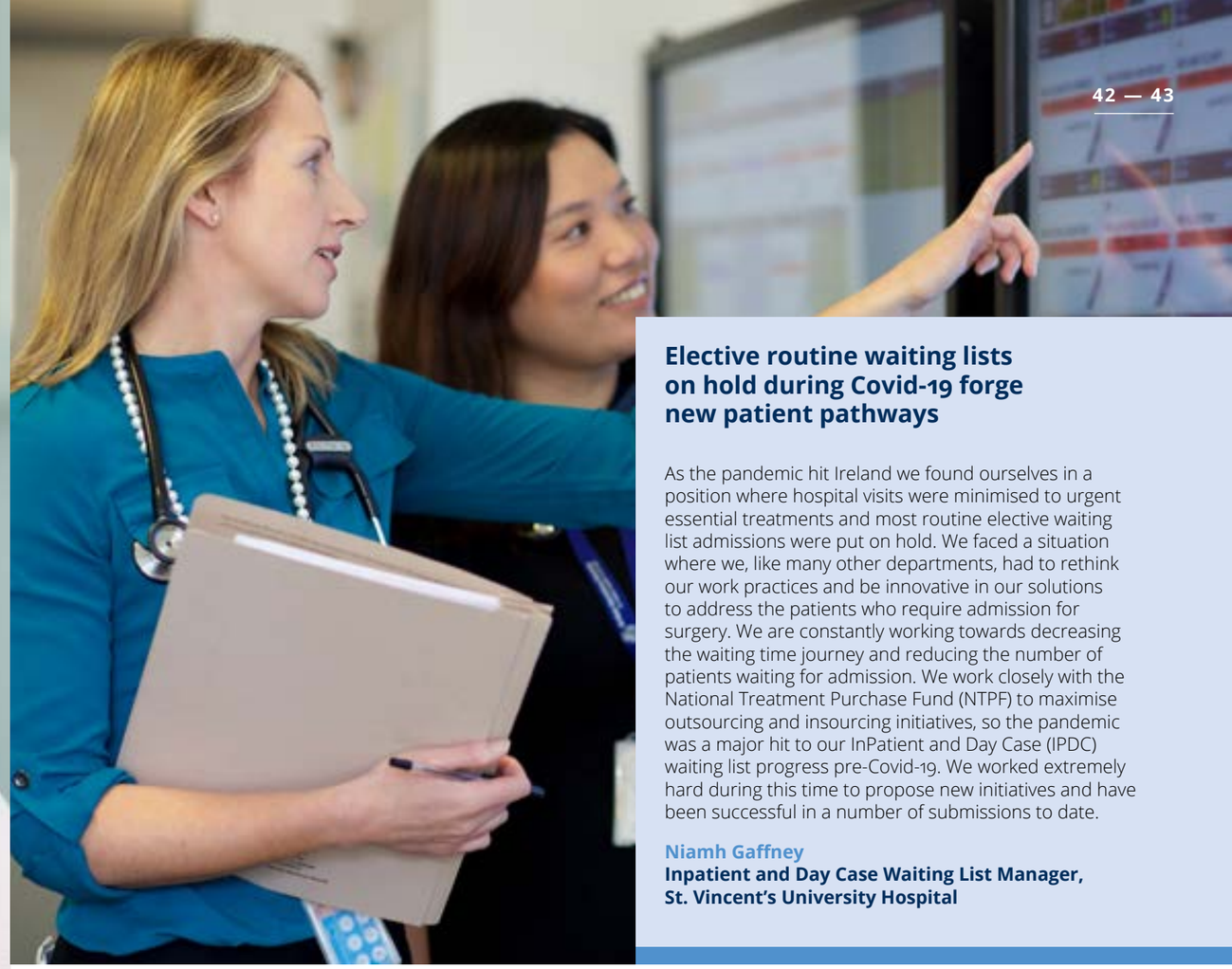
During the pandemic, the diabetes day centre became virtual as the physical space itself was recruited to provide overflow for the Covid-19 ED.

In the first half of 2020, over 1,700 patients with diabetes were seen in medical clinics with a further 883 patients managed by virtual clinic during the pandemic and 82 in-person nurse visits. The same medical team delivered 416 in-person and 652 virtual endocrine clinic visits in the first six months, in line with 2019 numbers.

Diabetes-specific guidance during Covid-19 was provided by the National Clinical Advisory Group supported by teleconferencing with colleagues in Northern Ireland. Of the first 327 patients to ICU with Covid-19 in Ireland, 23% suffered from diabetes and 16% had a BMI over 40kg/m2.

Patients have responded extremely well to virtual consultations and we intend for these to continue. Our diabetes patients in particular have also benefitted from extra contact with nurses and dietitians, as well as doctors, using the telehealth option.

Dr. Rachel Crowley
Consultant Endocrinologist,
St. Vincent's University Hospital



Elective routine waiting lists on hold during Covid-19 forge new patient pathways

As the pandemic hit Ireland we found ourselves in a position where hospital visits were minimised to urgent essential treatments and most routine elective waiting list admissions were put on hold. We faced a situation where we, like many other departments, had to rethink our work practices and be innovative in our solutions to address the patients who require admission for surgery. We are constantly working towards decreasing the waiting time journey and reducing the number of patients waiting for admission. We work closely with the National Treatment Purchase Fund (NTPF) to maximise outsourcing and insourcing initiatives, so the pandemic was a major hit to our InPatient and Day Case (IPDC) waiting list progress pre-Covid-19. We worked extremely hard during this time to propose new initiatives and have been successful in a number of submissions to date.

Niamh Gaffney
Inpatient and Day Case Waiting List Manager,
St. Vincent's University Hospital

Treatment continues online

Online education videos and demonstrations have replaced face-to-face visits in post-treatment care as patients could not visit the hospitals. To date, patients have responded very well and, post Covid-19, online consultation is likely to continue – saving time and unnecessary hospital visits.

Emergency Department visits frail, older people at home

New service reduces unnecessary visits to ED during Covid-19 pandemic

Patients in the catchment area of St. Vincent's University Hospital and St. Michael's Hospital who have fallen or are experiencing frailty-related problems can now save themselves a trip to the Emergency Department (ED) and be assessed at home, following the launch of a new service set up during the Covid-19 pandemic.

Once they have been referred to the service by a GP, Emergency Services (including National Ambulance Service) or nursing home, the patient can now wait in the comfort of their own home for the arrival of an ED doctor and an occupational therapist.

The at-home service includes a full medical and targeted functional assessment by a doctor and occupational therapist. They are also able to do mobile ECGs and bloods. The service operates seven days a week from 8am – 6pm.

Dr. Rosa McNamara, Emergency Medicine Consultant, (specialising in older people) from SVUH said "It's so important that patients continue to look after their health – and that they call for help when they need it. However, because many patients were reluctant to visit the ED during Covid-19, we decided to bring the ED to them. We've been running the service for a few months now and it's not only offering them enormous peace of mind but it's also allowing people the chance to be cared for at home whenever possible."

This community service staffed by a multi-disciplinary team has been very successful with only 9% of the 885 visits to date requiring an ED referral – the rest were able to stay in the comfort of their own homes.

A snapshot look: 2019

At St. Vincent's Healthcare Group we serve a core local population of 600,000, regional population of 1.1m and also the national population of 4.9m for national screening, transplant and other programmes across a number of different specialities. As a designated cancer centre, we run the National Cancer Screening Service for breast, colorectal, lung and prostate cancer; we are the National Centre for Pancreatic Cancer and are a National Centre for Neuroendocrine Tumours (NETs). We operate the only liver and pancreas transplant centre in the country and run one of the busiest cystic fibrosis centres in Europe.

Cancer Services

We continue our focus on ease of access for all, high-quality diagnostics, timely multidisciplinary team discussion and decisions leading to improved outcomes for all our patients.

We are also committed to providing access to the very latest treatments to all our patients through clinical trials.

A review of 2019 – number of patients diagnosed by cancer type

Specialty	2018	2019
Breast	395	406
Colorectal	256	280
Lung	206	227
Urology	306	339
Pancreas	250	359
Hepatobiliary	169	136
Hepatocellular Carcinoma	130	114
Neuroendocrine Tumours	164	148
Gynaecological	142	148
Head & Neck	105	111
Sarcoma	121	133
Haematology	288	311
Skin	2,010	1,879

National Surgical Centre for Pancreatic Cancer (NSCPC)

The National Surgical Centre for Pancreatic Cancer (NSCPC) was established in 2009 under the auspices of the National Cancer Control Programme and centralised all pancreatic cancer surgery in Ireland at St. Vincent's University Hospital with a satellite centre at Mercy University Hospital in Cork. Ten years later, the NSCPC is well established and performs approximately 100–110 pancreatic resections per year for malignant and pre-malignant conditions of the pancreas. The centre includes a multi-disciplinary team of surgeons, medical and radiation oncologists, radiologists and pathologists, as well interventional endoscopists, a specialist nursing team and dedicated dietetic support. Centralisation has improved outcomes for this patient group with improved peri-operative results and reduced hospital stays and complication rates. Standardisation of oncological treatment has also produced measurable improvements in outcome. Current developments include expansion of database and information technology supports, plans for a clinic for inherited pancreatic disease, and, most importantly, development of the capacity to perform next generation gene sequencing for accurate analysis of somatic and germline mutations that are associated with pancreatic pre-cancer and cancer. This will form the basis for a personalised medicine approach to management of this disease which represents the greatest hope for future management of this difficult to treat malignancy.

Hepatocellular Carcinoma (HCC) service

The dedicated Hepatocellular Carcinoma (HCC) service in SVUH is the only one of its kind in Ireland. It is led by Assoc. Prof. Diarmaid Houlihan, Consultant Hepatologist and Michèle Bourke, HCC Clinical Nurse Specialist. Since service inception in 2014, over 700 patients with a diagnosis of HCC have been managed through the specialist clinic, with the number of referrals and subsequent diagnoses doubling over the last six years. The amount of individual treatments performed has increased year-on-year, with the number of curative procedures performed significantly increased; resections up 50% and RFA up 45%.

As SVUH is the only hospital nationally equipped to offer the full array of treatment modalities for HCC, it has attracted the attention of researchers looking to advance therapy for this complex and specialised type of cancer. In conjunction with Prof. Ray Mc Dermott and the medical oncology team here, SVUH has successfully secured four clinical trials for patients with HCC, offering access to novel therapies which otherwise would not have been possible. This is a first for HCC patients in Ireland and we are excited to have an on-going, increasing portfolio of studies for patients with primary liver cancer.

National Specialities 2019: A snapshot look

Diabetes Service

This year, the diabetes service has increased our focus on delivering better access to continuous glucose monitoring and pump technology, following the appointment of Dr. David Slattery. These diabetes technologies give real-time feedback and control to patients and empower them to manage diabetes while getting on with life.

Recent funding and approval was obtained for an HbA1c point-of-care test in the young adult clinic which means that patients who have been unable to get a blood test prior to their clinic appointment can get an HbA1c level measured in real time while at the clinic.

Additional activity this year included integration with the Sláintecare foot protection project supporting patients with diabetic foot ulcers in remission and links with our colleague in liaison psychiatry, Dr. Susan Moore, to add support for patients struggling with chronic illness.

The team has continued to participate in research, including T1DM Now, an Irish study looking at support of patients in the young adult clinic; genomics studies and cardiovascular disease in diabetes mellitus.

Pain Management Service

Acute Pain

Each year, there are approximately 11,600 operative cases in St. Vincent's University Hospital. Of these, 8,700 are inpatients for more than 24 hours. The acute pain service reviews on average 600 patients per year following major surgery. The aim of the acute pain service is to provide effective pain control for these patients.

In addition to post-operative patients, the acute pain service receives referrals on a daily basis. Examples include acute pancreatitis, ischaemic limb pain or multiple fractured ribs.

The primary role of the acute pain service is to provide a clinical service for hospital inpatients and to act as a resource for colleagues in the management of patients suffering acute pain.

Chronic Pain

The Chronic Pain Service at SVUH provides outpatient, inpatient and day care assessment and treatment for chronic pain sufferers. Staffed by three consultants, additional research fellows and trainees, we provide the largest Intrathecal Drug Delivery (spinal administration) service in Ireland as well as the largest neuromodulation service (technology that acts directly on nerves). Every year we treat 800 new patients and 3,000 return patients in our outpatient clinics and carry out 500 medication management assessments. We also serve 100 patients in our Multi Disciplinary Team (MDT) pain management programme which includes clinical psychology, physiotherapy, occupational therapy as well as a Tai Chi model tailored programme for elderly and immobile patients.

Nephrology Service

The Nephrology Department at SVUH provides compassionate, state-of-the-art care to people with kidney disease. Our multidisciplinary team delivers an individualised and holistic approach to patient care at all stages of treatment from early Chronic Kidney Disease (CKD) education through to transplantation.

2019 saw continued growth in demand for services across all subspecialities within nephrology:

- Over 14,000 individual dialysis treatments were delivered on site
- Over 4,500 outpatient attendances in 2019 – an increase of >50% in 3 years
- The number of patients attending SVUH with a functioning renal transplant in 2019 surpassed 170 for the first time – a >20% increase in 3 years
- 2019 saw the continued expansion of the national kidney-pancreas transplant service, with a total of 16 combined transplants performed to date
- A 'first-in-world' Obesity-CKD clinic developed in collaboration with our research partners at the Conway Institute in UCD, was launched in 2019
- A new multidisciplinary 'Low Clearance' clinic, including care options for the conservative management of end-stage kidney disease, also opened in 2019
- A newly appointed Clinical Nurse Manager II in Nephrology is helping to champion home dialysis therapies at SVUH in 2020

Respiratory Medicine

The Department of Respiratory Medicine runs a number of established clinics at SVUH including:

On-going established clinics

- General respiratory
- COPD (Chronic Obstructive Pulmonary Disorder)
- Severe asthma
- Interstitial lung disease
- NCCP Rapid-access lung cancer clinic
- National Centre for Cystic Fibrosis
- Sleep clinic

Endoscopy

- Bronchoscopy
- Endobronchial ultrasound

In 2019 a number of new services were introduced:

- Combined rheumatology / respiratory clinic for connective tissue-related lung disease was set up to cater for these complex patients
- SVUH has been formally recognised as an expert centre in LAM disease and is now a LAM Foundation Clinic site
- LAM, or lymphangioleiomyomatosis, is a rare lung disease that affects mostly women of childbearing age. In people who have LAM, abnormal muscle-like cells begin to grow out of control in certain organs or tissues, especially the lungs, lymph nodes, and kidneys. There are over 50 patients with extremely rare diseases attending this clinic and more than 30 women with LAM.

During Covid-19 the Dept of Respiratory Medicine, in conjunction with Infectious Disease specialists, were at the front line of service provision on the Covid-19 wards. A post-Covid rehab service has been set up at St. Michael's Hospital by Dr. Sarah O'Beirne.

	2018	2019
Outpatient visits (excluding sleep and cystic fibrosis)	4,724	5,142
NCCP – Rapid Access Lung Clinic – patient visits	410	789
Sleep Clinic patient visits	825	1,025

Endoscopy

The demand for endoscopy in Ireland is growing year-on-year and this is reflected in the number of procedures performed annually in SVUH. The Endoscopy Department, situated in the Herbert Wing, has four rooms functioning five days per week. Almost 9,700 procedures were performed in 2019, an increase of 32% over the last five years. However, Covid-19 has had a significant impact on endoscopic activity over the past seven months due to infection control regulations that have limited throughput. Notwithstanding, the staff have performed over 5,300 procedures so far this year (throughout 2020) and we anticipate a total throughput of over 8,000 gastroscopies, colonoscopies, ERCPs, endoscopic ultrasounds and bronchoscopies cases by the end of 2020.

Our Talent

Every day our population of patients, families and communities is served by 4,000 staff who pass through our hospitals including over 250 consultants, 1,600 nurses and 1,000 students. At St. Vincent's Healthcare Group our aim is to ensure that our patients are provided with the best possible care by a skilled, talented and happy workforce in an environment and culture which is professional, progressive and continuously open to teaching and learning.

A year in review

The last year has challenged healthcare workers beyond anything we could ever have imagined. At St. Vincent's Healthcare Group, our staff didn't just rise to the many challenges and intense pressures they were faced with every day, but saw this pandemic as a catalyst for change and an opportunity for innovation.

Our key priorities

- How do we keep our staff physically and mentally well?
- How do we ensure we have adequate numbers of staff to look after this new surge and profile of patients?
- How do we continue to educate and train the next generation of talent?

How do we keep our staff physically and mentally well?

Test, trace and isolate

We introduced Covid-19 testing on-site at the very early stages of the pandemic and tested almost 50% of our staff. On-site testing meant that staff who displayed symptoms could be promptly tested and results could be turned around quickly, offering them great peace of mind and the ability to return to work as soon as possible.

Occupational Health team grows seven-fold to improve rates of staff testing and tracing

In January 2020, the Occupational Health team at St. Vincent's University Hospital started responding to Covid-19 queries from staff who were returning from overseas holidays. Four months later, the team had increased seven-fold, staff were redeployed from other parts of the hospital to support the team and the service had expanded to seven days a week from 8am – 8pm. The staff intranet became the essential resource for all Occupational Health queries as information was updated daily or as regularly as algorithms and national guidelines changed. In a period of four months a total of 2,000 queries had been processed relating to symptomatic staff, contact tracing, staff who are Covid-19 positive, post-travel and fitness to work.

In April, at the height of the pandemic, almost 100 staff were absent following a Covid-19 positive test – outnumbering the number of Covid-19 patients in the hospital. Thanks to our campus testing and extended team this number dropped by almost 75% the following month.

Communication and education

Daily and weekly updates became the norm whether it was news about wards moving, algorithms changing, new infection control guidelines or the announcement of another generous donation of food / staff discounts from businesses all over the community. Videos on staff intranets on a number of topics including PPE usage, training on new equipment and virtual town halls all helped to ensure staff were fully informed and in touch at all times.

50% Staff tested for Covid-19 in early stage of the pandemic

2,000 Staff queries processed by the Occupational Health team

4,000 Staff given access to 'I Mind My Mind' support programme

Someone to talk to

The Department of Psychology team focused all their efforts, following the cancellation of a number of their clinics, on developing a confidential support programme for all 4,000 staff in St. Vincent's Healthcare Group.

The programme called 'I Mind My Mind' included a dedicated, confidential phone line seven days a week. The line was personally manned by one of the psychology team and was open from Monday – Friday (8am – 12noon, 4pm – 8pm) as well as Saturday and Sunday (8am – 12noon). The programme also included online training sessions for Heads of Department as well as a range of resources, available for all to access on the Intranet, including videos, tips on managing stress, better sleep and general tips on staying well.

Keeping fit

The Department of Preventive Medicine and Health Promotion ran a number of different initiatives to ensure staff were keeping mentally and physically fit which included an extensive range of online resources. Philip Tonge, a physiotherapist in St. Michael's Hospital developed the 'Exercise Alphabet', a unique exercise programme for staff to cope with 14 day self-isolation.

Opposite: First day at work for a group of doctors who returned from Australia to Ireland to support the team at St. Vincent's University Hospital in the fight against Covid-19. The doctors (pictured here with Prof. Paddy Mallon) who had worked as interns in SVUH in 2018, shared a house together in Melbourne and made the decision to return to Dublin in response to a call out for healthcare workers.

How do we ensure we have adequate numbers of staff to look after this new surge and profile of patients?

A major recruitment drive soon after our first Covid-19 patient arrived resulted in the recruitment of over 220 new staff to support us through the pandemic, many of whom had relocated from overseas and many who chose to come out of retirement.

Recently qualified doctors who had trained in our hospitals cut their overseas placements short to return to their alma mater and provide much-needed expertise and manpower.

All hands on deck with overseas doctors returning home to provide support in a crisis

"I was in Queensland, Australia when I heard the recruitment call from Minister for Health Simon Harris for overseas doctors to return to Ireland and help during the pandemic so I packed my bags and came home. I was feeling the distance from family and friends which made the decision to return even easier. Everybody working during the pandemic really pulled their weight and made it a fantastic work environment to be back in. I'm glad I made the decision to come home and plan to stay in Ireland for the time being."

