CITY OF DUBLIN SKIN AND CANCER HOSPITAL

Humie Street, Dublin 2
(Incorporated by Royal Charter)

ANNUAL REPORT
2000
CITY OF DUBLIN SKIN AND CANCER HOSPITAL

BOARD OF MANAGEMENT

President: W. A. Rodgers
Chairman: B. V. Crawford
Vice Chairman: G. M. Lawler
Hon. Treasurer: J. W. Lovegrove
Hon. Secretary: H. B. Early.

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EX-OFFICIO MEMBERS

The Rt. Hon. The Lord Mayor of Dublin
Councillor Michael Mulcahy
Councillor John Gallagher
Councillor Garry Keegan

CHIEF EXECUTIVE

R. M. Martin

BANKERS

National Irish Bank, 138 Lower Baggot Street, Dublin 2

SOLICITORS

Augustus Cullen & Son, 7 Wentworth Place, Wicklow
Matheson, Ormsby & Prentice, Herbert Street, Dublin 2.

AUDITORS

PricewaterhouseCoopers, Gardner House, Wilton Place, Dublin 2.
MEDICAL STAFF

Consultant Staff:
L. Barnes, MB., FRCP.
P. Collins, M.D., MRCPI., DCH.
T. O'Reilly, BSc., FRCSI.
S. C. F. Rogers, MSc., FRCP (Lond.), FRCPI. FRCP (Edin.).

Honorary Consultant Staff:
B. McCartan, BDS., MA., M.Dent. Sc., FGSRCP., (Glasgow)., FFDRCSI.
R. Watson, MD., MRCPI., FACP.

Non-Consultant Staff:
Registrar: P. Ormond M.B., BCh., BAO., MRCPI.,
Senior House Officer: S. Bobart, MB., BCh., BAO.

NURSING

Director of Nursing/Matron:
Ms. Mary C. Kelly, MBA. H.Dip. Healthcare Risk Mgmt. SRN, SCM
Assistant Director of Nursing: Ms. Maura Wrynne

Clinical Nurse Managers:
OPD: Ms. Carmel Blake, Ms. Joan Flynn
Dermatology Ward: Ms. Mary Duggan
Day Care Unit: Ms. Nora Tracey

ALLIED HEALTH PROFESSIONALS

Social Worker: Mrs. Josephine Litchfield (retired June 2001)

ADMINISTRATION

Personal Assistant to Chief Executive: Ms. Aisling Mahon
Senior Administrative Officer: Ms. Carmel McKenna
Director of Finance: Mr. Seamus Kennedy
Information Technology: Ms. Anna Maria Corkery
Medical Records Officer: Ms. Caroline Lehane

CATERING
Ms. Mary Eagney

PORTERING
Mr. Michael Walsh

CHAPLAINS
Rev. Lynda Peilow, Rev. Fr. A. Carroll
H. B. EARLY, VICE PRESIDENT: Distinguished guests, Ladies and Gentlemen. You are very welcome to our 89th Annual General Meeting. The Lord Mayor has been delayed but we are going to proceed with the meeting in his absence. I will begin by inviting our distinguished guest speaker, Donal O’Shea as Chief Executive of the Eastern Regional Health Authority to address the meeting.

Mr. Donal O'Shea: It is a great honour for me to have been invited this evening to address your 89th Annual General Meeting and as it is your 89th it gives an impression of the Hospital in a historical context and also of the mark this hospital has made on the life of Dublin and beyond.

The City of Dublin Skin and Cancer Hospital located here in Hume Street has a proud tradition of service to the people of Dublin, a service which we, indeed, of the Eastern Regional Health Authority are anxious to see continued and expanded. As you know, the Authority was established on the 1st March 2000 and has been given the task of building on current achievements to provide an integrated seamless and co-ordinated service for the 1.4 million who live in the Eastern Region catchment area. I use the figure 1.4 million advisedly because I think that is about the current population. We understand that by the year 2005 it will be 1.5 million and by the end of the decade it will be 1.6 million, so in a period of about fifteen years the population of the region will have gone from 1.3 million to 1.6 million which is an increase, in fifteen years, of 300,000 people which is about the same population as in the North Eastern Health Board or the Mid-Western Health Board, so in fact we are adding a whole region, in effect, to this region in a period of fifteen years. If you consider the range of services that are required in other regions to provide services for three hundred thousand people, I
think it is an indication of the type of services that we have to develop in this
region to keep abreast with the enormous growth in the population. We, in
the Eastern Regional Health Authority will fund agencies on the basis of their
ability to deliver services which they require and which will fill gaps in the
existing services.