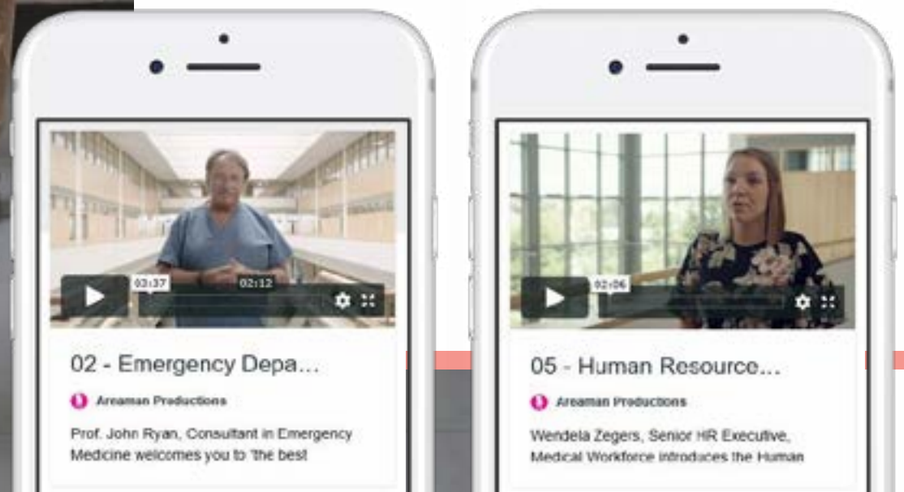
Dr. John O'Regan
Locum Consultant Nephrologist

How do we continue to train and educate the next generation of talent?

Induction on the move

For many of our students, Covid-19 meant that placements were cancelled, exams were conducted online and interns' starting date was deferred from July to September.

For doctors who were embarking on the start of their medical career we brought their new induction programme online to help them transition into their environment. The induction included over 17 presentations and talks from salaries, rotas to infection control and was brought to life through a suite of dynamic and engaging videos which they could access on their phones and on the move, without having to gather together in one place.



Emergency Department Diary

The speed of this pandemic was the most dramatic part. The speed with which it spread, the speed with which decisions were made, how people stepped up to the mark and the speed of clinical information coming from colleagues overseas.

Looking back with all the knowledge we have now, it was (and remains!) a surreal time. We had no idea how rapidly our work practices would change and how quickly decisions had to be made.

This is probably the first new disease which has evolved in real-time in front of our eyes. Instead of peer-reviewed journal articles we had a second surge, a surge of real time clinical information over social media. Twitter and Zoom were full of clinical information – some of it useful and accurate, some of it not. Much of it was changing as quickly as we could get a handle on it.

Initially we were holding weekly meetings to discuss how we might tackle it, but as time went on and we were thrown into the deep end, our weekly sessions became daily and hourly meetings followed by some very late-night emails and a plethora of WhatsApp groups.

We saw the hospital change overnight with clinics closed, non-essential services deferred, additional staff hired and new clinical areas assembled. We saw staff really rise up in a very demanding environment.

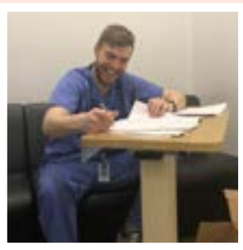
We worked long days in PPE in Covid-19 specific areas where no paper, chairs, or toilets were allowed for fear of contamination. We communicated with our colleagues across the Covid-19 and non-Covid-19 EDs using two-way radios. Despite the challenges of not being able to take longer breaks, wearing PPE and getting to the canteen to keep energy levels high, staff really pulled together and morale was boosted regularly with meals generously donated through Feed the Heroes (I don't think anyone even really minded about the few extra pounds gained at the time!).

The caffeine boosts and long nights of working together, the new work practices and the words of encouragement from the public really made this time tremendously fulfilling and unforgettable. The risk and challenge that Covid-19 poses still, however, remains.

Dr. David Menzies
Emergency Medicine Consultant
St. Vincent's University Hospital

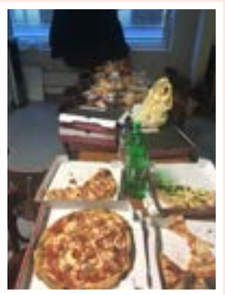
Bathroom doors taken off the hinges to avoid unnecessary touching of door handles in rooms repurposed for PPE doffing areas.

New temporary sign for a new temporary medical marquee.



Spare dinner tables making for great on-the-go office spaces.

Not unusual to see signs like these around the hospital as departments relocated to other areas.



Morale was successfully boosted and bellies were very full!

Showcasing our new uniform. Little did we know it would become a daily one for so long.

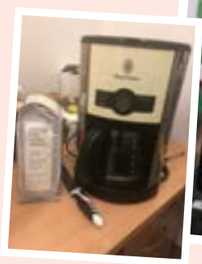
Tumbleweed – an eerily quiet café with no tables, no chairs and no visitors.

Hard at work rapidly building the new Covid-19 area for patients.

Words of encouragement and support for those working in the hospital through this difficult time.

Some hidden artistic talents shining through in the ED.

A very welcome delivery made via unused wheelchair.



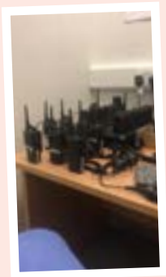
Donated coffee keeping staff in the ED caffeinated and ready for anything.

Remote meetings and teaching sessions becoming the norm.

An important reminder for Easter.

New ventilators in the hospital to aid us in caring for Covid-19 patients.

Our new yellow Covid-19 sticker soon became wallpaper around the hospital.

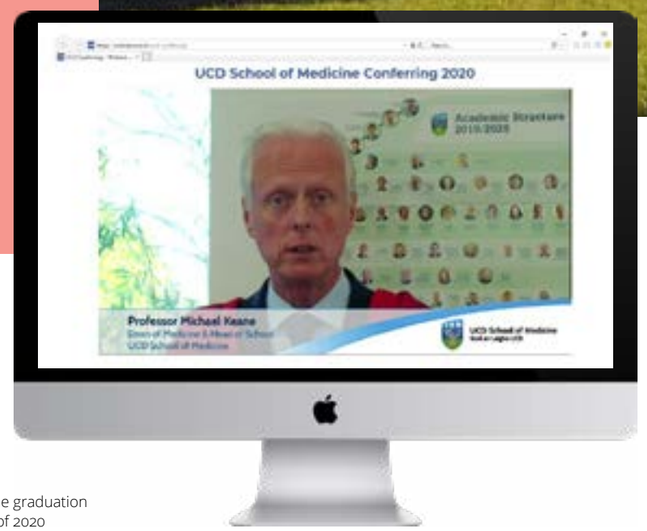


Two-way headsets and earpieces became an essential wearable that allowed us to communicate with colleagues while Ziploc bags became handy temporary storage at the end of a shift.

Our talent strategy

Our key objectives

- Identify and match talent to current and future patient profiles
- Ensure cultural as well as clinical fit
- Draw talent from the top training and educational facilities in Ireland and overseas
- Maintain and nurture with on-going training, education, clear career progression and continued employee wellbeing



Above: Online graduation for the class of 2020

Medical

A medical career: the first step

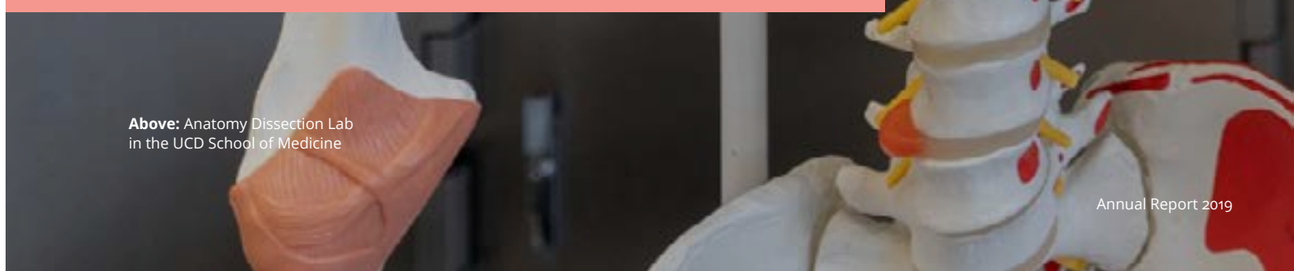
St. Vincent's Healthcare Group is one of the largest teaching hospital groups in the country and is closely aligned to University College Dublin (UCD) for training and students as well as to a number of academic bodies in Ireland and overseas.

As an undergraduate, medical students will experience a modern, integrated curriculum on the busy acute Elm Park campus and the opportunity to enjoy the full spectrum of life at one of Ireland's busiest and most student-friendly hospitals. Students can also benefit from a range of international research and clinical elective opportunities – an important component of medical education – with many UCD undergraduate students undertaking eight-week supervised laboratory, clinical or patient-advocate projects.

Postgraduate training

Postgraduate training is specifically designed to address the needs of junior doctors who have successfully completed their internship and provides a career pathway towards achieving specialist registration.

The career path for a doctor trained in Ireland ideally should follow a structured training route from the point of entry to medical school to certification as a specialist (e.g. GP, orthopaedic surgeon, gastroenterologist, pathologist, obstetrician, public health specialist etc). Non-Consultant Hospital Doctors (NCHD) in St. Vincent's University Hospital are supported throughout their career and are facilitated with appropriate study leave for postgraduate examinations and an extensive in-house educational programme including intern lunchtime talks, tutorials, medical grand rounds and surgical grand rounds. Many doctors employed in clinical posts stay on to complete an MD or PhD under the supervision of consultants in the hospital.



Above: Anatomy Dissection Lab in the UCD School of Medicine

Nursing

Undergraduate Nursing Programmes

Our Nursing Department is one of the largest in Ireland providing world-class education and training to nurses since 1834.

We have long-established links and partnerships with University College Dublin (UCD), in the 'School of Nursing, Midwifery and Health Systems' for both undergraduate and postgraduate nursing programmes. The department hosts clinical placements for over 400 undergraduate student nurses in our acute care setting on an annual basis.

Following completion of their Bachelor Degree in Nursing and registration with NMBI (Nursing and Midwifery Board of Ireland), there are three career pathways available for nurses.

1. Clinical Practice

Postgraduate diplomas and Masters programmes across a range of specialities are available to practice at the level of Clinical Nurse Specialist or Advanced Nurse Practitioner. We provide a range of UCD-accredited Continuing Professional Development courses that prepare nurses new to clinical specialist areas which are foundation postgraduate introductory courses in clinical specialist pathways. We require people with graduate diplomas to work in our high acuity specialist areas. These are the second stage of specialist nurse progression.

Clinical Nurse Specialists (CNS) require graduate diplomas as a minimum standard of education and many of our CNSs have also been supported to achieve their Registered Nurse Prescribers registration where prescribing is a core component of their roles. The most senior clinical nursing role is that of a Registered Advanced Nurse Practitioner (RANP). We currently employ 14 RANPs across a variety of specialist areas in the organisation and have supported the nurses to achieve their Masters in Nursing (Advanced Practice) as a mandatory requirement for this role.

2. Management

There are a variety of courses available for nurses who – following time spent gaining clinical bedside experience – may wish to go on and pursue a career in management. We provide postgraduate CPD courses in Management and Leadership as foundation courses for senior staff nurses and clinical nurse managers. As their management careers progress we support our staff through their Masters Degrees in Management.

3. Research / Education

There are many opportunities for nurses in the area of research and we have a number of funded project research nurses working with the Nurse Education and Practice Development Department.

These roles are for a defined project and in some cases the nurses are supported to achieve a Masters Research Degree.

The Nurse Education Centre

The Nurse Education Centre, located on the Elm Park campus, runs a number of continuous professional development courses and programmes to ensure that excellence in clinical practice is at the forefront of all nursing education for lifelong learning. We provide a range of courses using a diverse mixture of learning methods to cater for all styles of learning and time frames. These include eLearning programmes, blended learning, workshops, skills-based sessions, lectures, seminars and self-directed packages.

Our Research

St. Vincent's Healthcare Group recognises that excellence in research underpins excellence in patient care. By leading in clinical and translational research, the Group and its hospitals play a critical role in the health of the nation. In partnership with UCD, SVHG and its investigators have a long-established international reputation for clinical research. Our research is routinely published in leading influential scientific and medical journals and is contributing to changing patient care. Many of our investigators are globally recognised leaders whose research continues to change outcomes for patients. We have achieved major success in research by creating an environment which is supportive to investigators whilst ensuring that all research activity is carried out to the highest ethical and legal standards.

"We have an active programme of public and patient involvement which helps us to better understand the patients' needs and how they can be more involved."

Interview

Prof. Peter Doran
Director of Research,
St. Vincent's
Healthcare Group

What is your primary role as Director of Research for SVHG?

SVHG is committed to ensuring our patients have access to the best care, the latest technologies and the most up to date treatments. Research is critical to ensuring the best care as it constantly seeks to discover new ways of improving outcomes. My role is to build on our track record, grow this research profile and ensure that we continue to provide our patients with the best evidence-based care.

How do you make that happen?

There are three key ingredients to a successful research programme: having the **best people** conducting **relevant projects** in the **right place**.

The right place is about creating an environment that is supportive of research. We provide facilities for clinical research, and laboratories that allow our investigators to carry out detailed molecular and cellular studies of disease. Because of our strong links to UCD we also have access to world class laboratory facilities and equipment and have been able to create research teams with expertise across all aspects of clinical research. The excellent facilities and staff allow us to conduct the most scientifically and clinically important projects.

Can you explain the relationship with UCD in terms of your research work?

The partnership with UCD is critical to both our culture of enquiry and our identity as a modern, research-intensive hospital. It provides the critical expertise, supports an academic environment needed to complete and grow our research programme as well as giving investigators access to the UCD Clinical Research Centre. The university's on-going investment in these facilities and provision of expert staff is invaluable to the success of the research programmes.

What are the biggest challenges for research in a clinical environment?

The biggest challenge is funding. Unfortunately, our healthcare system does not include funding for research as part of its core budget which is unusual and creates significant challenges, as all of our research then has to be externally funded. This means our investigators have to compete for research supports from external funding agencies which is a significant draw on their time.

Is it important for all clinicians to be involved in research and if so why?

Yes. It is clear that patients who are cared for in a research-intensive environment have better outcomes. This is likely due to the fact that research-active healthcare workers are contributing to the generation of new knowledge and are more familiar with evolving treatments and understanding of disease. This knowledge allows them to treat patients in the way that is supported by the very best evidence. It is also clear that a research-intensive institution like SVHG fosters a culture of enquiry, where staff are constantly questioning the status quo and looking for ways to improve patient outcomes.

How do you decide what areas you are going to research?

We support the best people to do the best projects. Choice of what is the research priority will be shaped by the expertise of our staff and the needs of our patients, not just now, but into the future. For example, the long running breast cancer research programme at St. Vincent's University Hospital has played a major role in improving outcomes for women diagnosed with this disease and was driven by both patient need and excellent investigators.

Do you collaborate much with overseas research networks / communities and what is the benefit of this?

Yes – extensively. By being part of major collaborative networks, we are able to learn from international colleagues and contribute to the global research efforts. Our investigators are globally connected and in many case international leaders.

Can you explain the meaning of 'Bench to Bedside' and the measures you're taking to ensure that the patient can benefit directly from the research you are doing on the ground?

Translational research is a term that is used to characterise the translation of research findings from the bench to the bedside. Through our close collaboration with UCD and other partners, our investigators routinely conduct research aimed at identifying better diagnostics, understanding the mechanism of disease and its treatment. This research is continuously contributing to improved outcomes for our patients. Translational research also concerns the diffusion of novel interventions into routine healthcare practice, a key feature of our hospital-based research programme, where research findings become care.

How involved are patients in clinical trials generally and what do we need to do to ensure they are more involved?

We have an active programme of public and patient involvement which helps us to better understand the patients' needs and how they can be more involved. Prof. Rachel Crowley is leading a programme of work looking at increasing patient involvement in the review of research and our investigators are involved in a number of "Patient Voice" initiatives, which seek to give patients more input into our research including cancer, rheumatology, infectious disease and critical illness.

Was your work affected this year with Covid-19 and if so how?

For the research team, Covid-19 presented two significant challenges: firstly, continuing on-going research studies in such a changed environment, and secondly, developing a research response to Covid-19. I'm delighted to say that we met both of those challenges head on, and in fact our research activity has increased over the last few months. This is important as Covid-19 is a new disease, a virus which we need to understand more – and rapidly – and its effect on patients. This has required us to mobilise our best minds to answer some critical questions.

Our focus

How should research inform clinical care

- Apply focus and direction through establishment of core research themes and disciplines
- Link to core and current disease areas which means that patients coming to our hospitals will directly benefit, at the bedside, from the work of our investigators on the ground
- Encourage patients to participate in their treatment and take part in clinical trials
- Make healthcare research more accessible not just amongst academics and clinicians but to everyone who will ultimately benefit – our patients

Our strategic focus

World class facilities

Supporting our staff

Enhanced translational research

Driving innovation

Expanding clinical trials

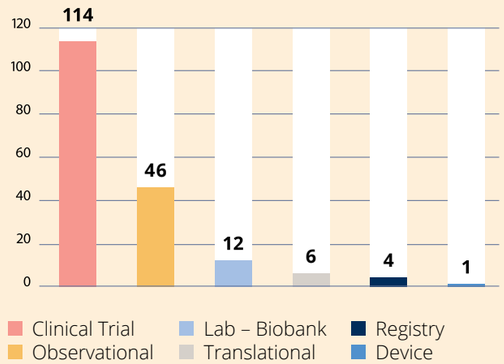
Bench to Bedside research themes and disciplines

Bench	Bedside
Precision Medicine	Autoimmune Disease
Advanced Theraputics	Cancer
Big Data	Cardiology
Imaging & Devices	Care of the Elderly
	Critical Illness
	Infectious Disease
	Metabolic Medicine
	Respiratory
	Women's / Paediatric Health

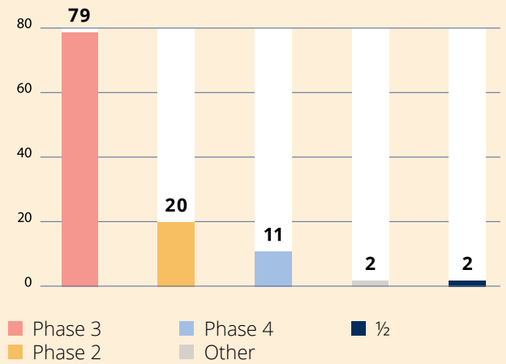
Research activity in 2019

There were 183 active studies in the research centre through 2019, involving more than 4,500 patients and 58 new studies initiated. These studies reflect both interventional clinical trials and non-interventional clinical studies across a multitude of clinical disciplines.

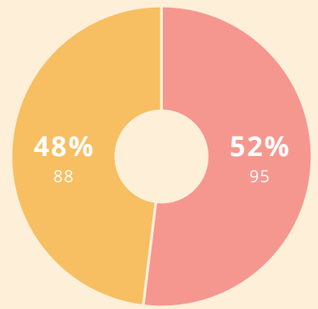
Number of studies by type



Number of trials by phase



Number of studies by origin



Research stats

183 Active studies

58 New Clinical Research Centre (CRC) studies

4,699 Patient contacts

Covid-19 research projects

All Ireland Infectious Disease Cohort
Principal Investigator
Prof. Paddy Mallon

The All Ireland Infectious Disease cohort, led by Prof. Paddy Mallon is enrolling patients with infectious disease, including Covid-19, at a number of Irish hospitals. This study will collect samples from patients alongside clinical data and will allow investigators to determine the molecular contributors to the host pathogen interaction in patients who are ill with Covid-19. This national study involves collaborators from all over Ireland who are working together.

SPRINT-SARI
Principal Investigator
Prof. Alistair Nichol

SPRINT-SARI is an international, multi-centre, prospective, short period incidence observational study of patients in participating hospitals and intensive care units (ICUs) with severe acute respiratory infection (SARI). It is vital to systematically collect data on patients with SARI to fully understand both the epidemiological characteristics and patient course and outcomes. The collection of this data to understand Covid-19 is of vital importance as globally we work together to better understand this disease.

REMAP-CAP
Principal Investigator
Prof. Alistair Nichol

This study uses a design known as a REMAP, (a Randomised, Embedded, Multifactorial, Adaptive Platform trial). The broad objective of this REMAP is, over time, to determine and continuously update the optimal set of treatments for community-acquired pneumonia. The impact of these treatments on patients in intensive care is being determined.

A number of Irish hospitals, including St. Vincent's University Hospital, are now actively involved in REAMAP-CAP with Prof. Nichol as the Irish Lead and UCD as the coordinating site.

SOLIDARITY Trial
Prinicipal Investigator
Prof. Cormac Mc Carthy

SOLIDARITY is a clinical trial being led by the World Health Organisation. UCD is actively participating in this trial through Prof. Cormac McCarthy at SVUH and Prof. Aoife Cotter at Mater Misericordia University Hospital. The national Lead Investigator for this trial is Prof. Joe Eustace from UCC, and the trial is coordinated by HRB Clinical Research Coordination Ireland.

The trial intends to rapidly assess in thousands of Covid-19 infected people the potential efficacy of existing antiviral and anti-inflammatory agents. The SOLIDARITY project is designed to give answers to major questions including whether these drugs will reduce mortality and reduce severity of illness.

Our research facilities

The Academic Centre was established in 2019 to integrate the existing structures of the Education & Research Centre (ERC) and Clinical Research Centre (CRC), to centralise operations and oversight within the newly created Research Office. The Centre also includes the Research Ethics Committee (REC), Biological Resource Centre (BRC) and the Library.

The ERC and CRC facilities complement the work of St. Vincent's clinicians in the diagnosis and treatment of many diseases – including dermatology, obesity, diabetes, rheumatology, breast cancer, colon cancer, asthma and neurology.

St. Vincent's Healthcare Group

Activity in 2019

Education & Research Centre (ERC)

During 2019, the ERC hosted weekly meetings and education sessions for St. Vincent's Healthcare Group teams and departments, journal club sessions, patient education programmes and conferences and academic meetings in collaboration with UCD. Researchers, scientists and clinicians from both internal and external institutions presented their research findings, enhancing the possibility of collaborations. The annual Research Symposium was held in June 2019 and provided a great opportunity for our researchers to network and showcase their work.

SVHG UCD Research Laboratories

The research laboratories situated within the Education and Research Centre and the Clinical Research Centre provide the infrastructure needed to support both translational and clinical research. The laboratories are open to all staff within SVHG and offer all the necessary training required by research staff including all policies, procedures and guidelines which are updated and reviewed on a regular basis.

Biological Resource Centre (BRC)

Following the successful launch of the BRC in 2018, this facility continues to grow and provide on-going help, training and guidance to any staff members who wish to collect, process and bank patient samples for research purposes, both clinical and translational. The BRC provides a dedicated environment for the storage of samples that are under 24/7 temperature monitoring and a personalised barcode labelling system for reliable sample management and tracking.

Library

The Library & Information Services department continued to serve all staff and students of SVHG in 2019 with over 40,000 visits, and 8,000 website visits recorded for the year, making us one of the busiest healthcare libraries in the country. We also run a series of events throughout the year to include training sessions and informal 'Library Elevenses' sessions to discuss topics of interest. As a result of the purchase by the HSE National Health Library & Knowledge Service of a nationwide subscription to BMJ Best Practice, our staff can benefit from a point-of-care database which guides clinicians through diagnosis, prognosis and management of patients using an evidence-based approach. The national licence, due to commence in early 2020, complements the suite of over 3,000 journal and database subscriptions provided to staff and students by SVHG librarians.

Research Ethics Committee (REC)

The St. Vincent's University Hospital REC is one of 12 recognised RECs authorised to review and approve Clinical Trials in Ireland. The Committee also reviews and approves research studies on behalf of Our Lady's Hospice, Harold's Cross, Blackrock Hospice & St. Colmcille's Hospital, Loughlinstown. The Committee comprises 15 expert members – including Chair, Dr. Rachel Crowley and Deputy Chair, Dr. Ronan Killeen – and seven lay members. The Ethics Office includes Ms. Sue Canny (Manager) and Ms. Leona Malone (Administrator), who support the activities of the REC. In addition, Ms. Sue Canny engages with clinical trial and research sponsors in contract negotiations on behalf of SVUH. In 2019 11 REC meetings took place, 22 clinical trials and 81 research studies came before the REC.

JCI – Human Subjects Research Programme

Under the Joint Commission International accreditation in 2019, the Academic Centre developed the Human Subjects Research Programme, which included key guidelines for the use of human subjects in research. These guidelines ensure that regulatory and professional requirements are in place for the protection of human research subjects, and that the conduct of ethical research and implementation of informed consent protocols are followed to enable patients to make informed and voluntary decisions about participating in research.

Some of our current research work

Prof. Ken McDonald
Cardiac Research

The group has published 20 peer-reviewed papers in the last year focusing mainly on biomarker discovery and use in heart failure prevention and management. We continue to attract significant funding for this work and have recently expanded our approach to personalised healthcare in heart failure syndrome by embarking on a large genetics project. We continue our involvement in the PASSION HF* study, an INTERREG NEW (European funding scheme) consortium assessing the applicability of a home-based avatar in the management of heart failure.

We are also approaching the last patient visit in our Investigator Initiated Study (IIS) looking at the value of the drug sacubitril-valsarten as an approach to the prevention of heart failure. This is a first of type single-centre project which will provide critical information in heart failure prevention. With Cardiac MRI analysis providing the primary endpoint, we have been indebted to our radiology colleagues, including our Co-Investigator Prof. Jonathan Dodd and Dr. David Murphy for their collaboration in this critical effort.

** PASSION HF (Patient self-care using ehealth in chronic heart failure)*

Prof. Donal O'Shea
Obesity Immunology Research

The Obesity Immunology Research Group added five new researchers in 2019 / 2020, with Dr. Nidhi Kedia-Mehta joining the group from TCD on a newly awarded HRB-ILP (2019). Dr. Féaron Cassidy joined the group from National University of Ireland Galway on a newly awarded National Children's Research Centre grant (2020). Mr. Conor Barry joined the group on an IRC-GoI PhD fellowship (2019) investigating the impact of obesity on immunometabolism. Miss Andrea Woodcock joined the group on a Hume Fellowship (2020) and is investigating the impact of obesity on vaccination. Finally, Dr. Neil Wrigley-Kelly joined the group as a clinical research PhD fellow (2019) in collaboration with Prof. Paddy Mallon and is investigating the impact of Covid-19 on people with obesity.

Recently graduated PhD student Dr. Aisling O'Brien published two papers from her PhD (O'Brien et al, 2019 & 2020, in Journal of Immunology and Cellular & Molecular Immunology respectively). The group also contributed to papers published in Nature Communications (Dr. Pat Walsh – TCD), Frontiers in Immunology (Dr. Margaret Dunne – TCD) and Cytokine (Dr. Sarah Doyle).

The Centre of Colorectal Disease (CCD)

The Centre for Colorectal Disease published more than 15 Pubmed quoted publications in 2019. Key projects include:

- Randomised controlled trial of ACT (Acceptance and Commitment Therapy) to reduce stress in patients with IBD (Hugh Mulcahy) with further studies on psychological aspects of IBD
- Examining the potential for non-invasive testing strategies including faecal markers as alternative to colonoscopy for diagnosis of cancer, colorectal polyps and IBD (GMI Newman Fellow Ciara Egan)
- Investigating the role of NK cells and immune metabolism in IBD and cancer (Abbvie Newman Fellow Vanessa Zaitz Bittencourt)
- Evaluating the impact of appendectomy as a treatment intervention in ulcerative colitis (collaboration with Prof. Christianne Buskens, Amsterdam Medical Centre)
- New ways of assessing inflammatory burden in ulcerative colitis (Glen Doherty)
- Investigators working on these projects as well as other key studies include: Prof. Glen Doherty, Prof. Hugh Mulcahy, Dr. Cathy Rowan (Dansac Laker Newman Fellow), Prof. Gert D'Haens, Amsterdam Medical Centre, Dr. Fiona Jones (Pfizer Newman Fellow), Dr. Vanessa Zaitz Bittencourt (Abbvie Newman Fellow), Dr. Ciara Egan (GMI Newman Fellow), Prof. Cormac Taylor UCD and Prof. Christianne Buskens, Amsterdam Medical Centre

Prof. Douglas Veale
Centre for Arthritis and Rheumatic Diseases

In 2019, the Rheumatology Research group carried out research projects that contributed to over 20 peer-reviewed publications, delivered a number of oral presentations and secured more than €590,000 in research funding. The Rheumatology Research group was awarded the EULAR Centre of Excellence at St. Vincent's University Hospital for 2019 – 2024 and EULAR Centre of Excellence at St. Vincent's University Hospital & Janssen South Africa Rheumatology Preceptorship. The group runs quarterly patient awareness workshops (funded by HRB KEDS* grant) across the country which provide opportunities for people living with rheumatoid arthritis to understand the importance of early diagnosis, different treatments strategies available and how to get involved in research.

HRB KEDS (Health Research Board, Knowledge Exchange and Dissemination Scheme)*

Prof. Alistair Nichol
(ICC-CTN Irish Critical Care – Clinical Trials Network)

The Critical Care research group has had another very successful year. We have completed a number of high profile trials which have now been published in leading journals including:

- PHARLAP (Permissive Hypercapnia, Alveolar Recruitment and Low Airway Pressure) – a trial of ventilation in the intensive care unit in critically ill patients with acute respiratory distress syndrome. This paper was published in the American Journal of Respiratory and Critical Care Medicine
- The Peptic study examined the role of two different drugs in preventing stomach ulcers, a common complication in patients in the intensive care unit. This study showed one class of drugs (so-called H2RBs) improve survival in patients and could save up to 25,000 lives per year. This study was published in the Journal of the American Medical Association
- The STARRT-AKI trial, examined whether starting dialysis early in ICU patients would improve outcomes. This international study showed that an accelerated start to dialysis does not improve outcomes over conventional practice. This paper was published in the New England Journal of Medicine

Prof. Michael Joe Duffy
Breast Cancer Research

Prof. Michael Joe Duffy, a previous Principal Biochemist of SVUH and now currently an Adjunct Professor in the School of Medicine at UCD, has a long professional career in clinical biochemistry and cancer research. To honor his achievements, Prof. Duffy was awarded the Irish Association for Cancer Research (IACR) Outstanding Contribution to Cancer Research Award. Prof. Duffy has published more than 250 peer-reviewed journals on the topic of cancer biomarkers, which have been cited more than 16,000 times. His research work on biomarkers in cancer, in particular Triple Negative Breast Cancer (TNBC) have led to a number of positive clinical trial outcomes.

European Reference Networks for Rare Diseases

The European Reference Networks (ERNs) for Rare Diseases are virtual networks of teams around Europe that aim to improve diagnosis and care of patients with rare disease, including supporting case sharing platforms and research. A call for new members was launched in 2019 and Ireland was invited to submit a co-ordinated national Network for each ERN.

There were three in place in Ireland before 2019 and a further 16 applied, including three for which SVUH was the lead clinical site in partnership with Children's Health Ireland. These were rare lung disease (ERN LUNG), led by Prof. Cormac McCarthy, rare bone disease (ERN BOND), led by Dr. Rachel Crowley and neuroendocrine tumours as part of rare cancers (EURACAN) led by Prof. Dermot O'Toole. SVUH is also contributing to ERNs led from other clinical sites. A formal approval process is in place and has been delayed by Covid-19, but SVUH has received excellent feedback from stakeholders. We hope that building international links will provide a premium service for our patients with rare disease.

Our Hospitals

St. Vincent's University Hospital

St. Vincent's University Hospital is one of the world's leading academic teaching hospitals providing front line, acute, chronic and emergency care across over 50 different medical specialities, in the country's only integrated multi-hospital campus.

We are recognised worldwide for setting standards of excellence in clinical diagnosis and treatment, education and research and a pioneering, multi-disciplinary approach to patient care. We are the only public hospital in Ireland with Joint Commission International (JCI) accreditation.

"Speed is your friend, perfection is your enemy". This powerful message from WHO's Dr. Mike Ryan quickly became our mantra across the hospital throughout the Covid-19 pandemic.

The speed at which this virus arrived into our country and our hospital meant that normal processes were challenged and instant decisions needed to be made about something we knew very little. This tested us all not just as healthcare workers but personally too. We had no choice but to work in a new way, to be more adaptable, flexible, often changing our jobs temporarily because help was needed somewhere else – and always staying one step ahead in what felt like a race against time.

We are a large acute hospital dealing with a wide range of patients across a number of specialities. Many of our patients are critically ill, many are undergoing essential treatment and care that could not be stopped, regardless of how big or virulent this pandemic was. This led to an extensive reconfiguration of our hospital and redistribution and segregation of wards and beds so that we could continue to provide critical care in a safe environment whilst at the same time look after our new Covid-19 patients.

Daily meetings with the Covid-19 taskforce were our new norm, checking, counting numbers of beds, ventilators, ICU capacity and PPE to make sure we were always ready. Regular communications to staff via emails, Intranet updates and webex, were not just expected but essential. Staff were anxious, concerned and working unbelievably hard so it was important that they were kept up to date at all times, that they felt supported, that no question was left unanswered and that they knew – when they finally went home to their families after a long shift – that everything was under control.

This has been a year like no other. Nothing could have prepared us for this but nothing could have prepared us for the way our 3,000 staff have tackled this pandemic with hard work, innovation, a positive, can-do attitude, resilience and importantly good humour. They were extraordinary.

Kay Connolly
CEO

St. Vincent's University Hospital 2019

39,642
Physio visits

3,035
Staff

12.5m
Pathology tests

8
Theatres, 2 cath labs

120
Seater lecture theatre

59,600
ED attendances

17,900
Ambulance arrivals

614
Beds

160,000
OP attendances

5,000
Inpatient prescriptions monitored every week by clinical pharmacists

360,000
Items dispensed

216,000
Radiology tests

St. Vincent's University Hospital – activity in 2019

	2018	2019	Variance
ED Attendances	57,486	59,615	3.7%
ED Admission Rate	27%	26.3%	-0.7%
PET (Patient Experience Time): All patients <6 hours Admitted patients <6 hours Non admitted <6 hours	 66.4% 21.5% 83.7%	 57.5% 19.5% 72.2%	 -8.9% -2.0% -11.5%
Average length of stay	8.7	8.8	0.1%
Day case activity	68,912	72,800	5.6%
DOSA (Day Of Surgery Admissions)	89%	88.7%	-0.3%
Bed days used	199,279	204,646	2.7%
Radiology	211,654	216,047	2%
Pathology Tests	11.8m	12.5m	6%

St. Vincent's University Hospital
Emergency Department 2019

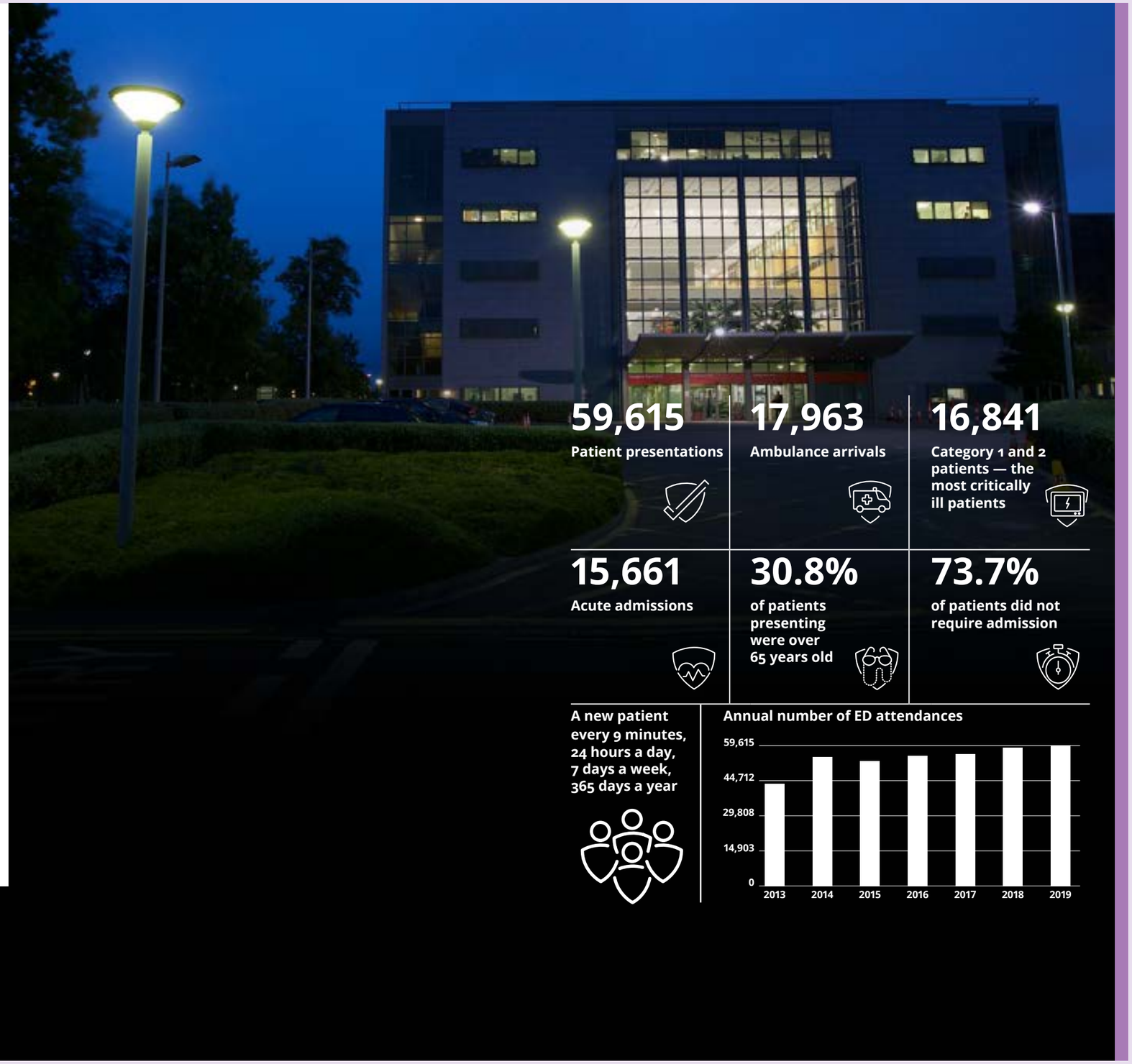
Every nine minutes at St. Vincent's University Hospital a new patient presents themselves to our Emergency Department.

Over a third of these are 65 years or older and two in three are there as a result of a fall (under 2 metres). Our ED is the major trauma centre for the South East Dublin region serving a population of over 300,000 and treating over 59,000 emergency attendances every year.

Our consultant-led teams operate a 24 hour, 365 days a year service diagnosing acute and urgent illnesses including all type of medical and surgical emergencies for adults and children aged 14 or older.

We are the primary referral centre for the region which means that patients with specific conditions such as stroke and major trauma can be brought from other hospitals directly to our ED to be treated by our team of specialists.

Our size, our multidisciplinary skill set and our expertise in emergency medicine also allows us to provide a wide range of undergraduate and postgraduate teaching and research opportunities to students and newly-qualified doctors from Ireland and overseas.



59,615
Patient presentations

17,963
Ambulance arrivals

16,841
Category 1 and 2 patients — the most critically ill patients

15,661
Acute admissions

30.8%
of patients presenting were over 65 years old

73.7%
of patients did not require admission

A new patient every 9 minutes, 24 hours a day, 7 days a week, 365 days a year

Annual number of ED attendances

St. Vincent's Private Hospital 2019

St. Vincent's Private Hospital is the single, biggest private hospital in Dublin.

Situated on the same grounds as St. Vincent's University Hospital in Elm Park, Dublin 4, we share resources, expertise and medical facilities with one of the country's leading academic teaching hospitals. This means that we have the capacity to deal with a high volume of patients with a variety of different and often complex medical and surgical requirements.