In the past there has been fragmentation and individual hospitals, in many
cases, have had to develop their services and outreach programmes in
isolation from each other but now they will be encouraged and facilitated by
us to work together to achieve common goals. As part of our remit, the
Authority is charged with examining the health needs of the population as a
whole, ranging over all the health services, which includes primary care,
acute hospital care and community care in both the voluntary and statutory
sector and, in addition, social services for children, for the elderly, for
disability and so on.

We carry out this function in the context of the objectives of the health
strategy, axiomatic health and social gain, addressing inequalities in the
health status, tackling the main cause for premature death, probing good
health, preventing disease, treating the sick and helping families and
individuals to deal with personal social problems. In allocating resources on
the basis of these parameters, hopefully in that context we can ensure
efficiency, effectiveness and value for money and at the same time ensuring
that there will be collaboration in dealing with either overlaps or gaps in the
service.

We commission thirty six voluntary hospitals directly of which you are a
very important member, and we also work with the three area Health Boards
who, themselves, provide a large range of services in the social services and
some of the services for disability and healthcare. We will have, by the end
of this year, a service agreement with each one of the thirty nine agencies,
which will be an agreement between us and each of these individual agencies
setting out, on one hand, the range of services which we hope and which we
expect they will deliver and, on the other hand, agreeing the funding and
resources which they need. This will be the first time that hospitals will have
such a statement, such an agreement, which will identify their role and the
resources they will be allocated. We will commission on the basis of need and
this need includes not only the need of providing services but will identify
and specify the interface which each of the hospitals will have with each
other and, in this regard as you are aware, we will have discussions with you
and with the other hospitals about how we can improve this inter-agency,
inter-hospital Cupertino. We are determined and are working actively to find
innovative and imaginative responses to some of the more intractable problems facing the people of the region and I know that you in Hume Street have already sought to identify new areas of potential contribution to the health service and that you are willing and anxious to engage in dialogue with the Eastern Regional Health Authority about your future role and we value the input you have given in terms of yourself and exploring your role as to how you can enhance that within the health services of the region. We are at present reviewing all the proposals that you have made to us and others to consider how they can be dealt with in the coming year.

In the Eastern Region Hospital Sector we, the Authority, are putting considerable emphasis on the management of collective work and the problem of waiting times for admission to the various specialities and, in this regard, we would be anxious to see Hume Street developing collaborative links with other hospitals with a view to taking an active role in dealing with waiting lists for elective procedures in some specialities. We believe that this hospital, with its facilities and its highly experienced, committed and dedicated staff has much to offer to the development of the Irish Health Service in the coming year.

I was speaking to the Chairman prior to the meeting and I pointed out one thing that is invaluable is that the Hospital does not have an accident and emergency unit and the beds are therefore "protected beds". These are not subject to incursion by accident and emergency, as obviously, accident and emergency patients require immediate and urgent care and, therefore, a hospital which has elective work, which is protected, is very important because planned work can be undertaken without incursion by accident and emergency cases.

First of all, considering your dermatology speciality, we know you are anxious to increase activity in this speciality. We believe you have the capacity for this and we intend having discussions with you on the matter. We also know that you wish to develop plastic surgery and there is a need, regionally, to expand our capacity in this speciality. We are keen to explore this issue further with you.

We will shortly be putting proposals to you regarding developments in another speciality in collaboration with another hospital. Because we have not discussed it with the hospitals as yet, I cannot give details today but I am indicating that it is our intention to develop a new service here and we plan to have talks with you soon in this regard.
Our objective is to work with your hospital in a new partnership which will see Hume Street playing an enhanced role in the provision of these type of elective services which are most urgently required.

I think that there is no harm in saying that we have completed an assessment of bed capacity across the region and we have identified that there is a significant shortage in the acute hospital sector. We are continuing that study now to identify speciality by speciality where this shortfall exists which will influence and affect the way in which we plan to develop capacity in the hospital sector in the coming years. We are not just saying, let's just put in more beds; we want to say "let's put in more facilities in those specialties where there is a clear capacity deficit.

I think you can be assured, Mr. Chairman, that we see an active future for your hospital. We have already established a very significant shortfall in the overall capacity of the acute hospital sector and we will be looking to deal with this at every opportunity. Your hospital will be playing an active role in participating in this process.

I wish to thank you, Mr. Chairman and, through you, your Board, your chief Executive and each member of the staff of the Hospital for your contribution to the health services in the city and beyond and we look forward to a very active year ahead.