900
Staff

9
Inpatient wards

236
Beds

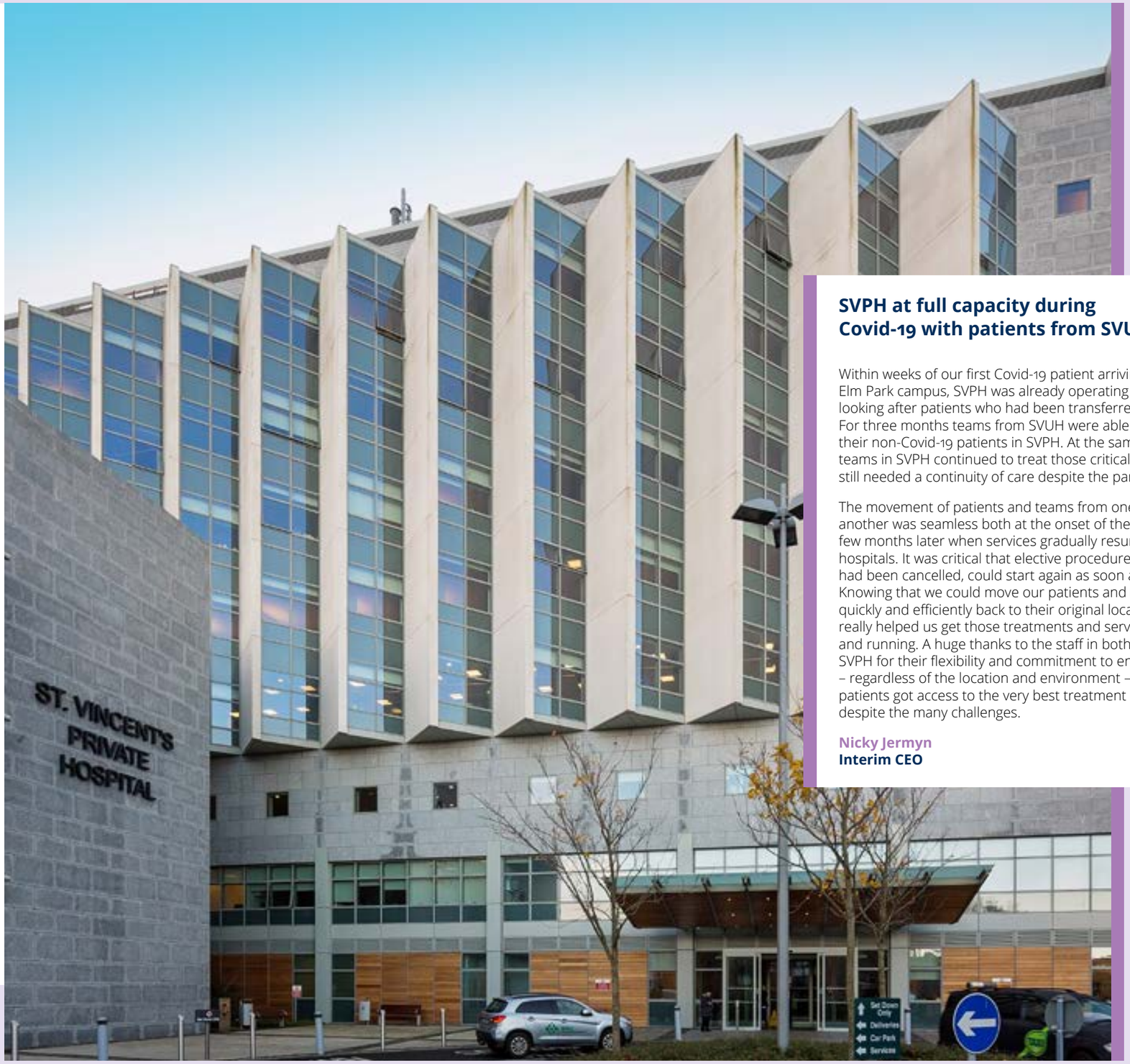
4
Theatres, 1 Cath lab

2
Linear accelerators

3
Endoscopy suites

25,332
Day cases

5
Floors



SVPH at full capacity during Covid-19 with patients from SVUH

Within weeks of our first Covid-19 patient arriving into the Elm Park campus, SVPH was already operating at full capacity looking after patients who had been transferred from SVUH. For three months teams from SVUH were able to care for their non-Covid-19 patients in SVPH. At the same time, the teams in SVPH continued to treat those critical patients who still needed a continuity of care despite the pandemic.

The movement of patients and teams from one hospital to another was seamless both at the onset of the crisis and a few months later when services gradually resumed in both hospitals. It was critical that elective procedures, which had been cancelled, could start again as soon as possible. Knowing that we could move our patients and their teams quickly and efficiently back to their original location has really helped us get those treatments and services back up and running. A huge thanks to the staff in both SVUH and SVPH for their flexibility and commitment to ensuring that – regardless of the location and environment – our critical patients got access to the very best treatment and care despite the many challenges.

Nicky Jermyn
Interim CEO

St. Michael's Hospital 2019

St. Michael's Hospital is an acute general hospital providing a range of specialised clinical services to the people of South Dublin and Wicklow.

We offer facilities for pathological and radiological services, provide care for both medical and surgical patients, as well as outpatient clinics and services including cardiac rehabilitation, diabetes treatment, heart failure treatment and pulmonary rehabilitation.

Our Pelvic Floor Centre is Ireland's first truly multidisciplinary clinic for the assessment and management of pelvic floor dysfunction. Our specialised Heart Failure programme seeks to improve quality of life for patients with heart failure in the East Coast Area through provision of expert multidisciplinary advice, education and support. We are also the regional training centre for Pulmonary Rehabilitation Care.

Specialist Clinical Services

For South Dublin and Wicklow

386

Staff

130

Inpatient beds

8am – 8pm

Emergency department

5,848

Day cases

20,849

ED attendances

Governance

Some key milestones

St. Vincent's Hospital was opened by the Religious Sisters of Charity at 56 East St. Stephen's Green – at the height of the cholera pandemic in Ireland.

1869

The first house surgeon appointed to attend to all accident and emergency cases.

Today, after 150 years of trauma care, a new patient attends the Emergency Department every nine minutes.

1876

St. Michael's Hospital, Dún Laoghaire opens with 40 beds.

Today, the hospital provides specialist clinical services to over 5,500 day cases per annum.

1892

Nurses' training school opens.

Today, there are over 400 undergraduate nurses on clinical placements every year.

1909

First operating theatre completed.

Today, over 100 years later, we perform over 10,000 surgeries every year across our three hospitals.

1912

94 Lower Leeson St was converted into a semi-private nursing home.

Today, St. Vincent's Private Hospital is the single largest private hospital in Dublin.

1989

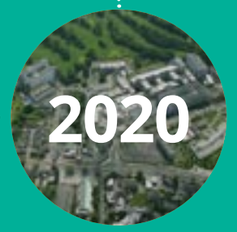
The Education and Research Centre was opened.

Today, teaching, education and research is central to everything we do and we are leaders in scientific and translational research with our academic partners in University College Dublin.

1993

We carried out our first liver transplant.

In 2019 – after 1,300 transplants – history was made as a combined team from St. Vincent's University Hospital and Mater Hospital performed the first every double liver and lung transplant.



2020 – 50 years at Elm Park.

On the 23rd November 1970, St. Vincent's Hospital moved to the Elm Park campus.

After 186 years, the RSC will cease all involvement in St. Vincent's Healthcare Group and transfer their shares in SVHG to a newly formed company, St. Vincent's Holdings CLG (SVH CLG).

Group structure

Our history began in 1834, when St. Vincent's Hospital was opened by the Religious Sisters of Charity (RSC) at 56 East St. Stephen's Green – at the height of a cholera pandemic in Ireland.

Since then we have continued to evolve our hospitals in line with the healthcare needs of the local and national population, whilst at the same time anticipating and responding to the many challenges and opportunities of the future.

Today, 186 years after opening our doors to our first 12 patients, we serve a core local population of 600,000, a regional population of 1.1m and also the national population of 4.9m for national screening, transplant and other programmes.

St. Vincent's Holdings CLG

This year, once specific consent letters from SVHG stakeholders are received (which are imminent), the RSC will cease all involvement in St. Vincent's Healthcare Group and transfer their shares in SVHG to a newly formed company, St. Vincent's Holdings CLG (SVH CLG). The company is a not-for-profit with charitable status company which is governed by Irish company law.

The main object of SVHG CLG is to advance healthcare in Ireland, a purpose of benefit to the community, by promoting medical education, medical research and patient care in all areas of medicine through SVHG and to reflect compliance with national and international best practice guidelines on medical ethics and the laws of Ireland. This will be achieved through the provision of support to companies which are registered as charities on the register of charitable organisations maintained by the Charities Regulatory Authority and which are the Company's subsidiaries.

St. Vincent's Healthcare Group DAC

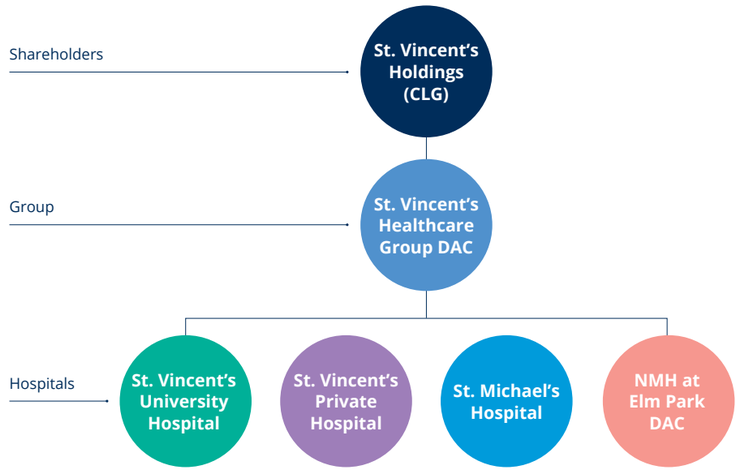
The objectives of SVHG are charitable in nature with established charitable status. The Constitution of SVHG is our governing document.

The Board is committed to ensuring that the highest levels of corporate governance are applied. To this end, a detailed Code of Governance Framework is in place which details our objectives and mission, statutory and regulatory frameworks which apply, duties and composition of the Board of directors, details of internal controls, Board committees and the standing orders which will govern Board meetings.

As noted in our new revised constitution, following the transfer of RSC shares, the main objects of SVHG are:

- To provide medical, surgical, nursing services and accommodation for the treatment of sick persons and for the relief, cure, rehabilitation and prevention of sickness and disability both physical and mental
- To provide a range of health services by the establishment of a new maternity, obstetrics, gynaecology and neonatal hospital
- To conduct and maintain the facilities in compliance with national and international best practice guidelines on medical ethics and the laws of Ireland
- To provide healthcare and pastoral care services for the support of patients, relatives and staff
- To promote opportunities for education and research

SVHG is registered as a Designated Activity Company (DAC). Each of its three existing hospitals operates as a branch with the Chief Executive of each hospital reporting to the board of the Company. When the National Maternity Hospital relocates its operations to the Elm Park campus that hospital's operations will be transferred into a separate wholly owned subsidiary called National Maternity Hospital at Elm Park DAC. The constitution of this subsidiary will comply with the terms as set out in the Mulvey Report 2016 – terms of agreement between Minister of Health, SVHG and the National Maternity Hospital (Holles St) re. governance and future operations of the National Maternity Hospital after its relocation to the Elm Park campus.



Group Board

The Board has overall responsibility for the strategic development and policy of St. Vincent's Healthcare Group. The Directors are drawn from diverse backgrounds in business and the professions, and bring a broad range of experience and skills to the Board's deliberations.

James Menton, Chair
James Menton was appointed a Director and Chair of the SVHG in September 2014. A Fellow of Chartered Accountants Ireland, he was previously a senior partner in both Andersen and KPMG and Chairman of the Quinn Group parent company which implemented the reorganisation and restructuring of the Quinn manufacturing group of companies. He was the non-executive Chair of ANG DAC – the parent company of the Fields and Fraser Hart jewellery store chain in Ireland and the UK – and is the Chair of CWSI, which provides security and management solutions to the mobile communications industry.

Dr. David Brophy
Dr. Brophy is a Consultant Radiologist in SVHG with a special interest in Vascular and Interventional Radiology. He is an Associate Clinical Professor at UCD School of Medicine and a Fellow of the Faculty of Radiologists, RCSI; a Fellow of the Royal College of Radiologists, London; a Diplomate of the American Board of Radiology and a Fellow of the Cardiovascular and Interventional Radiology Society of Europe.

Deirdre Burns
A former Managing Director of Boots Ireland, Deirdre Burns has served as Supply Chain Director of Walgreens Boots Alliance and Retail Director of UK Mobile Telecoms business, EE. She has over 25 years of global experience at board and senior leadership levels in pharmacy, healthcare, FMCG and telco sectors. She is currently Chairperson of the Travel Department and is also on the board of a number of UK and Irish semi-state and private companies, including An Post.

John Compton
John Compton was Chief Executive of the Regional Health and Social Care Board in Northern Ireland from 2009 to 2013. He previously held various posts as both a practitioner and manager in the Northern Ireland social service system, and in 2011 was the author of "Transforming Your Care", a strategic review of the social care services in Northern Ireland. In 2013 he was awarded a CBE for services to health and social care.

Gerard Flood
Gerard Flood is a Fellow of Chartered Accountants Ireland and a former Partner and Head of Corporate Finance in KPMG. A board member of a number of public and private companies, he has advised many of Ireland's senior business executives and their organisations for over 30 years.

Ann Hargaden
Ann Hargaden was the investment director in Lisney for over 20 years. She specialised in advising institutions, property companies and private investors in acquiring and selling commercial investment property. Recent experience includes projects for major national and international clients such as State Street Global Advisors, F&C, Irish Life, Salix, Ballymun Regeneration and Blackrock Clinic. Ann is a fellow of the Society of Chartered Surveyors Ireland and the Royal Institution of Chartered Surveyors. In 1997 she was the first and only woman to be appointed president of the Society of Chartered Surveyors in its 100-year history.

Myles Lee
Between 2009 and 2013, Myles Lee was Group Chief Executive of CRH plc, Ireland's largest industrial company. Myles, who has extensive international business experience, is also a non-executive director of Babcock International Group PLC, Trane Technologies plc and UDG Healthcare plc.

Dr. Rhona Mahony
Dr. Mahony was the Master of the National Maternity Hospital (NMH) until 31st December 2018. She is an obstetrician and gynaecologist, a specialist in maternal and fetal medicine and an Honorary Clinical Professor with RCSI. Dr. Mahony is a Fellow of the RCOG UK and of the RCPI in Ireland. She is a member of the Institute of Directors of Ireland and serves on the board of the Little Museum of Dublin.

Sharen McCabe
Sharen McCabe is Executive Chair of McCabe's Pharmacy, and has significant business experience across a wide range of disciplines from HR to strategy development, financing and acquisitions. She is also a non-executive director of Eason and Son Limited and a trustee of Retail Excellence Ireland.

Imelda Reynolds
Imelda Reynolds is Chair and Partner of Beauchamps Solicitors. Her practice areas include corporate governance, commercial property and franchising. She advises a range of public bodies and public and private companies on all aspects of governance, such as strategy, compliance and conflict management. From 2001 to 2008 Imelda served as Beauchamps' Managing Partner. From June 2012 to December 2014, she was a board member of the Dublin Docklands Development Authority. She was Director of Dublin Chamber of Commerce from 2003 to 2013 and was President of Dublin Chamber of Commerce in 2011. In June 2019, she was appointed Chair of the Governing Body of Technological University Dublin, Ireland's first Technological University.

Mark Ryan
Mark Ryan was Country Managing Director of Accenture in Ireland between 2005 and 2014 and has successfully operated at senior management levels in Ireland and internationally. During his career with Accenture, he spent extended periods working in the US and UK. Mark served in numerous management and executive roles in delivering major strategy, IT and business change programmes both locally and internationally. Mark brings a strong understanding of commercial leadership and business perspective to the Board. He is a non-executive director of DCC Plc, Wells Fargo Bank International, Econiq, Publicis and Star2Star Communications (USA).

Group Board

The Board is responsible for setting the strategy for the Group, providing leadership and ensuring controls are implemented.

There are clear distinctions between the Board of Directors and the day-to-day operations of the hospitals which are delegated to the Chief Executives and management teams of each of its hospitals. The Chief Executive of each of the Group's hospitals is responsible for the management of its operations and is responsible for devising strategy and policy within the authorities delegated to each Chief Executive by the Board.

Board members do not receive remuneration for their services as directors or membership of the Board committees and are only entitled to be reimbursed for incidental expenses claimed in the performance of their duties.

The Board of Directors conducts a self assessment appraisal each year.

The Board met seven times during 2019 and attendance of Directors was as follows:

Board Member	Meetings attended
Dr. David Brophy	**7**
Deirdre Burns**	**3**
John Compton	**5**
Gerard Flood	**7**
Ann Hargaden**	**2**
Prof. Michael Keane*	**3**
Myles Lee	**5**
James Menton (Chair)	**7**
Sharen McCabe	**4**
Dr. Rhona Mahony**	**2**
Frank O'Riordan*	**2**
Imelda Reynolds**	**3**
Willie Shannon*	**2**

* Resigned in 2019
** Appointed in 2019

The Board has established the following committees which operate under clearly defined terms of reference. The majority of Board members have additional responsibilities through their participation on Board committees. The following Board committees operated during the year:

Board Committee	Meetings Held
Public Hospitals Oversight	**3**
St. Vincent's Private Hospital Oversight	**6**
Audit	**3**
Nominations & Remuneration	**2**
Risk, Quality & Safety	**1**
Strategy and Innovation	**1**

Group Management

Anne Coleman
General Manager,
St. Michael's Hospital

Kay Connolly
CEO,
St. Vincent's University Hospital

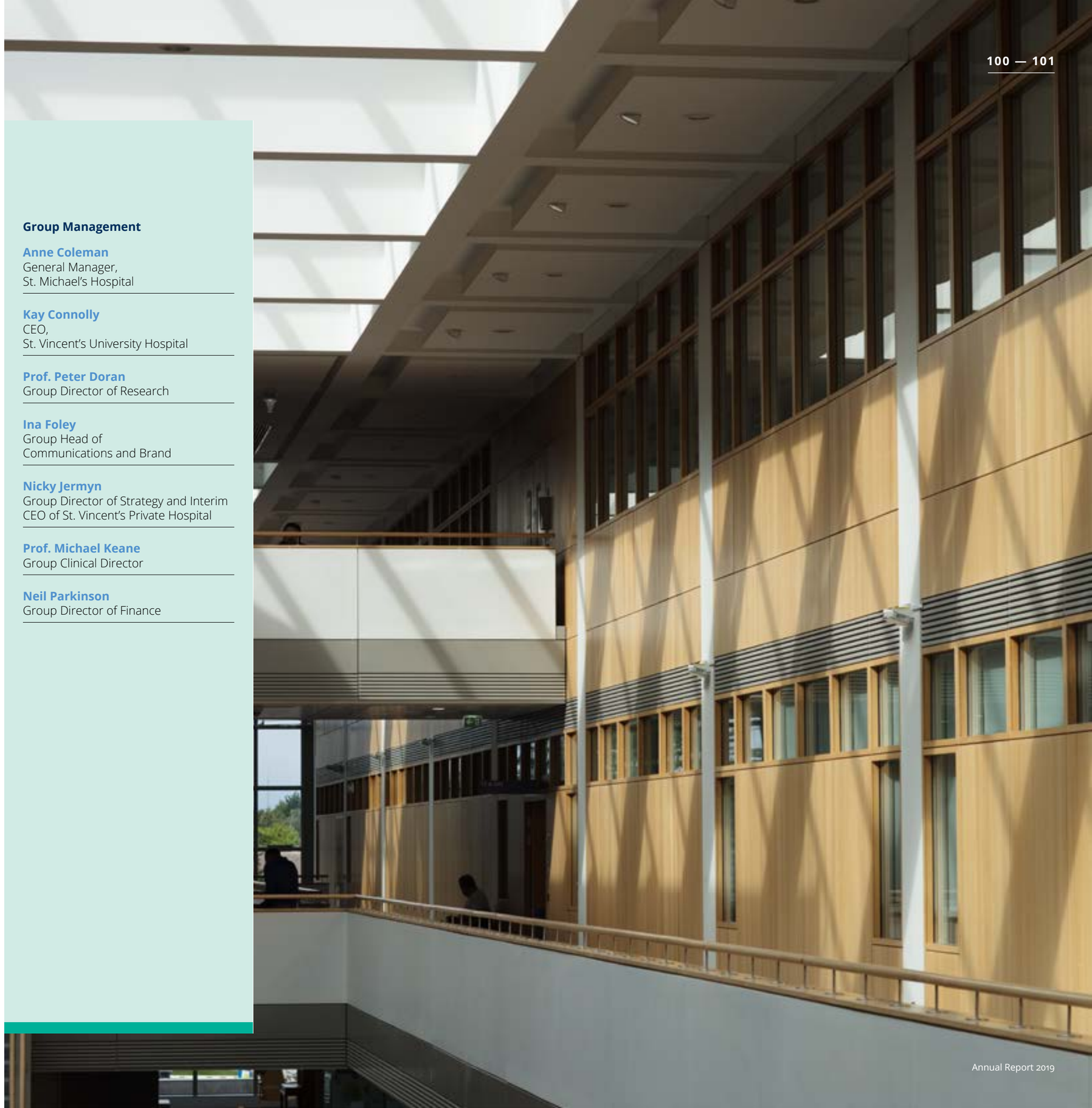
Prof. Peter Doran
Group Director of Research

Ina Foley
Group Head of
Communications and Brand

Nicky Jermyn
Group Director of Strategy and Interim CEO of St. Vincent's Private Hospital

Prof. Michael Keane
Group Clinical Director

Neil Parkinson
Group Director of Finance



Financial Review

St. Vincent's Healthcare Group DAC is a company which is registered as a charity with the Charities Regulator and also with the Revenue Commissioners of Ireland which has granted it charitable tax exempt status. The Group has three hospitals, each of which operates as a branch and their results are combined into the consolidated financial statements of the Group.

I am happy to report that the Group recorded a net profit of €1.3m for the year ended 31st December 2019. This compares with a loss of €1.5m in 2018. The profit arises due to our two public funded hospitals recording a balanced budgeted position which was complemented by increased activity in our private hospital.

Income

	2017 €m	2018 €m	2019 €m
Income	429.9	448.9	484.1
Gross profit	104.6	112.5	121.7
Net profit / (loss)	**(4.6)**	**(1.5)**	**1.3**

Our two public hospitals received funding under Section 38 of the Health Act in the amount of €311m in the year. This represented an increase of 8.8% over 2018. The increase was required to fund increased activity and the full-year impact of the Landsdowne Road national pay award which commenced in the prior year. Increased activity is illustrated by the 5.6% increase in St. Vincent's University Hospital day cases and an additional 682,000 pathology tests.

Patient income increased by €10.2m, or 7.1%, to €152.5m. This reflected an increase of 7.3% in the number of theatre procedures performed in our Private hospital which drove activity levels throughout the hospital. This was offset by a lower average length of stay in the Private hospital as we were able to reduce the time patients stayed with us post their procedure. Radiotherapy activity was also higher as both of our new linear accelerators were in operation for the full year.

Expenditure

The Group recorded a 7.5% increase in expenditure over the prior year. The most significant component of the increase was accounted for by an increase in pay costs of over 8%. This reflects the full year cost of implementing the Landsdowne Road pay awards which were negotiated centrally by the Government. Our staff numbers increased by just over 1%. Reimbursable costs remained at similar levels to the prior year while other drug costs rose by 9% primarily due to an increase in the cost of oncology drugs and higher activity in our Private hospital. We continue to work with our consultant doctors and the private medical insurers to move to bio similar drugs when appropriate.

Good cost management was maintained and implemented across all three hospitals during the year which was reflected in a low-level increase in other costs recorded by the Group.

Our interest cost fell by €1.3m to €5.3m with the reduction attributable to the full year benefit of the revised interest rate hedging instruments implemented in the prior year. The Group's interest rate on its loans remains at fixed rates until 2025.

Overall performance

Each of the Group's three hospitals performed at or above budgeted levels. Both of our Public hospitals achieved a breakeven or balanced budget position which is the targeted outcome for each year. Our Private hospital continued to optimise its operations and exceeded budgeted financial targets for the year.

The Group's earnings before interest, depreciation and amortisation (EBIDA) was €18.5m (2018: 16.6m). This EBIDA result complemented by a reduction in our outstanding debtor balance is reflected in our cash flow from operating activities increasing to €24.9m in the current year. The Group's depreciation charge in the year increased by 2.4% to €29.8m while this charge is offset by a €18m amortisation of grants, a similar offset to that of the prior year. The higher EBIDA combined with the reduced interest charge enabled the Group to record a net profit of €1.3m in the year as against the net loss of €1.5m in the prior year. This result reflects the increased utilisation of our facilities together with good control and management of our expenditures in both our public and private hospitals.

Balance Sheet

The table below summarises the Group's consolidated balance sheet as at 31st December.

	2018 €m	2019 €m
Fixed assets	561	560
Current assets	83	83
Total assets	**644**	**643**
Current liabilities	84	77
Non current liabilities	340	353
Total liabilities	**424**	**430**
Net assets	**220**	**213**

Fixed assets include an investment of €20m in works which will facilitate the relocation of the National Maternity Hospital to the Elm Park campus. During the year these works comprised the relocation of the pharmacy and the extension of the multi-storey car park. The completion of these is now anticipated in early 2021 and these works are funded by the Department of Health. Maintenance capital expenditure was incurred in our public hospitals while a new MRI and electronic whiteboards were installed in our Private hospital.

The Group utilised its cash resources to make a net repayment of €3.4m in short term working capital advances.

Non-current liabilities includes loan and lease funding in the amount of €146m for the Private hospital. During the year the Group placed a further €5m in the Sinking Fund to assist in the repayment of these loans bringing the amount invested in the Sinking Fund to €16m. Capitalisation accounts of €162m represent grant amounts received which will be amortised in line with the utilisation of those assets.

Neil Parkinson
Group Director of Finance

Contents

Directors and other information

Board of directors

James Menton
David Brophy
John Compton
Gerard Flood
Michael Keane *(resigned 4 June 2019)*
Myles Lee
Sharen McCabe
Frank O'Riordan *(resigned 28 May 2019)*
William Shannon *(resigned 31 May 2019)*
Deirdre Burns *(appointed 5 June 2019)*
Ann Hargaden *(appointed 5 June 2019)*
Rhona Mahony *(appointed 5 June 2019)*
Imelda Reynolds *(appointed 5 June 2019)*

Secretary and registered office

Secretary
Neil Parkinson
Elm Park
Dublin 4

Bankers
Bank of Ireland
Merrion Road
Ballsbridge
Dublin 4

Bank of Ireland
O'Connell Street
Dublin 1

Ulster Bank
Georges' Quay
Dublin 2

Solicitors
Mangan O'Beirne
31 Morehampton Road
Dublin 4

McCann Fitzgerald
Riverside One
Sir John Rogerson's Quay
Dublin 2

Independent Auditors

PricewaterhouseCoopers
Chartered Accountants and Statutory Audit Firm
One Spencer Dock
North Wall Quay
Dublin 1

Directors' report

The directors present their report and the audited financial statements for the year ended 31 December 2019.

Principal activity and risks

The company operates two public healthcare hospitals and one private healthcare hospital. The company's public healthcare hospitals are funded by HSE funding under Section 38 of the Health Act 2004, patient income and other income. The company's shareholders are the Religious Sisters of Charity (see note 28). At the end of the financial year no directors or secretary had an interest in shares of the company. The company is subject to the normal operating and financial risks associated with the current public and private healthcare environments.

The principal risks facing the Company are set out below:

- The principal financial risk facing the publically funded hospitals is the cost of running the agreed service levels within the budgetary allocation provided by the HSE, particularly in the context of the demand-led nature of unscheduled care. The Board recognises that the financial risks are greater than previously faced due to increasing volumes of activity, medical inflation, associated complexities and PHI income pressures which have a direct impact due to the net funding model.
- The Company is dependent upon skilled and competent staff in order to maintain activity levels and ensure a safe delivery of service to patients. The retention of staff is a key priority given the increasingly competitive labour market and the shortage of skilled and experienced healthcare professionals across a number of specialities and disciplines.
- The Company is providing increasingly complex medical procedures, with the associated underlying clinical risks for patients. The ageing demographic will see a considerable increase in demand for healthcare and management of chronic illness over the coming years.
- The Company has a sizeable infrastructure and equipment asset base which will need substantial investment over the next number of years to ensure that they are able to meet all relevant requirements and standards.
- The operational and financial risks posed by the Covid-19 pandemic are detailed in note 28.

Results and dividends

The profit for the year, after providing for depreciation net of amortisation of grants of €11,862,769 and net interest expense of €5,294,269, amounted to €1,311,343 (2018: loss of €1,467,150). No dividends are proposed.

Directors

The current directors and directors who retired during the period 1 January 2019 to the date of approval of these financial statements are set out on page 105. Except as noted, all served as directors for the entire year. The directors and secretary had no interests in the shares of the company or any other group company at 31 December 2019. The directors do not receive any remuneration for these services as directors or board committee members.

Review of activities and future developments

The company plans to continue providing high quality healthcare, together with keeping pace with appropriate developments and improvements in medical and clinical healthcare practices in line with group strategy.

The National Maternity Hospital is to relocate to the Elm Park Campus of St. Vincent's University Hospital (SVUH) in the coming years. As for any significant construction project, this will involve disruption and inconvenience for both patients and staff. The Group will act to minimise both the disruption to operations and the risks inherent in such a project but will not be able to eliminate them during the course of the new hospital's construction.

Prompt Payment of Accounts Act, 1997 (Amendment Order 2000)

The directors acknowledge their responsibility for ensuring compliance with the Prompt Payment of Accounts Act 1997 (Amendment Order 2000). Procedures have been implemented to identify dates upon which invoices fall due for payment and for payment to be made on such dates. Accordingly the directors are satisfied that the company has complied with the provisions of the Act, in all material aspects.

Public Pay policy

The directors acknowledge that St. Vincent's University Hospital and St. Michael's Hospital, as publicly funded entities, are required to comply with Public Pay Policy and have done so for the year ended 31 December 2019.

Independent auditors

The statutory auditors, PricewaterhouseCoopers, have indicated their willingness to continue in office.

Taxation status

The company has charitable tax status.

Directors' responsibilities statement

The directors are responsible for preparing the Directors' Report and the financial statements in accordance with Irish law.

Irish law requires the directors to prepare financial statements for each financial year giving a true and fair view of the group's and company's assets, liabilities and financial position at the end of the financial year and the profit or loss of the group for the financial year. Under that law the directors have prepared the financial statements in accordance with Generally Accepted Accounting Practice in Ireland (accounting standards issued by the Financial Reporting Council of the UK, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland and Irish law).

Under Irish law, the directors shall not approve the financial statements unless they are satisfied that they give a true and fair view of the group's and company's assets, liabilities and financial position as at the end of the financial year and the profit or loss of the group for the financial year.

In preparing these financial statements, the directors are required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether the financial statements have been prepared in accordance with applicable accounting standards and identify the standards in question, subject to any material departures from those standards being disclosed and explained in the notes to the financial statements; and
- prepare the financial statements on a going concern base unless it is inappropriate to presume that the group and company will continue in business.

The directors are responsible for keeping adequate accounting records that are sufficient to:

- correctly record and explain the transactions of the group and company;
- enable, at any time, the assets, liabilities, financial position and profit or loss of the group to be determined with reasonable accuracy; and
- enable the directors to ensure that the financial statements comply with the Companies Act 2014 and enable those financial statements to be audited.

The directors are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Audit committee

The company has an Audit Committee consisting of non-executive directors of the company.

Accounting records

The measures taken by the directors to secure compliance with the company's obligation to keep adequate accounting records are the use of appropriate systems and procedures and employment of competent persons. The books of account are located at the branch offices at St. Vincent's University Hospital, Elm Park, Dublin 4, St. Vincent's Private Hospital, Merrion Road, Dublin 4 and St. Michael's Hospital, Dun Laoghaire, Co. Dublin.

Subsequent events

Save as disclosed in Note 28 relating to the proposed transfer by the Religious Sisters of Charity of its shareholding in St. Vincent's Healthcare Group and the Covid-19 pandemic there are no other material events that require disclosure or any adjustments to the financial statements.

Political contributions

The Company made no political contributions during the year ended 31 December 2019 (2018: €Nil).

Research and development

The group facilitates on-going medical research in its hospitals.

Disclosure of information to auditors

The directors in office at the date of this report have each confirmed that:

- as far as he/she is aware, there is no relevant audit information of which the company's statutory auditors are unaware; and
- he/she has taken all the steps that he/she ought to have taken as a director in order to make himself/herself aware of any relevant audit information and to establish that the company's statutory auditors are aware of that information.

Directors' report – continued

Directors' compliance statement

The directors acknowledge that they are responsible for securing the company's compliance with its relevant obligations.

The directors confirm that they have:

1. Drawn up a compliance policy statement setting out the company's policies respecting compliance by the company with its relevant obligations.
2. Put in place appropriate arrangements or structures that are designed to secure material compliance with the company's relevant obligations.
3. Conducted a review, during the financial year ended 31 December 2019 of the arrangements and structures, referred to at 2) above.

Dividends

There were no dividends proposed or paid during the year.

On behalf of the board

James Menton
Director

Gerard Flood
Director

Independent auditors' report to the members of St. Vincent's Healthcare Group DAC

Report on the audit of the financial statements

Opinion

In our opinion, St. Vincent's Healthcare Group Limited DAC's group financial statements and company financial statements (the "financial statements"):

- give a true and fair view of the group's and the company's assets, liabilities and financial position as at 31 December 2019 and of the group's and the company's profit and cash flows for the year then ended;
- have been properly prepared in accordance with Generally Accepted Accounting Practice in Ireland (Irish GAAP) (accounting standards issued by the Financial Reporting Council of the UK, including Financial Reporting Standard 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" and Irish law); and
- have been properly prepared in accordance with the requirements of the Companies Act 2014.

We have audited the financial statements, included within the Annual Report and consolidated financial statements (the "Annual Report"), which comprise:

- the Consolidated and company balance sheet as at 31 December 2019;
- the Consolidated profit and loss account and consolidated statement of comprehensive income for the year then ended;
- the Consolidated cash flow statement for the year then ended;
- the Consolidated and company statement of changes in equity for the year then ended;
- the accounting policies; and
- the notes to the financial statements.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (Ireland) ("ISAs (Ireland)") and applicable law.
Our responsibilities under ISAs (Ireland) are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence
We remained independent of the group in accordance with the ethical requirements that are relevant to our audit of the financial statements in Ireland, which includes IAASA's Ethical Standard and we have fulfilled our other ethical responsibilities in accordance with these requirements.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which ISAs (Ireland) require us to report to you where:

- the directors' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the directors have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the group's or the company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the group's or the company's ability to continue as a going concern.

Reporting on other information

The other information comprises all of the information in the Annual Report and consolidated financial statements other than the financial statements and our auditors' report thereon. The directors are responsible for the other information. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except to the extent otherwise explicitly stated in this report, any form of assurance thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify an apparent material inconsistency or material misstatement, we are required to perform procedures to conclude whether there is a material misstatement of the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report based on these responsibilities.

With respect to the Directors' Report, we also considered whether the disclosures required by the Companies Act 2014 have been included.

Based on the responsibilities described above and our work undertaken in the course of the audit, ISAs (Ireland) and the Companies Act 2014 require us to also report certain opinions and matters as described below:

- In our opinion, based on the work undertaken in the course of the audit, the information given in the Directors' Report for the year ended 31 December 2019 is consistent with the financial statements and has been prepared in accordance with the applicable legal requirements.
- Based on our knowledge and understanding of the group and company and their environment obtained in the course of the audit, we have not identified any material misstatements in the Directors' Report.

Independent auditors' report to the members of St. Vincent's Healthcare Group DAC – continued

Responsibilities for the financial statements and the audit

Responsibilities of the directors for the financial statements
As explained more fully in the Directors' Responsibilities Statement set out on page 107, the directors are responsible for the preparation of the financial statements in accordance with the applicable framework and for being satisfied that they give a true and fair view.

The directors are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the group's and the company's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the group or the company or to cease operations, or have no realistic alternative but to do so.

Auditors' responsibilities for the audit of the financial statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (Ireland) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the IAASA website at: https://www.iaasa.ie/getmedia/b2389013-1cf6-458b-9b8f-a98202dc9c3a/Description_of_auditors_responsibilities_for_audit.pdf

This description forms part of our auditors' report.

Use of this report
This report, including the opinions, has been prepared for and only for the company's members as a body in accordance with section 391 of the Companies Act 2014 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Other required reporting

Companies Act 2014 opinions on other matters

We have obtained all the information and explanations which we consider necessary for the purposes of our audit.

In our opinion the accounting records of the company were sufficient to permit the company financial statements to be readily and properly audited.

The Consolidated balance sheet is in agreement with the accounting records.

Other exception reporting

Directors' remuneration and transactions
Under the Companies Act 2014 we are required to report to you if, in our opinion, the disclosures of directors' remuneration and transactions specified by sections 305 to 312 of that Act have not been made. We have no exceptions to report arising from this responsibility.

Paul O'Connor
for and on behalf of PricewaterhouseCoopers
Chartered Accountants and Statutory Audit Firm
Dublin
23 July 2020

Consolidated profit and loss account

Financial Year Ended 31 December 2019

	Notes	2019 €	2018 €
Income – continuing operations	5	**484,104,407**	448,889,857
Direct expenses		(362,384,337)	(336,399,227)
Gross profit		**121,720,070**	112,490,630
Administrative expenses		(115,114,458)	(107,388,678)
Operating profit		**6,605,612**	5,101,952
Interest receivable and similar income	7	–	–
Interest payable and similar charges	7	(5,294,269)	(6,569,102)
Profit/(loss) on ordinary activities before taxation		**1,311,343**	(1,467,150)
Tax on profit on ordinary activities	10	–	–
Profit/(loss) on ordinary activities after taxation for financial year		**1,311,343**	(1,467,150)

Consolidated statement of comprehensive income

Financial Year Ended 31 December 2019

	Notes	2019 €	2018 €
Profit/(loss) on ordinary activities after taxation for the financial year		**1,311,343**	(1,467,150)
Other comprehensive income/(expense):			
Cash flow hedges			
– change in value of hedging instrument		(561,984)	700,509
Remeasurement of net defined benefit liability	22	(3,345,000)	(423,000)
Total recognised gains/(losses) relating to the year		**(2,595,641)**	(1,189,641)

Consolidated balance sheet

As at 31 December 2019

	Notes	2019 €	2018 €
Fixed assets			
Tangible assets	11	559,794,260	560,921,272
Financial assets	12	32,485	32,485
		559,826,745	560,953,757
Current assets			
Stocks	13	5,847,337	5,538,678
Debtors	14	59,401,741	62,638,317
Cash at bank and in hand	16	17,334,195	9,816,044
		82,583,273	77,993,039
Creditors – amounts falling due within one year	15	**(76,621,772)**	(78,635,120)
Net current assets/(liabilities)		**5,961,501**	(642,081)
Total assets less current liabilities		**565,788,246**	560,311,676
Creditors – amounts falling due after more than one year			
Borrowings and other liabilities	16	**(149,941,795)**	(150,001,064)
Derivative financial instruments	19	**(18,109,495)**	(17,547,511)
Deferred investment funding	21	**(11,513,624)**	(13,459,592)
Capitalisation accounts – deferred grants	23	**(162,421,846)**	(151,646,965)
Net assets excluding pension liability		**223,801,486**	227,656,544
Pension liability	22	(10,428,246)	(7,640,677)
Net assets including pension liability		**213,373,240**	220,015,867
Capital and reserves			
Called up share capital	24	4	4
Share premium account		8,000,000	8,000,000
Revaluation reserve – Land	11	220,000,000	220,000,000
Revaluation reserve – Buildings		55,909,114	59,956,101
Cashflow hedge reserve		(18,109,495)	(17,547,511)
Profit and loss account		(52,426,383)	(50,392,727)
Equity shareholders' funds		**213,373,240**	220,015,867