H.B. EARLY: I would like to thank Donal for his excellent address. He has sketched in the role of the Eastern Regional Health Authority and the systems developed and, more importantly, from the value of the hospital, he has given us some hints and some hopeful guidance as to the future.

At this point I would like to welcome the Lord Mayor who will say a few words following the presentation of the Annual Reports.

In the Annual Reports reference will be made to the progress of the hospital during the year, so I will ask for outgoing Chairman, Willy Ahern to say a few words.

ANNUAL REPORT OF THE BOARD OF MANAGEMENT:
W. AHERN, CHAIRMAN

I can say with sincerity that it has been a great privilege for me to have been Chairman of this Hospital for the past two years. I am delighted to have been your Chairman. It is the task of posterity to decide whether I have been a good or a bad chairman.
I am very appreciative that the Lord Mayor is present here today at our Annual General Meeting. Traditionally the Lord Mayor is an ex-officio member of our Board and it is an honour for the Board to have him as a member. I am appreciative that Donal O'Shea has attended our meeting today. Donal has always been available to me when I needed to put certain propositions to him.

I am also very much appreciative of the fact that Deputy Liz McManus is present here today. Deputy McManus is the Labour Party spokesman on Health, so it is very appropriate, I think, that she should be here. She is a person who has a very busy schedule and at very short notice agreed to attend this meeting in the absence of Ruari (Quinn) who is in Prague.

I am handing over the Chairmanship to Brian Crawford who has carried out trojan work over the past two years. Brian is an activist. My background is one of industrial relations. I spent a lot of time in the Department of Labour when it was located in Mespil Road talking negotiating industrial relation matters relating to the building industry. It was here I learned to appreciate the other person's point of view. I began to realise that other people had opinions and rights and are entitled to disagree with me. I had some great mentors and teachers one of whom was the late Tom Reynolds who was the head of the Construction Industry Federation. He was the spokesperson for the building industry in this country throughout four decades. From him I learnt how to deal with people and for this I am grateful.

I am on the Board of the Hospital thanks to my colleague and good friend Barry Early. Many years ago when Barry was Chairman of the Board he invited me to become a member of the Board. I was proposed and accepted, so eventually having avoided it for as long as possible, I became Chairman. What have we tried to do during my term as Chairman? It has become very clear to us as a Board that we could not continue as a viable hospital in the particular buildings in their present condition. I am not referring to the site as I believe we can continue on this site for another hundred years. Not many of us today will be around to see this. However, Robert who is young may see it! I believe that we can have a medical centre of excellence on the site which will be available to Dublin people. This Hospital was established to provide dermatology services for the poor of Dublin back in 1911. Poverty is always with us. We may talk about the Celtic Tiger but there are always the less well off who will need services for which they cannot afford to pay. In this context I am talking about public health medicine and if I have any brief, if I have any status here, it is that I come from that area, from the public service and public health medicine. The broad picture of health is one where
there is both public and private healthcare. Private healthcare is also important as many people have private health insurance. However, irrespective of private healthcare our core discipline is public health medicine and that is what we are here to do, to provide care and services for people who require them. The Hospital is in a central location, it is easily assessable by public transport, it can also facilitate people early in the morning and late afternoon so that they can receive treatment before and after their day’s work.

Skin disease might not be life-threatening but, psychologically, it is very distressing. Patients need urgent treatment and Hume Street is here to provide it.

I am very interested in what Mr. Donal O’Shea, Chief Executive, Eastern Regional Health Authority has to say. Donal has a prestigious position as Chief Executive of the Eastern Regional Health Authority, which has been functioning for a year. Their aim is to access the needs in the health service and provide for its efficient delivery to the people of Dublin and the wider region. This Hospital is part of the East Coast Area which has a large population and is also geographically a large territory.

I was delighted to hear Donal referring to a very positive future for Hume Street. I am confident we can work successfully with the Eastern Regional Health Authority. We may have different ideas on the direction we may wish to pursue but we must remember that our core speciality is dermatology. My view on dermatology is that it is a very important medical discipline. The disease is not life threatening in many instances but there is a huge demand for treatment – for many “customers” urgent treatment is necessary in a specialist hospital and this is the role that Hume Street Hospital plays in the health service. Hume Street Hospital has a highly qualified and motivated staff. The consultant staff have world wide reputations in dermatology and we are capable of delivering the best service. We have the capacity to deliver other specialist services. At the moment we are looking at pain management. This is also a high profile speciality as there is a huge percentage of the population who are suffering with chronic pain. These patients are not being catered for as the various consultants they attend have a particular focus and it is not chronic pain. I wish to pose the questions “Where are these patients to go?” “How are they to be dealt with?” The pain cannot be seen, it cannot be diagnosed, it cannot be photographed but it is present. We are looking at pain management but nonetheless – I appreciate what Donal O’Shea has to say – it is about priorities. How to prioritise and how to make decisions on how best to allocate resources is the problem that he has to confront. It is a complex task and one I do not envy him.
During my term as chairman I have endeavoured at all times to work in harmony and not in conflict with people. I have endeavoured to work with the Department of Health and Children. I think highly of the present Minister for Health and Children who is doing an excellent job. He is highly motivated and he is committed to improving the health services. Long may he continue as Minister. I have met Micheal Martin on a number of occasions and I was very impressed by him. He is deserving of our support. His role is difficult and funding is not necessarily the solution to the problems in healthcare.

I will now move away from the broader picture of healthcare and speak about Hume Street Hospital. We wish to and we intend to redevelop the Hospital. My appointment as Chairman coincided with the decision made by the Board to redevelop the Hospital. Originally the suggestion was that we should amalgamate with a major teaching hospital, St. Vincent’s University Hospital was mentioned. Our relationship with St. Vincent’s University Hospital is good. I have had a very good relationship with Nicky Jermyn, the Chief Executive of that Hospital. He has always been present when I have needed advice or help. However our decision was to redevelop the Hospital on the site. Hume Street Hospital has been here for nearly a hundred years and I think that it has a lot to contribute to the Health Services. We can do this in a number of ways.

Hume Street Hospital is one of the last remaining valuable sites on St. Stephen’s Green. As a Board we are not speculators or developers. We are in the business of running a Hospital and that is this role that we wish to continue on this site. How can we achieve this? There are developers and builders who would like to be involved in the development of the site. We could end up with a state of the art hospital. Another possibility is to approach the Bank Managers and they may provide finance to develop the Hospital and in time we could repay them. Another alternative which I would like to mention here today when Mr. Donal O’Shea is here is that the Eastern Regional Health Authority would support the development. The site, subject to planning permission, would be in the region of eighty thousand square feet of development. For dermatology we would need about twenty-five to thirty thousand square feet and whatever remains can be used for a purpose complimentary to our core speciality of dermatology. The new speciality would provide a service which is needed by the Eastern Regional Health Authority – a speciality that would fulfil some of their critical needs.

It has been a fairly difficult two years but you have heard Mr. O’Shea say here today that Hume Street Hospital has a very viable future; it is very much part of the Health Service of this area and region and we will continue.
I wish to thank those who have helped me during my term as Chairman. I would like to mention the hospital staff who are highly skilled dedicated people, who provide a service which is second to none to the people of Dublin and those who use the public health system. I would like to thank the medical staff, nurses, non consultant hospital doctors, our Medical Director, Dr. Sarah Rogers. Sarah is in Leeds practising and becoming familiar with new skills. She will return to Hume Street in May or June of next year.

I would like to thank Dr. Paul Collins. Paul is a highly gifted consultant dermatologist. Unfortunately, Paul is not here today as he is attending a course.

I would also like to thank the non consultant hospital doctors, who are staff who dedicate their whole life to medicine.

I also wish to thank the catering staff who provide an excellent catering service, Michael Walsh, portering staff and Carmel McKenna, administration.

I would also like to mention Mary Kelly, Director of Nursing. Mary is highly skilled. Her work as Director of Nursing is very much appreciated.

I would also like to express gratitude to the Ladies Guild. I have got to know them during my years as Chairman and consider them a wonderful group of ladies under the chairmanship of Mrs. Mairin McDonagh-Byrne. It is an honour to have been associated with such a dedicated team. Over the years the Guild have organised magnificent fund raising efforts, proceeds of which have been utilised for many projects when funding was not available from the hospital allocation. I wish to take the opportunity to thank the Guild on behalf of the Board for their commitment.

To conclude I would like to thank Robert Martin, Chief Executive who has always been available when I needed him. For the past year Robert has been the backbone of the Hospital and has enabled the Board to redefine our objectives. I wish to thank Robert very much for that.

H. B. EARLY: I would like to thank the Chairman for his very wide-ranging and unusual presentation. He has mentioned all the key points in relation to the Hospital, where we were, where we are going, highlighted some of the problems in the hospital and the solutions.
G. M. LAWLER, HON. TREASURER

It is my duty as Honorary Treasurer to present the Report and Statement of Accounts for the financial year ended 31st December 1999. The accounts are on pages 17 to 24 of the annual report circulated today. They have been audited in accordance with approved accountancy standards by PricewaterhouseCoopers, Chartered Accountants, whose report is appended to the financial statements. They were approved by the Board in October of this year.