On behalf of the board

James Menton
Director

Gerard Flood
Director

Company balance sheet

As at 31 December 2019

	Notes	2019 €	2018 €
Fixed assets			
Tangible assets	11	541,667,043	542,324,499
Financial assets	12	32,588	32,588
		541,699,631	542,357,087
Current assets			
Stocks	13	5,847,337	5,538,678
Debtors	14	71,504,655	74,059,400
Cash at bank and in hand	16	17,273,997	9,676,178
		94,625,989	89,274,256
Creditors – amounts falling due within one year	15	**(76,343,178)**	(77,796,721)
Net current assets		**18,282,811**	11,477,535
Total assets less current liabilities		**559,982,442**	553,834,622
Creditors – amounts falling due after more than one year			
Borrowings and other liabilities	16	**(146,225,261)**	(145,917,331)
Derivative financial liability	19	**(18,109,495)**	(17,547,511)
Deferred investment funding	21	**(11,513,624)**	(13,459,592)
Capitalisation accounts – deferred grants	23	**(159,204,910)**	(148,328,450)
Net assets excluding pension liability		**224,929,152**	228,581,738
Pension liability	22	(10,428,246)	(7,640,677)
Net assets including pension liability		**214,500,906**	220,941,061
Capital and reserves			
Called up share capital	24	4	4
Share premium account		8,000,000	8,000,000
Revaluation reserve – Land	11	220,000,000	220,000,000
Revaluation reserve – Buildings		50,512,042	54,826,351
Cashflow hedge reserve		(18,109,495)	(17,547,511)
Profit and loss account		(45,901,645)	(44,337,783)
Equity shareholders' funds		**214,500,906**	220,941,061

On behalf of the board

James Menton
Director

Gerard Flood
Director

Consolidated statement of changes in equity

Financial Year Ended 31 December 2019

	Share capital and share premium €000	Revaluation reserve – Land €000	Revaluation reserve – Buildings €000	Cashflow hedge reserve €000	Profit and loss account €000	Total €000
At 31 December 2017	8,000	220,000	63,990	(18,248)	(48,502)	225,240
Movement during 2018:						
Loss for the year	–	–	–	–	(1,467)	(1,467)
Other comprehensive gain/(loss) for the year	–	–	–	700	(423)	277
Total comprehensive gain/(loss) for the year	–	–	–	700	(1,890)	(1,190)
Release of other reserve	–	–	(4,034)	–	–	(4,034)
At 31 December 2018	**8,000**	**220,000**	**59,956**	**(17,548)**	**(50,392)**	**220,016**
Movement during 2019:						
Profit for the year	–	–	–	–	1,311	1,311
Other comprehensive gain/(loss) for the year	–	–	–	(562)	(3,345)	(3,907)
Total comprehensive gain/(loss) for the year	–	–	–	(562)	(2,034)	(2,596)
Release of Revaluation reserve	–	–	(4,047)	–	–	(4,047)
At 31 December 2019	**8,000**	**220,000**	**55,909**	**(18,110)**	**(52,426)**	**(213,373)**

Company statement of changes in equity

Financial Year Ended 31 December 2019

	Share capital and share premium €000	Revaluation reserve – Land €000	Revaluation reserve – Buildings €000	Cashflow hedge reserve €000	Profit and loss account €000	Total €000
At 31 December 2017	8,000	220,000	58,594	(18,248)	(42,413)	225,933
Movement during 2018:						
Loss for the year	–	–	–	–	(1,234)	(1,234)
Other comprehensive gain/(loss) for the year	–	–	–	700	(423)	277
Total comprehensive gain/(loss) for the year	–	–	–	700	(1,657)	(957)
Release of other reserve	–	–	(4,035)	–	–	(4,035)
At 31 December 2018	8,000	220,000	54,559	(17,548)	(44,070)	220,941
Movement during 2019:						
Profit for the year	–	–	–	–	1,514	1,514
Other comprehensive gain/(loss) for the year	–	–	–	(562)	(3,345)	(3,907)
Total comprehensive gain/(loss) for the year	–	–	–	(562)	(1,831)	(2,393)
Release of Revaluation reserve	–	–	(4,047)	–	–	(4,047)
At 31 December 2019	8,000	220,000	50,512	(18,110)	(45,901)	214,501

Consolidated cash flow statement

Financial Year Ended 31 December 2019

	Notes	2019 €	2018 €
Cash from operations	26	24,869,870	7,898,906
Net cash generated from operating activities		**24,869,870**	7,898,906
Cash flows from investing activities			
Purchase of tangible fixed assets		(25,630,916)	(6,964,598)
Interest received	7	–	–
Net cash used in investing activities		**(25,630,916)**	(6,964,598)
Cash flows from financing activities			
Proceeds from capital grant/other funding		21,911,105	4,799,286
Repayment of bank borrowings		(7,227,771)	875,699
Interest paid		(7,213,315)	(9,003,126)
Finance lease capital element		809,178	(442,522)
Net cash generated from/(used in) in financing activities		**8,279,197**	(3,770,663)
Net increase in cash and cash equivalents		**7,518,151**	(2,836,355)
Cash and cash equivalents at 1 January		**9,816,044**	12,652,399
Cash and cash equivalents at 31 December		**17,334,195**	9,816,044

Cash and cash equivalents represents cash on hand held at banks.

Notes to the consolidated financial statements

Financial Year Ended 31 December 2019

1. General information

The company operates two public healthcare hospitals and one private healthcare hospital. The company's public healthcare hospitals are funded by Health Service Executive (HSE) funding under Section 38 of the Health Act 2004, patient income and other income.

St. Vincent's Healthcare Group DAC is incorporated as a company limited by shares in the Republic of Ireland. The Company's shareholders are the Religious Sisters of Charity (see note 28). The address of its registered office is Elm Park, Dublin 4.

2. Statement of compliance and basis of preparation

The financial statements have been prepared on a going concern basis and in accordance with Irish GAAP (accounting standards issued by the Financial Reporting Council of the UK and the Companies Act 2014). The entity financial statements comply with Financial Reporting Standard 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2014.

3. Summary of significant accounting policies

The significant accounting policies used in the preparation of the financial statements are set out below. These policies have been consistently applied to all financial years presented, unless otherwise stated.

The group and company financial statements have been prepared under the historical cost convention, as modified by the revaluation of land and buildings and the measurement of derivative financial instruments at fair value.

Income

Income is derived from the provision of services falling within the company's ordinary activities after deduction of value-added tax, where applicable. For St. Vincent's Healthcare Group DAC, income primarily comprises income arising from the invoice value of patient and other services provided by the hospitals and from the Health Service Executive (HSE) funding under Section 38 of the Health Act 2004.

Income is measured at the fair value of the consideration received or receivable and represents the amount receivable for services rendered, net of discounts, rebates allowed by the company and value added taxes.

The company recognises turnover when the specific criteria relating to each of the company's sales channels have been met, as described below.

Patient services

The company provides services to patients. Income is recognised in the financial year in which the services are rendered. Income from Road Traffic Accidents and the Emergency Department are recognised on a cash receipts basis.

Health Service Executive (HSE) funding
The HSE funding is the excess of expenditure over annual income in respect of the Company's two public healthcare hospitals and is receivable from the HSE (provided that the hospitals operate within or exceed the agreed Service Level Agreements) and is treated as income in the financial statements.

Interest income
Interest income is recognised using the effective interest rate method. Interest income is presented as 'interest receivable and similar income' in the profit and loss account.

Capital grants

Capital grants are treated as deferred credits and are amortised to income on the same basis as the related assets are depreciated.

Tangible fixed assets

Tangible fixed assets, excluding land, are carried at cost (or deemed cost) less accumulated depreciation and accumulated impairment losses. Assets in the course of construction are carried at cost. These assets are not depreciated until they are available for use. Cost includes the original purchase price, costs directly attributable to bringing the asset to the location and condition necessary for its intended use, applicable dismantling, removal and restoration costs and borrowing costs capitalised.

Land is shown at fair value, based on valuations by external independent valuers. Valuations are performed with sufficient regularity to ensure that the fair value of a revalued asset does not differ materially from its carrying amount. Increases in the carrying value of land are credited to other comprehensive income and are shown as revaluation reserve in shareholders' equity. Decreases that offset previous increases of the same asset are charged in other comprehensive income and debited against other reserves directly in equity; all other decreases are charged to the income statement.

In accordance with Standard Accounting Policies issued by the Department of Health, from 1 January 2000, all fixed assets, with the exception of computer equipment under €1,270 and plant and equipment under €3,809, are capitalised and included in the balance sheet.

In the Company's public healthcare hospitals, assets for which monies have not been specifically provided for by HSE capital grants or other specific funding sources are in the first instance written off to the Profit and Loss account in the year in which the expenditure is incurred and subsequently capitalised and shown with the corresponding adjustment to a capitalisation account. Other assets are recognised at their fair value in tangible fixed assets with a corresponding amount credited to the capitalisation account. The capitalisation accounts are amortised to the Profit and Loss account in accordance with the depreciation rate charged on such assets.

Notes to the consolidated financial statements

Financial Year Ended 31 December 2019

3. Summary of significant accounting policies – continued

Fixed assets are valued as follows:

Land	Open market value
Buildings	Deemed cost
Assets under construction	Cost
Equipment	Cost

Land and assets under construction are not depreciated. Depreciation is calculated to write off the cost (or deemed cost) of fixed assets over their estimated useful lives at the following annual rates:

Land	nil
Assets under construction	nil
Buildings (Structural)	2% straight line
Other buildings	6.7% straight line
Leasehold properties	2% straight line over the life of the lease
Equipment	10% – 50% straight line
Car park	2% straight line
Motor vehicles	20% straight line

Borrowing costs directly associated with the construction of the car park and the new private hospital were capitalised at interest rates relating to loans specifically raised for that purpose. Capitalisation of the borrowing costs ceased on the completion of the construction.

Repairs, maintenance and minor inspection costs are expensed as incurred.

Tangible fixed assets are derecognised on disposal or when no future economic benefits are expected. On disposal, the difference between the net disposal proceeds and the carrying amount is recognised in profit or loss.

No depreciation charge is made where assets are not commissioned or in use by the year end.

Leased assets

(i) Finance leases
Finance leases transfer substantially all the risks and rewards incidental to ownership to the lessor.

At the commencement of the finance lease term the company recognises its right of use and obligation under a finance lease as an asset and a liability at the amount equal to the fair value of the leased asset, or if lower, at the present value of the minimum lease payments calculated using the interest rate implicit in the lease. Where the implicit rate cannot be determined the company's incremental borrowing rate is used. Incremental and directly attributable costs incurred in negotiating and arranging a finance lease are included in the cost of the asset.

Assets under finance leases are depreciated over the shorter of the lease term and the estimated useful life of the asset. Assets are assessed for impairment at the end of each financial year.

The minimum lease payments are apportioned between the outstanding liability and finance charges, using the effective interest method, to produce a constant periodic rate of interest on the remaining balance of the liability.

(ii) Operating leases
Operating leases do not transfer substantially all the risks and rewards of ownership to the lessor. Payments under operating leases are recognised in the profit and loss account on a straight-line basis over the term of the lease.

Investments

(i) Investment in subsidiary undertaking
The company's investment in subsidiaries is carried at historical cost less accumulated impairment losses.

(ii) Managed investments/bequests
These investments held are stated at market value.

Stocks

Stocks are measured at the lower of cost and estimated selling price less costs to complete and sell. Stocks are recognised as an expense in the financial year in which the related revenue is recognised.

Cost is determined using the first-in, first-out (FIFO) method. Cost comprises the purchase price, including taxes and duties and transport and handling costs directly attributable to bringing the stock to its present location and condition.

At the end of each financial year, stocks are assessed for impairment. If an item of stock is impaired, the resulting impairment loss is recognised in profit or loss. Where a reversal of the impairment loss is recognised the impairment loss is reversed, up to the original impairment loss, and is recognised in profit or loss.

Notes to the consolidated financial statements

Financial Year Ended 31 December 2019

3. Summary of significant accounting policies – continued

Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks and other short-term highly liquid investments with original maturities of three months or less. Bank overdrafts are shown within borrowings in current liabilities. Cash and cash equivalents are initially measured at transaction price and subsequently measured at amortised cost.

Bank deposits which have original maturities of more than three months are not cash and cash equivalents and are presented as current asset investments.

Provisions and contingencies

(i) Provisions
Provisions are liabilities of uncertain timing or amount.

Provisions are recognised when the company has a present legal or constructive obligation as a result of past events, it is probable that a transfer of economic benefits will be required to settle the obligation and the amount of the obligation can be estimated reliably.

Provisions are measured at the present value of the best estimate of the amount required to settle the obligation using a pre-tax rate that reflects current market assessments of the time value of money and the risks specific to the liability. Provisions are reviewed at the end of each financial year and adjusted to reflect the current best estimate of the amount required to settle the obligation. The unwinding of the discount is recognised as a finance cost in profit or loss, presented as part of 'interest payable and similar charges' in the financial year in which it arises.

Where there are a number of similar obligations, the likelihood that an outflow will be required in settlement is determined by considering the class of obligations as a whole.

(ii) Contingencies
Contingent liabilities, arising as a result of past events, are not recognised as a liability because it is not probable that the company will be required to transfer economic benefits in settlement of the obligation or the amount cannot be reliably measured at the end of the financial year. Possible but uncertain obligations are not recognised as liabilities but are contingent liabilities. Contingent liabilities are disclosed in the financial statements unless the probability of an outflow of resources is remote.

Contingent assets are not recognised. Contingent assets are disclosed in the financial statements when an inflow of economic benefits is probable.

Taxation

The company has charitable status for taxation and therefore no provision is required for Corporation Tax or Deferred Tax. Two subsidiary companies do not have charitable status and provision is made there for any corporation tax or deferred tax liability, as required.

Employee benefits

The company provides a range of benefits to employees, including short term employee benefits and post-employment benefits (in the form of defined benefit and defined contribution pension plans).

(i) Short term employee benefits
Short term employee benefits, including wages and salaries, paid holiday arrangements and other similar non-monetary benefits, are recognised as an expense in the financial year in which employees render the related service.

(ii) Defined benefit pension plan – Private Hospital
The group operates a defined benefit pension plan for certain employees of the private hospital. A defined benefit plan defines the pension benefit that the employee will receive on retirement, usually dependent upon several factors including age, length of service and remuneration. A defined benefit plan is a post-employment benefit other than a defined contribution plan. From 31 December 2012, the plan ceased to accrue for future services for its members. From 1 January 2013, all members were transferred to the existing defined contribution scheme to accrue benefits for future services

The defined benefit obligation is calculated annually by an external actuary using the projected unit credit method. The present value of the defined benefit obligation is determined by discounting the estimated future payments using market yields on high quality corporate bonds that are denominated in Euro and that have terms approximating the estimated period of the future payments ('discount rate').

The fair value of plan assets out of which the obligations are to be settled is measured in accordance with the company's accounting policy for financial assets. For most plan assets this is the quoted price in an active market. Where quoted prices are not available appropriate valuation techniques are used to estimate the fair value.

The cost of the defined benefit pension plan, recognised in profit or loss, except where included in the cost of an asset, comprises:

Notes to the consolidated financial statements

Financial Year Ended 31 December 2019

3. Summary of significant accounting policies – continued

(ii) Defined benefit pension plan – Private Hospital – continued
(a) the increase in net defined benefit liability arising from employee service during the financial year; and

(b) the cost of plan introductions, benefit changes, curtailments and settlements.

The net interest cost on the net defined benefit liability is determined by multiplying the net defined benefit liability by the discount rate (both as determined at the start of the financial year, taking account of any changes in the net defined benefit liability during the financial year as a result of contribution and benefit payments). This net interest cost is recognised in profit or loss as 'finance expense' and presented within 'interest payable and similar charges'.

Actuarial gains and losses arising from experience adjustments and changes in actuarial assumptions are recognised in other comprehensive income. These amounts together with the return on plan assets less the interest income on plan assets included in the net interest cost, are presented as 're-measurement of net defined benefit liability' in other comprehensive income.

(iii) Defined contribution plan
The company operates a defined contribution plan for certain employees. A defined contribution plan is a pension plan under which the company pays fixed contributions into a separate entity and has no legal or constructive obligation to pay further contributions or to make direct benefit payments to employees if the fund does not hold sufficient assets to pay all employee benefits relating to employee service in the current and prior periods. The assets of the plan are held separately from the company in independently administered funds. The contributions to the defined contribution plan are recognised as an expense when they are due. Amounts not paid are included in accruals in the balance sheet.

(iv) Superannuation benefits – public healthcare hospitals
The majority of the staff employed by the Group's two public healthcare hospitals, are members of either one of two State-funded Public Pension Schemes: Voluntary Hospitals Superannuation Scheme ('VHSS') or the Single Public Service Pension Scheme ('the Single Scheme'). The liabilities of both of these schemes are liabilities of the State.

The VHSS was established by the Minister for Heath in 1969 and the Hospitals have administered the scheme, on behalf of the State, in relation to VHSS members who are current or retired staff of the Hospitals since this date.

The Hospitals have been directed by the Department of Health/HSE to retain the VHSS contributions paid by current Hospital staff and this has been treated as income in line with this direction. On receipt of written authorisation and direction from the HSE, pension entitlements are paid to retired Hospital staffs who are members of the VHSS. These pension payments are funded by the deductions retained from current staff and additional HSE revenue grant funding which is periodically adjusted by the HSE to reflect changes in the pension liabilities to be paid and the terms of the scheme.

On 1 January 2013, the VHSS was effectively closed to new members and was superseded by the Single Scheme in line with its introduction across the entire public service. Under the terms of this Scheme, the hospitals are required to remit the pension deductions from current staff to the Exchequer and all future pension benefits paid under the scheme will be funded by the Exchequer.

These financial statements do not include pension liabilities and assets of those staff who are members of the VHSS or the Single Scheme as the liabilities of the scheme are liabilities of the State and not liabilities of the Company.

Consolidation

The group financial statements consolidate the financial statements of the company and all of its subsidiaries made up to 31 December 2019.

The results of the subsidiaries acquired are included in the consolidated profit and loss account from the date of acquisition. Upon acquisition of a business, fair values are attributed to the identifiable net assets acquired.

A subsidiary is an entity controlled by the group. Control is the power to govern the financial and operating policies of an entity so as to obtain benefits from its activities. Where a subsidiary has different accounting policies to the Group, adjustments are made to those subsidiary financial statements to apply the Group's accounting policies when preparing the consolidated financial statements.

Tax-based investor financing

Tangible fixed assets financed using tax-based investment structures which transfer substantially all the risks and rewards of ownership to the company are capitalised and included in the balance sheet at their cost or valuation. Recognition of non-repayable amounts received from external investors is deferred and amortised to the profit and loss account over the tax life of the asset on a straight line basis.

Notes to the consolidated financial statements
Financial Year Ended 31 December 2019

3. Summary of significant accounting policies – continued

Foreign currency

(i) Functional and presentation currency
The company's functional and presentation currency is the euro, denominated by the symbol "€".

(ii) Transactions and balances
Foreign currency transactions are translated into the functional currency using the spot exchange rates at the dates of the transactions.

At the end of each financial year foreign currency monetary items are translated to euro using the closing rate. Non-monetary items measured at historical cost are translated using the exchange rate at the date of the transaction and non-monetary items measured at fair value are measured using the exchange rate when fair value was determined.

Foreign exchange gains and losses resulting from the settlement of transactions and from the translation at exchange rates at the end of the financial year of monetary assets and liabilities denominated in foreign currencies are recognised in the profit and loss account.

Foreign exchange gains and losses that relate to borrowings and cash and cash equivalents are presented in the profit and loss account within 'interest receivable and similar income' or 'interest payable and similar charges' as appropriate. All other foreign exchange gains and losses are presented in the profit and loss account within 'other expensing expenses'.

Share capital presented as equity

Equity shares issued are recognised at the proceeds received and presented as share capital and share premium. Incremental costs directly attributable to the issue of new equity shares or options are shown in equity as a deduction, net of tax, from the proceeds.

Financial instruments

The Group has chosen to adopt Sections 11 and 12 of FRS 102 in respect of financial instruments.

(i) Financial assets
Basic financial assets, including trade receivables, amounts owing from HSE, cash and bank balances and managed funds, are initially recognised at transaction price, unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest.

Such assets are subsequently carried at amortised cost using the effective interest method.

At the end of each reporting period financial assets measured at amortised cost are assessed for objective evidence of impairment. If an asset is impaired the impairment loss is the difference between the carrying amount and the present value of the estimated cash flows discounted at the asset's original effective interest rate. The impairment loss is recognised in profit or loss.

If there is a decrease in the impairment loss arising from an event occurring after the impairment was recognised, the impairment is reversed. The reversal is such that the current carrying amount does not exceed what the carrying amount would have been had the impairment not previously been recognised. The impairment reversal is recognised in profit or loss.

Financial assets are derecognised when (a) the contractual rights to the cash flows from the asset expire or are settled, or (b) substantially all the risks and rewards of the ownership of the asset are transferred to another party or (c) despite having retained some significant risks and rewards of ownership, control of the asset has been transferred to another party who has the practical ability to unilaterally sell the asset to an unrelated third party without imposing additional restrictions.

(ii) Financial liabilities
Basic financial liabilities, including trade and other payables, bank loans, financing liabilities and loans from fellow group companies that are classified as debt, are initially recognised at transaction price, unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future receipts discounted at a market rate of interest.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Fees paid on the establishment of loan facilities are recognised as transaction costs of the loan to the extent that it is probable that some or all of the facility will be drawn down. In this case, the fee is deferred until the draw-down occurs. To the extent there is no evidence that it is probable that some or all of the facility will be drawn down, the fee is capitalised as a pre-payment for liquidity services and amortised over the period of the facility to which it relates.

Trade payables are obligations to pay for goods or services that have been acquired in the ordinary course of business from suppliers. Accounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade payables are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Derivatives, including interest rate swaps, are not basic financial instruments.

Derivatives are initially recognised at fair value on the date a derivative contract is entered into and are subsequently re-measured at their fair value. Changes in the fair value of derivatives are recognised in profit or loss in finance costs or finance income as appropriate, unless they are included in a hedging arrangement.

Financial liabilities are derecognised when the liability is extinguished, that is when the contractual obligation is discharged, cancelled or expires.

Notes to the consolidated financial statements
Financial Year Ended 31 December 2019

3. Summary of significant accounting policies – continued

Hedging arrangements

Interest rate swaps are held to manage the interest rate exposures and are designated as cash flow hedges of floating rate borrowings. The group applies hedge accounting for transactions entered into to manage the cash flow exposures of borrowings.

Changes in the fair values of derivatives designated as cash flow hedges, and which are effective, are recognised directly in equity. Any ineffectiveness in the hedging relationship (being the excess of the cumulative change in fair value of the hedging instrument since inception of the hedge over the cumulative change in the fair value of the hedged item since inception of the hedge) is recognised in the income statement.

The gain or loss recognised in other comprehensive income is reclassified to the income statement when the hedge relationship ends. Hedge accounting is discontinued when the hedging instrument expires, no longer meets the hedging criteria, the forecast transaction is no longer highly probable, the hedged debt instrument is derecognised or the hedging instrument is terminated.

4. Critical accounting judgements and estimation uncertainty

Estimates and judgements made in the process of preparing the entity financial statements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

(a) Critical judgement in applying the entity's accounting policies

There were no judgements, apart from those involving estimates, made by the directors which had significant effect on the amounts recognised in the entity financial statements;

(b) Critical accounting estimates and assumptions

The directors make estimates and assumptions concerning the future in the process of preparing the entity financial statements. The resulting accounting estimates will, by definition, seldom equal the related actual results. The estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are addressed below.

(i) Useful economic lives of tangible fixed assets
The annual depreciation on tangible fixed assets is sensitive to changes in the estimated useful economic lives and residual values of the assets. The useful economic lives and residual values are reviewed annually. They are amended when necessary to reflect current estimates, based on technological advancement, future investments, economic utilisation and the physical condition of the assets. See note 11 for the carrying amount of the tangible fixed assets, and note 3 for the useful economic lives for each class of tangible fixed assets.

(ii) Impairment of debtors
The directors make an assessment at the end of each financial year of whether there is objective evidence that a trade or other debtor is impaired. When assessing impairment of trade and other debtors, the directors consider factors including the current credit rating of the debtor, the age profile of outstanding invoices, recent correspondence and trading activity, and historical experience of cash collections from the debtor. See notes 8 and 14 for the net carrying amount of the debtors and the impairment loss recognised in the financial year.

(iii) Defined benefit pension plan – Private Hospital
Certain employees participate in a defined benefit pension plan. The calculation of the cost of these pension benefits and the present value of the defined benefit obligation incorporate a number of estimates and assumptions, including; life expectancy, salary increases, inflation and the discount rate on corporate bonds. The pension plan assets are measured at fair value at the end of each financial year. The assumptions and estimates used in calculating the cost for the financial year, the defined benefit obligation and the fair value of the plan assets at the end of each financial year reflect historical experience and current trends. See note 22 for the disclosures relating to the defined benefit pension plan.

5. Income – continuing operations

	2019	2018
	€	€
Analysis of income by category		
Patient income	152,506,321	142,323,876
Other income	20,555,502	20,691,105
Funding received from HSE under Section 38 of the Health Act	311,042,584	285,874,876
	484,104,407	448,889,857

Notes to the consolidated financial statements
Financial Year Ended 31 December 2019

6. Employees and directors

(i) Employees

The average number of persons employed (including executive directors) during the year was as follows:

	2019 Number	2018 Number
Management and administration	650	630
Medical and dental	480	474
Nursing	1,639	1,630
Health and social care professionals	530	522
General support services	492	488
Other patient care	241	236
	4,032	3,980

	2019 €	2018 €
The staff costs are comprised of:		
Wages and salaries	254,580,652	236,362,937
Social insurance costs	24,727,287	22,879,952
Retirement benefit costs	21,047,626	18,537,620
	300,355,565	277,780,509

The Group's key management personnel consist of the Executive management teams of each of the group hospitals. The remuneration payable to the key management personnel across all the group hospitals in 2019 amounted to €2,961,798 (2018: €2,809,061).

(ii) Directors

	2019 €	2018 €
Emoluments; salaries paid to executive directors in relation to their employment	**248,235**	307,836

Non-executive directors do not receive any fees or other payments for their role as directors of the company, nor have they received any other payments from the group during the year ended 31 December 2019 (2018: €nil).

7. Net interest expense

	2019 €	2018 €
(a) Interest receivable and similar income		
Bank interest	–	–
Total interest receivable and similar income	**–**	–
(b) Interest payable and similar charges		
On bank loans and overdrafts	7,240,237	8,515,070
Amortisation of deferred investor financing (note 21)	(1,945,968)	(1,945,968)
Total interest expense on financial liabilities not measured at fair value through profit or loss	5,294,269	6,569,102
Net interest expense on defined benefit pension plan	–	–
Total interest payable and similar charges	**5,294,269**	6,569,102

Notes to the consolidated financial statements
Financial Year Ended 31 December 2019

8. Operating Profit

	2019 €	2018 €
Expenses charged in arriving at operating surplus include:		
Depreciation of tangible assets	29,836,957	29,136,935
Amortisation of grants	(17,974,188)	(17,828,775)
Impairment loss – trade debtors	2,535,721	3,799,295
Stock recognised as an expense	96,642,531	90,306,926

9. Auditors' remuneration

	2019 €	2018 €
Remuneration for the statutory audit and other services carried out by the group companies' auditors is as follows:		
Group		
Audit of the group financial statements	103,969	100,941
Other assurance services	–	–
Tax advisory services	14,855	14,420
Other non-audit services	3,183	3,090
	122,007	118,451
Company		
Audit of the parent individual financial statements	95,482	92,700
Other assurance services	–	–
Tax advisory services	9,555	9,270
Other non-audit services	1,061	1,030
	106,098	103,000

10. Tax on profit/(loss) on ordinary activities

The company has charitable tax status. The company had no tax charge in 2019 or 2018.

Notes to the consolidated financial statements

Financial Year Ended 31 December 2019

11. Tangible assets

	Land	Buildings	Assets under Construction	Equipment	Total
	€	€	€	€	€
GROUP					
Cost or valuation					
At 1 January 2019	**220,000,000**	**499,573,402**	**2,310,672**	**143,060,451**	**864,944,525**
Additions:					
– Capital grant funded	**–**	**387,272**	**19,756,769**	**1,976,655**	**22,120,696**
– Revenue funded	**–**	**1,401,821**	**–**	**1,108,019**	**2,509,840**
– Other funded	**–**	**–**	**–**	**71,555**	**71,555**
– Private hospital additions	**–**	**–**	**–**	**4,007,854**	**4,007,854**
– Assets disposed/scrapped	**–**	**–**	**–**	**(175,364)**	**(175,364)**
At 31 December 2019	**220,000,000**	**501,362,495**	**22,067,441**	**150,049,170**	**893,479,106**
Accumulated depreciation					
At 1 January 2019	**–**	**180,109,279**	**–**	**123,913,974**	**304,023,253**
Charge for the year	**–**	**24,202,525**	**–**	**5,634,432**	**29,836,957**
Assets disposed/scrapped	**–**	**–**	**–**	**(175,364)**	**(175,364)**
At 31 December 2019	**–**	**204,311,804**	**–**	**129,373,042**	**333.684,846**
Net book values					
At 31 December 2019	**220,000,000**	**297,050,691**	**22,067,441**	**20,676,128**	**559,794,260**
At 31 December 2018	**220,000,000**	**319,464,123**	**2,310,672**	**19,146,477**	**560,921,272**
Group					
Cost or valuation					
At 1 January 2018	220,000,000	497,227,147	391,222	139,124,352	856,742,721
Additions:					
– Capital grant funded	–	1,808,767	1,919,450	1,071,069	4,799,286
– Revenue funded	–	537,488	–	1,086,063	1,623,551
– Other funded	–	–	–	245,093	245,093
– Private hospital additions	–	–	–	1,846,183	1,846,183
– Assets disposed/scrapped	–	–	–	(312,309)	(312,309)
At 31 December 2018	220,000,000	499,573,402	2,310,672	143,060,451	864,944,525
Accumulated depreciation					
At 1 January 2018	–	156,197,850	–	119,000,777	275,198,627
Charge for the year	–	23,911,429	–	5,225,506	29,136,935
Assets disposed/scrapped	–	–	–	(312,309)	(312,309)
At 31 December 2018	–	180,109,279	–	123,913,974	304,023,253
Net book values					
At 31 December 2018	220,000,000	319,464,123	2,310,672	19,146,477	560,921,272
At 31 December 2017	220,000,000	341,029,297	391,222	20,123,575	581,544,094

11. Tangible assets – continued

	Land	Buildings	Assets under Construction	Equipment	Total
	€	€	€	€	€
COMPANY					
Cost or valuation					
At 1 January 2019	**220,000,000**	**475,222,200**	**2,310,672**	**143,015,516**	**840,548,388**
Additions:					
– Capital grant funded	**–**	**387,272**	**19,756,769**	**1,976,655**	**22,120,696**
– Revenue funded	**–**	**1,401,821**	**–**	**1,108,019**	**2,509,840**
– Other funded	**–**	**–**	**–**	**71,555**	**71,555**
– Private hospital additions	**–**	**–**	**–**	**4,007,854**	**4,007,854**
– Assets disposed/scrapped	**–**	**–**	**–**	**(175,364)**	**(175,364)**
At 31 December 2019	**220,000,000**	**477,011,293**	**22,067,441**	**150,004,235**	**869,082,969**
Accumulated depreciation					
At 1 January 2019	**–**	**174,345,859**	**–**	**123,878,030**	**298,223,889**
Charge for the year	**–**	**23,732,968**	**–**	**5,634,433**	**29,367,401**
Assets disposed/scrapped	**–**	**–**	**–**	**(175,364)**	**(175,364)**
At 31 December 2019	**–**	**198,078,827**	**–**	**129,337,099**	**327,415,926**
Net book values					
At 31 December 2019	**220,000,000**	**278,932, 466**	**22,067,441**	**20,667,136**	**541,667,043**
At 31 December 2018	**220,000,000**	**300,876,341**	**2,310,672**	**19,137,486**	**542,324,499**
Company					
Cost or valuation					
At 1 January 2018	220,000,000	472,875,945	391,222	139,079,426	832,346,593
Additions:					
– Capital grant funded	–	1,808,767	1,919,450	1,071,069	4,799,286
– Revenue funded	–	537,488	–	1,086,063	1,623,551
– Other funded	–	–	–	245,093	245,093
– Private hospital additions	–	–	–	1,846,174	1,846,174
– Assets disposed/scrapped	–	–	–	(312,309)	(312,309)
At 31 December 2018	220,000,000	475,222,200	2,310,672	143,015,516	840,548,388
Accumulated depreciation					
At 1 January 2018	–	150,903,993	–	118,964,834	269,868,827
Charge for the year	–	23,441,866	–	5,225,505	28,667,371
Assets disposed/scrapped	–	–	–	(312,309)	(312,309)
At 31 December 2018	–	174,345,859	–	123,878,030	298,223,889
Net book values					
At 31 December 2018	220,000,000	300,876,341	2,310,672	19,137,486	542,324,499
At 31 December 2017	220,000,000	321,971,952	391,222	20,114,592	562,477,766

Capital grant and revenue funded additions to tangible fixed assets of the Company's public healthcare hospitals have been funded wholly by the Department of Health or the HSE. These assets are used solely for the purpose of the hospitals unless prior consent is received from the Minister for Health. Other funded additions comprise of assets funded by donations.

Notes to the consolidated financial statements

Financial Year Ended 31 December 2019

11. Tangible assets – continued

Land measured at revalued amounts

- St. Vincent's Healthcare Group land portfolio was revalued at 31 December 2017.
- The land valuation was carried out by independent valuers Cushman & Wakefield.
- The valuations undertaken are based on Fair Value assuming the sites are cleared of all buildings and can be developed for the highest and best use in line with the relevant planning policies.
- Due to the age of the land being revalued, the carrying amount that would have been recognised had the assets been carried under the cost model cannot be reliably determined.

12. Financial assets

	Bequests/ managed investments	Total
	€	€
Group		
Market value		
At 1 January 2018 and 31 December 2018	32,485	32,485
At 31 December 2018	32,485	32,485
At 31 December 2019	32,485	32,485

The cumulative provision for diminution in value of financial assets amounts to €nil (2018: €nil).

	Subsidiary undertakings shares	Bequests/ managed investments	Total
	€	€	€
Company			
Market value			
At 1 January 2018 and 31 December 2018	102	32,486	32,588
At 31 December 2018	102	32,486	32,588
At 31 December 2019	102	32,486	32,588

The cumulative provision for diminution in value of financial assets amounts to €nil (2018: €nil).

Details of subsidiary holdings

This company holds 20% or more of the share capital of the following companies:

Name and registered office	Nature of business	Details of investment	Proportion held by company
Subsidiary undertaking			
Pianora Limited	Property development and letting	Ordinary	100%
Dubki Limited	Property development and letting	Ordinary	100%

The above companies are incorporated in the Republic of Ireland.

The aggregate amount of capital and reserves and the results of these undertakings for the last relevant financial year were as follows:

	Capital and reserves at 31 December 2019	(Loss)/profit for the year ended 31 December 2019
	€	€
Pianora Limited	(1,199,681)	(204,440)
Dubki Limited	(278,170)	(32)

Notes to the consolidated financial statements

Financial Year Ended 31 December 2019

12. Financial assets – continued

Details of subsidiary holdings – continued

In the opinion of the directors, the value to the company of the unlisted investments is not less than the book amount shown above.

The registered office of Pianora Limited and Dubki Limited is Elm Park, Dublin 4.

13. Stocks

	2019	2018
	€	€
Group and company		
Theatre	1,492,906	1,613,327
Drugs and chemicals	3,737,682	3,211,606
Consumables	616,749	713,745
	5,847,337	5,538,678

14. Debtors

	2019	2018
	€	€
Group		
Trade debtors and prepayments	28,773,495	22,821,790
Amounts owing from HSE	30,628,246	39,816,527
	59,401,741	62,638,317
Company		
Trade debtors and prepayments	28,627,068	22,698,726
Amounts owed by group companies	12,249,341	11,544,147
Amounts owing from HSE	30,628,246	39,816,527
	71,504,655	74,059,400

All amounts included above fall due within one year.

Amounts owed by group undertakings are unsecured, interest free, have no fixed date of repayment and are repayable on demand.

Notes to the consolidated financial statements
Financial Year Ended 31 December 2019

15. Creditors (amounts falling due within one year)

	2019 €	2018 €
Group		
Bank overdrafts	20,915,285	27,186,191
Bank loan	576,102	1,165,770
Trade creditors	18,039,505	16,254,715
Taxation and social welfare (note 17)	8,243,146	7,479,168
Accruals and deferred income	28,847,734	25,999,276
Amounts due on purchase of leasehold	–	550,000
	76,621,772	78,635,120
Company		
Bank overdrafts	20,915,285	27,186,191
Trade creditors	18,039,504	16,254,716
Taxation and social welfare (note 17)	8,231,723	7,467,743
Accruals and deferred income	29,156,666	26,338,071
Amounts due on purchase of leasehold	–	550,000
	76,343,178	77,796,721

Creditors for tax and social insurance are payable in the timeframe set down in the relevant legislation.

16. Creditors (amounts falling due after more than one year)

	2019 €	2018 €
Group		
Private hospital financing liability (note 18)	118,000,000	118,000,000
Private hospital finance lease	5,089,329	4,781,399
Bank loan	26,852,466	27,219,665
	149,941,795	150,001,064
Company		
Private hospital financing liability (note 18)	118,000,000	118,000,000
Private hospital finance lease	5,089,329	4,781,399
Bank loan	23,135,932	23,135,932
	146,225,261	145,917,331

The Private Hospital financing liability and bank loans relating to the Private Hospital are secured by Bank of Ireland by a first priority mortgage over the investors' interest in the new private hospital together with fixed and floating charges over certain assets of St. Vincent Healthcare Group DAC. Bank loans from Ulster Bank are secured by a fixed and floating charge over the assets of Pianora Limited and by a guarantee from St. Vincent Healthcare Group DAC.

As at 31 December 2019 €16m (2018:€11m) has been placed in a Sinking Fund and is considered to be restricted cash. This amount is included in Cash at bank and in hand. The Sinking Fund is to assist in the part repayment of the financing liability in 2025. However there is no right to offset the Sinking Fund against the related loan.

Notes to the consolidated financial statements
Financial Year Ended 31 December 2019

17. Taxation and social welfare

	2019 €	2018 €
Group		
Creditors:		
PAYE/PRSI	7,869,069	7,098,613
VAT	339,551	321,367
Withholding tax	34,526	59,188
	8,243,146	7,479,168
Company		
Creditors:		
PAYE/PRSI	7,869,069	7,098,613
VAT	328,128	309,942
Withholding tax	34,526	59,188
	8,231,723	7,467,743

18. Private hospital financing liability

St. Vincent's Healthcare Group DAC (SVHG) opened its private hospital in November 2010. This development was financed by a tax-based investment structure.

In accordance with Section 2 of FRS 102, Concepts and pervasive principles, the private hospital has been recognised as a tangible fixed asset of SVHG as SVHG has retained substantially all of the risks and rewards of ownership. The related private hospital financing liability has been included in Creditors – amounts falling due after more than one year (note 16). The recognition of a non-repayable sum of €29,189,500, provided by the external investors to the scheme, was deferred and is being credited to the profit and loss account over the tax life of the private hospital on a straight line basis (note 21).

19. Financial instruments

	Notes	2019 €	2018 €
Group			
The company has the following financial instruments:			
Financial assets that are debt instruments measured at amortised cost:			
Trade debtors and prepayments	14	28,773,495	22,821,790
Amounts owing from HSE	14	30,628,246	39,816,527
		59,401,741	62,638,317
Cash at bank		**17,334,195**	9,816,044
Financial liabilities measured at fair value through profit or loss:			
– Derivative financial instruments		**18,109,647**	17,547,511
Financial liabilities measured at amortised cost:			
Bank overdrafts	15	20,915,285	27,186,191
Bank loan	16	26,852,466	27,219,665
Trade creditors	15	18,039,505	16,254,715
		65, 807,256	70,660,571

Notes to the consolidated financial statements
Financial Year Ended 31 December 2019

19. Financial instruments – continued

Financial risk management

The Board of Directors has the overall responsibility for the establishment and oversight of the Group's risk management framework. The Board has reviewed the process for identifying and evaluating the significant risks affecting the business and the policies and procedures by which these risks will be managed effectively.

Price risk
Price risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices, such as foreign exchange and interest rates. The group does not manage the cash flow exposure to foreign currency transactions. An interest rate swap is held to manage the interest rate exposures.

Credit risk
The Group's principal financial assets are bank balances and cash, trade and other receivables, and investments. The Group's credit risk is primarily attributable to its trade receivables. The amounts presented in the balance sheet are net of allowances for doubtful receivables. An allowance for impairment is made where there is an identified loss event which, based on previous experience, is evidence of a reduction in the recoverability of the cash flows.

Liquidity risk
Liquidity risk is the risk that the Group will not be able to meet its financial obligations as they fall due. The Group's approach to managing liquidity risk is to ensure that it will always have sufficient liquidity to meet its liabilities when due, under both normal and stressed conditions without incurring unacceptable losses or risking damage to the Group's reputation.

Cash flow risk
Cash flow risk is the risk of exposure to variability in cash flows that is attributable to a particular risk associated with a recognised asset or liability. The Group has entered into an interest rate swap to hedge the Group's exposure to interest rate movements on its financing liability and loans relating to the Private Hospital. The interest rate swaps are measured at fair value, which is determined using valuation techniques that utilise observable inputs.

	Notes	2019 €	2018 €
Company			
The company has the following financial instruments:			
Financial assets that are debt instruments measured at amortised cost:			
Trade debtors and prepayments	14	28,627,068	22,698,726
Amounts owed by group companies	14	12,249,341	11,544,147
Amounts owing from HSE	14	30,628,246	39,816,527
		71,504,655	74,059,400
Cash at bank		**17,273,997**	9,676,178
Financial liabilities measured at fair value through profit or loss:			
– Derivative financial instruments		**18,109,495**	17,547,511
Financial liabilities measured at amortised cost:			
Bank overdrafts	15	20,915,285	27,186,191
Bank loan	16	23,135,932	23,135,932
Trade creditors	15	18,039,504	16,254,716
		62,090,721	66,576,839

Derivative financial instruments

The Group has entered into interest rate swaps to hedge the Group's exposure to interest rate movements on its financing liability and loans of €128m relating to the Private Hospital for the period up to 2025.

During 2019, a hedging loss of €0.6m (2018: €0.7m gain) was recognised in other comprehensive income for changes in the fair value of the interest rate swap.

The interest rate swaps are measured at fair value, which is determined using valuation techniques that utilise observable inputs. The swap valuation was based on midmarket swap valuation as of 31 December 2019.

Notes to the consolidated financial statements
Financial Year Ended 31 December 2019

20. Lease commitments

	2019 €	2018 €
Finance lease		
No later than one year	1,560,350	1,138,483
Later than one year and not later than five years	5,392,290	4,437,625
Later than five years	17,992	675,060
	6,970,632	6,251,168
Less: finance charges allocated to future periods	(524,755)	(612,715)
Carrying amount of liability	**6,445,877**	5,638,453

The company has seven finance leases, four of which relate to the purchase of radiotherapy equipment which is leased from a specialist leasing company, a lease which relates to eye equipment leased in September 2018 and two new leases in 2019 for the purchase of MRI equipment.

21. Deferred investment funding

	2019 €	2018 €
Group and company		
At 1 January	13,459,592	15,405,560
Amortised to profit and loss account	(1,945,968)	(1,945,968)
At 31 December	**11,513,624**	13,459,592

Deferred investment funding relates to the financing structure for St. Vincent Private Hospital (note 18).

22. Pension costs

Public healthcare hospitals

The company facilitates the operation of two State-funded Public Pension schemes for eligible employees of its two public healthcare hospitals: the Voluntary Hospitals Superannuation Scheme ('VHSS') and the Single Public Service Pension Scheme ('the Single Scheme'). The accounting treatment for these schemes is set out in the Accounting Policies on pages 123 – 124.

These financial statements do not include pension liabilities and assets of those staff who are members of the VHSS or the Single Scheme as the liabilities of these schemes are liabilities of the State and not liabilities of the Company.

Private Hospital

The company operates a defined benefit pension scheme for the employees of St. Vincent's Private Hospital. From 31 December 2012, this scheme ceased to accrue for future service for its members. From 1 January 2013, all members were transferred to the existing defined contribution scheme to accrue benefits for future service. The assets of the scheme are held separately from those of the company, being invested with pension fund managers. Contributions to this scheme are charged to the profit and loss account so as to spread the cost of pensions over employees' working lives with the hospital. The contributions are based on the advice of a qualified actuary on the basis of triennial valuations which are not available for public inspection. The most recent valuation was at January 2018 and used the projected unit basis. The company also operates a defined contribution pension scheme for the employees of St. Vincent's Private Hospital.

The accumulated actuarial loss at 31 December 2019 is €19.3m (2018: €16m).

Pension payments to St. Vincent's Private Hospital defined benefit scheme amounted to €0.8m (2018: €1m) for the year. The employer's contribution is 7% and the employees' contribution is 5% to the defined contribution scheme.

The principal assumptions made in the valuation were as follows:

	2019	2018	2017
Discount rate	1.06%	1.93%	1.86%
Increase in pensionable salaries	–	–	–
Increase for pensions in payment and deferred pensions	0%	0%	0%
Inflation assumptions	1.16%	1.25%	1.6%

Assumptions regarding future mortality are set based on advice from published statistics and experience.

Notes to the consolidated financial statements
Financial Year Ended 31 December 2019

22. Pension costs – continued

Private Hospital – continued

The mortality assumptions used were as follows:

	2019 Years	2018 Years
Longevity at age 65 for current pensioners		
Male	21.4	21.3
Female	24.0	23.9
Longevity at age 65 for future pensioners		
Male	23.0	22.9
Female	25.5	25.4

	2019 value €000	2018 value €000	2017 value €000
Assets in the scheme and expected rate of return were:			
Equities	11,206	9,058	10,558
Bonds	11,882	10,795	10,656
Property	–	–	–
Other	13,386	12,330	12,807
Total market value of assets	36,474	32,183	34,021
Present value of scheme liabilities	(46,902)	(39,823)	(41,833)
Deficit in the scheme	(10,428)	(7,640)	(7,812)
Net pension liability	(10,428)	(7,640)	(7,812)

Note

The return on assets is effectively set equal to the discount rate.

Movement in scheme assets and liabilities – year ended 31 December 2019	Pension assets €000	Pension liabilities €000	Pension deficit €000
At 1 January 2019	**32,183**	**(39,823)**	**(7,640)**
Benefits paid	**(883)**	**883**	**–**
Administration expenses	**(55)**	**–**	**(55)**
Current service cost	**–**	**(35)**	**(35)**
Employer contributions paid	**787**	**–**	**787**
Increase on scheme liabilities	**–**	**–**	**–**
Interest on scheme assets	**620**	**(760)**	**(140)**
Return on assets (excluding amount included in net interest expense)	**3,822**	**–**	**3,822**
Changes in actuarial assumptions	**–**	**(7,167)**	**(7,167)**
At 31 December 2019	**36,474**	**(46,902)**	**(10,428)**

Notes to the consolidated financial statements
Financial Year Ended 31 December 2019

Movement in scheme assets and liabilities – year ended 31 December 2018	2019 value €000	2018 value €000	2017 value €000
At 1 January 2018	34,021	(41,833)	(7,812)
Benefits paid	(1,469)	1,469	–
Administration expenses	(92)	–	(92)
Current service cost	–	(207)	(207)
Employer contributions paid	1,032	–	1,032
Increase on scheme liabilities	–	–	–
Interest on scheme assets	628	(766)	(138)
Return on assets (excluding amount included in net interest expense)	(1,937)	–	(1,937)
Changes in actuarial assumptions	–	1,514	1,514
At 31 December 2018	**32,183**	(39,823)	(7,640)

The agreed company contribution rate in 2018 was 7%. As part of the changes to the scheme at 31 December 2015, a funding proposal has been agreed with the scheme's members from 2015 to 2025.

The following amounts have been recognised in respect of the defined benefit pension scheme.

	2019 €000	2018 €000
Charged to operating surplus		
Current service cost	(35)	(207)
Administration costs	(55)	(92)
	(90)	(299)
Direct expenses		
Interest on scheme assets	620	628
Interest on pension scheme liabilities	(760)	(766)
Net expense	**(140)**	(138)
Analysis of amount recognised in other comprehensive income		
Remeasurement of plan assets	3,822	(1,937)
Changes in assumptions underlying the present value of the scheme liabilities	(7,167)	1,514
Actuarial gain/(loss)	**(3,345)**	(423)

Notes to the consolidated financial statements

Financial Year Ended 31 December 2019

23. Capitalisation accounts – deferred grants

	2019 €	2018 €
Group		
Capital grants (note 23 a)	142,234,962	132,187,158
Revenue capitalisation account (note 23 b)	19,191,384	18,380,242
Other (note 23 c)	995,500	1,079,565
	162,421,846	151,646,965
(a) Capital grants		
At 1 January	203,432,108	198,632,822
Transfer to other capitalisation account	–	–
Capital fixed asset additions	21,961,106	4,799,286
At 31 December	**225,393,214**	203,432,108
Accumulated amortisation		
At 1 January	71,244,950	59,653,862
Transfer to other capitalisation account	–	–
Transferred to income: – buildings	10,744,872	10,483,488
– equipment	1,168,430	1,107,600
At 31 December	**83,158,252**	71,244,950
Net book amount		
At 31 December	**142,234,962**	132,187,158

	2019 €	2018 €
(b) Revenue capitalisation account		
Cost		
At 1 January	55,008,106	53,384,555
Revenue fixed asset additions	2,669,430	1,623,551
At 31 December	**57,677,536**	55,008,106
Accumulated amortisation		
At 1 January	36,627,864	34,737,237
Transferred to income	1,858,288	1,890,627
At 31 December	**38,486,152**	36,627,864
Net book amount		
At 31 December	**19,191,384**	18,380,242

The revenue capitalisation account relates to assets for which no specific capital grant has been received. This capitalisation account is amortised to the Profit and Loss Account in accordance with the depreciation rates charged on such assets.

Notes to the consolidated financial statements

Financial Year Ended 31 December 2019

23. Capitalisation accounts – deferred grants – continued

	2019 €	2018 €
(c) Other		
Cost		
At 1 January	2,076,281	1,831,188
Transferred from capital grants	–	–
Additions in the year	71,555	245,093
At 31 December	**2,147,836**	2,076,281
Accumulated amortisation		
At 1 January	996,716	864,089
Transferred from capital grants	–	–
Transferred to income	155,620	132,627
At 31 December	**1,152,336**	996,716
Net book amount		
At 31 December	**995,500**	1,079,565

	2019 €	2018 €
Company		
Capital grants (note 23 a)	139,018,026	128,868,643
Revenue capitalisation account (note 23 b)	19,191,384	18,380,242
Other (note 23 c)	995,500	1,079,565
	159,204,910	148,328,450
(a) Capital grants		
Capital grants received and receivable		
At 1 January	198,353,156	193,553,870
Transfer to other capital capitalisation account		
Capital fixed asset additions	21,961,106	4,799,286
At 31 December	**220,314,262**	198,353,156
Accumulated amortisation		
At 1 January	69,484,513	57,995,004
Transfer to other capitalisation account		
Transferred to income: – buildings	10,643,293	10,381,909
– equipment	1,168,430	1,107,600
At 31 December	**81,296,236**	69,484,513
Net book amounts		
At 31 December	**139,018,026**	128,868,643

Notes to the consolidated financial statements

Financial Year Ended 31 December 2019

23. Capitalisation accounts – deferred grants – continued

	2019 €	2018 €
(b) Revenue capitalisation account		
Cost		
At 1 January	55,008,106	53,384,555
Revenue fixed asset additions	2,669,430	1,623,551
Revenue grants released on assets disposed	–	–
At 31 December	**57,677,536**	55,008,106
Accumulated amortisation		
At 1 January	36,627,864	34,737,237
Transferred to income	1,858,288	1,890,627
Revenue grants released on assets disposed	–	–
At 31 December	**38,486,152**	36,627,864
Net book amount		
At 31 December	**19,191,384**	18,380,242

The revenue capitalisation account relates to assets for which no specific capital grant has been received. This capitalisation account is amortised to the Profit and Loss Account in accordance with the depreciation rates charged on such assets.

	2019 €	2018 €
(c) Other		
Amounts received		
At 1 January	2,076,281	1,831,188
Transferred from capital grants	–	–
Additions in the year	71,555	245,093
At 31 December	**2,147,836**	2,076,281
Accumulated amortisation		
At 1 January	996,716	864,089
Transferred from capital grants	–	–
Transferred to income	155,620	132,627
At 31 December	**1,152,336**	996,716
Net book amount		
At 31 December	**995,500**	1,079,565

Notes to the consolidated financial statements

Financial Year Ended 31 December 2019

24. Capital and reserves

	No. of shares	Value of units	2019 €	2018 €
Authorised description				
Ordinary shares	1,000,000	€0.10 each	100,000	100,000
Allotted, called up and fully paid – presented as equity				
Ordinary shares	42	€0.10 each	4	4

None of the directors or company secretary had an interest in the share capital of the company at any time during the year.

The revaluation reserve relates to capital amounts held in respect of revaluation of land.

On transition to FRS 102 the company elected to carry tangible fixed assets, excluding land, at cost (or deemed cost) less accumulated depreciation and accumulated impairment losses. Accordingly at 1 January 2014 the group reclassified capital amounts held in the revaluation reserve in respect of buildings to other reserves at that date.

25. Related party transactions

The company is owned by the Religious Sisters of Charity (see note 28). None of the directors have a direct holding in the company.

Rent was paid by St. Vincent's Healthcare Group to the Religious Sisters of Charity in the amount of €1,200,000 for the year ended 31 December 2019 (2018: €1,200,000).

Amounts due to the Religious Sisters of Charity from the company in relation to the purchase of a leasehold, amount to €nil at 31 December 2019 (2018: €550,000).

St. Vincent's Foundation, a company limited by guarantee, fundraises on behalf of St. Vincent's Healthcare Group DAC. St. Vincent's Foundation is governed independently of St. Vincent's Healthcare Group Ltd. Amounts due to the St. Vincent's Healthcare Group DAC from the St. Vincent's Foundation amounted to €nil at 31 December 2019 (2018: €6,567).

26. Note to the statement of cash flows

	2019 €	2018 €
Profit/(loss) on ordinary activities for the financial year	1,311,343	(405,576)
Net interest expense	5,294,269	6,569,102
Operating profit	6,605,612	6,163,526
Depreciation of tangible fixed assets	29,836,957	29,317,061
Amortisation of grants, net of disposals	(17,974,188)	(17,828,775)
Working capital movements:		
– (Increase)/decrease in stock	(308,659)	64,177
– Decrease/(Increase) in debtors	8,233,576	(14,078,435)
– (Decrease)/Increase in creditors	(967,234)	4,855,294
Other	1,237	1,221
Pension deficit	(557,431)	(595,163)
Net cash inflow from operating activities	**24,869,870**	7,898,906

Notes to the consolidated financial statements

Financial Year Ended 31 December 2019

27. Analysis of changes in net debt

	Opening balance	Cash flows	Closing balance
		€	€
Net cash			
Cash at bank and in hand	9,816,044	7,518,151	17,334,195
Bank overdraft	(27,186,191)	6,270,906	(20,915,285)
	(17,370,147)	13,789,057	(3,581,090)
Debt			
Loans	(147,551,204)	2,122,636	(145,428,568)
Finance lease	(5,638,453)	(807,424)	(6,445,877)
Net debt	**(170,559,804)**	15,104,269	(155,455,535)

28. Subsequent events

a) Religious Sisters of Charity share transfer

On 29 May 2017, and further confirmed on 8 May 2020, the Religious Sisters of Charity (RSC) announced their intention to relinquish their shareholding in St. Vincent's Healthcare Group (SVHG) and to transfer their ownership of the group to a newly formed company with charitable status to be called "St. Vincent's Holdings CLG".

The RSC will implement, inter alia, the following changes:

- St. Vincent's Holdings CLG will replace the RSC as shareholders in SVHG and, consistent with the transfer of ownership, the Sisters will no longer have the right to appoint Directors to the Board of SVHG. The Congregation's two representatives on the Board resigned with effect from 29 May 2017.
- The SVHG Constitution will be amended to reflect compliance with national and international best practice guidelines on medical ethics, and the laws of the Republic of Ireland.
- The shares in SVHG will be transferred to St. Vincent's Holdings CLG for a nil or nominal consideration in return.

St. Vincent's Holdings will initially have a "Transition Board" for a limited period (maximum one year) and its first members will include James Menton and Sharen McCabe, Directors of SVHG.

Given the limited by guarantee legal structure for St. Vincent's Holdings CLG, under the Companies Act 2014, these Directors (upon incorporation the first members) will effectively act as shareholders during their tenure as Directors (as will be the case for all Directors in the future). During this period a Board of Directors will be appointed and will have required skill sets in law, finance, healthcare and social care. Upon completion of this process the two members of the "Transition Board" will resign from the Board of St. Vincent's Holdings.

b) Covid-19

Coronavirus disease 2019 (Covid-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The disease was first identified in 2019 in Wuhan, the capital of China's Hubei province, and has since spread globally, resulting in the on-going 2019–20 coronavirus pandemic. The earliest known infection occurred on 17 November 2019 in Wuhan, China. The World Health Organization (WHO) declared the 2019–20 coronavirus outbreak a Public Health Emergency of International Concern (PHEIC) on 30 January 2020 and a pandemic on 11 March 2020.

Since the year end the Group's hospitals have responded to the clinical and other demands associated with testing and treatment of patients and staff with suspected/confirmed infections. The various social distancing and health and safety protocols required throughout the hospitals have been implemented effectively. In addition the Board have considered the risks that coronavirus poses to the Group and the actions required to mitigate the impact. Although all non-essential services are temporarily closed in Ireland at this time, the services provided by the Group are considered to be essential, and we are continuing to operate all appropriate services albeit that we have introduced various necessary social distancing and other health and safety protocols in executing our services. Our Private Hospital facility has been made available to the HSE to assist in addressing the healthcare needs arising from the pandemic. At this time, it is unclear how long the emergency legislation enacted by the government, mandated closures and social distancing measures will be in place, however it is likely that they will continue to impact on how our services are provided for the foreseeable future.

As a major teaching acute hospital group, our patients and staff have inevitably been seriously impacted by Covid-19. Our Covid-19 response includes the reconfiguration of our service delivery to treat patients infected with the virus, our on-going clinical services and the temporary use of the private hospital facility was made available for public hospital services for a three month period. The protocols and reconfiguration in our publicly funded hospital has resulted in additional costs, such as additional staff and increased levels of personal protective equipment (PPE). We are confident, based on our on-going discussions with the HSE, that all incremental Covid related costs associated with continuing to provide our services during the pandemic will be funded.

Notes to the consolidated financial statements

Financial Year Ended 31 December 2019

28. Subsequent events – continued

b) Covid-19 – continued

As we have no prior experience of a similar crisis it is difficult to predict the extent of the effect which coronavirus will have on our Group in general, our patients and the resulting demand for our services. It is not yet clear how widespread the virus will be, how long the pandemic will last and what the medium to long term effect of this pandemic will be on availability of staff.

Our priority is to keep our workplace as safe as possible for staff and patients. We are likely to remain at risk to the possibility that members of our teams in different areas could become ill, resulting in the need for other members of the team to self-isolate, and thereby require additional agency staff to fill vacancies where we are unable to fill any such vacancies from within our own staff complement.

Due to the nature of our service, the risk of members of our team's falling ill and their colleagues having to self-isolate, will likely remain for some time into the future. This may require additional agency staff costs to cover these vacancies, where it is not possible to do so from our own staff cohort.

We have modelled the likely effects of Covid-19 on our cash forecasts for our public hospitals and we are satisfied that Covid related costs and reductions in income will be funded by the HSE. We are not reliant on donation income and any reduction here would have a minimal impact.

We have also implemented various measures to control costs and conserve cash resources. The Group will be reimbursed for the cost of providing the Private Hospital facilities to the HSE under the agreed Heads of Terms and we have taken account of the phased resumption of private healthcare services and the restrictions impacting the delivery of same.

We have discussed the impact of the pandemic on the Private Hospital with our bankers and any adjustment to our facilities necessary to take account of the impact of Covid-19 on the provision of our services.

We are satisfied that we will be able to revise any terms of our facilities, as necessary, to provide the Group with the necessary resources to continue to operate without any significant curtailment of services.

There will be many challenges and changes to our working practices arising from this pandemic. We have plans in place to protect our staff and patients, and to comply with the various levels of Government restrictions and cope with illness throughout the organisation. We are adapting our procedures to facilitate home working among our staff, where possible. We are confident that as an organisation we will continue to manage our services, patients and staff during this challenging and unprecedented time.

29. Approval of financial statements

The directors approved the financial statements on 23rd July 2020.

St. Vincent's Healthcare Group
Annual Report 2019

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Alan Betson (reproduced with kind permission of the Irish Times)

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ST. VINCENT'S
HEALTHCARE GROUP