You will note that the Hospital kept its expenditure within its income for the year. It also kept its accounts with the Bank in order. I wish to further report that the Hospital fulfilled its obligations under The Prompt Payment of Accounts Act 1997.

During the year on which I am reporting the channel through which we received our funding was the Department of Health and Children. This year that channel has changed to the Eastern Regional Health Authority. As I stated two years ago not only would the channelling of funds change but we would be tied into the overall health services in the region for the first time.

As Treasurer I would like to echo what our Chairman said and I know I speak on behalf of the members of the Board when I say we will take on the challenge, in partnership with the Eastern Regional Health Authority, in providing the best possible value for money for the taxpayer. The Chairman has welcomed Donal O'Shea from the Eastern Regional Health Authority. May I, as Treasurer, give a special welcome to Liam Woods, Financial Director, who is joining us later and trust that we will always get good news from him, as indeed it was my experience with the Department of Health and Children. Two years ago I welcomed John Carron, Manager of Baggot Street Branch of National Irish Bank to his first Annual General Meeting. You will have just heard me say that we kept our Bank Accounts in order – that was 1999. Because of some unexpected expenditure we have had to have talks with John in the past weeks. I would also like to welcome Robert Kearns from Corporate Lending. The fact that I met Robert with John in the last month might give you a little preview of next year’s report.

My thanks go to you the taxpayer for your continued funding of the Hospital through the Department of Health and Children and now through the ERHA and to those individuals and groups who give of your time, money and talents in support of this Hospital.
This is my final year to give you the Honorary Treasurer’s report. It has been my honour to have served this Hospital in this capacity. I now take up the duties of Vice-Chairman and I am pleased that at least one relationship will continue. That is with the Ladies’ Guild. As Treasurer I was pleased to acknowledge receipt of funds on behalf of the patients of this Hospital. Now I look forward, as Vice-Chairman, to being responsible for communications between the Guild and Board. I am very proud to be the son of a former member of the Guild and, therefore, this responsibility means a lot to me.

My sincere thanks go to Robert Martin, Chief Executive, also to Carmel McKenna and Seamus Kennedy for their help to me in carrying out my duties, especially for the good nature and indeed humour in which that help was offered.

I look forward to the year ahead.

H. B. EARLY: We have an extremely active Ladies’ Guild here and I invite the President of the Ladies’ Guild, Maire McDonagh-Byrne to say a few words.

REPORT OF THE LADIES GUILD
MAIRIN MCDONAGH-BYRNE, PRESIDENT

Our Secretary, Ursula Morrissey, is away so she has asked me to read her report.

The Ladies Guild has had, once again, a varied year. The year began with a Memorial Service here in the Hospital, conducted by Canon Empey, in celebration of the life of Iris Charles. Iris was a founder and life-long member of the Ladies Guild. Her strong leadership, constructive contributions at our meetings and unfailing kindness are greatly missed by each and every one of us.

The other sad death during the year was Mrs. Barbara Lovegrove, who, I believe, was also a founder-member and certainly a life-long member of our Guild.

In the year 2000, people’s lives are so busy that we consider ourselves lucky to have a group of dedicated volunteers, and we know that the Board of Governors regards as a tremendous asset to the Hospital. So as to avoid any misunderstanding and to ensure better communication between our two voluntary groups, we feel that we must now redefine our role.
Our fundraising activities this year included our luncheon in the Masonic Hall, an interesting gardening talk in Milltown Golf Club, and a most successful coffee morning in the home of the former President, Marcella Baldwin. In addition, we were given the entire proceeds of two days of beauty treatments by the graduates of the Galligan Beauty Therapy College on Grafton Street. Until we know the specific path, the future of the path will follow and future needs such as, in the past, the provision of equipment and refurbishment, we are postponing our main fundraising event this autumn.

We would like to thank the Chairman of the Board, Mr. William Ahern, the Board members and, as ever, the staff of the Hospital, especially Mrs. Josie Litchfield for their continued support and co-operation throughout the year.

H.B. EARLY: I am now going to ask Robert Martin to say a few words on behalf of the Medical Staff.

MEDICAL REPORT OF DR. SARAH ROGERS
(READ BY MR. ROBERT MARTIN):

I have been invited to read the Medical Report for this year. This is not unique as last year, my first year in the Hospital, I presented the report also.

In May, Dr. Sarah Rogers, our Medical Adviser to the Board, commenced one year's leave of absence and thanks to Sarah's contacts with her consultant colleagues in dermatology we were able to secure the services of Professor Lionel Fry and Dr. Roddy Matthews, to take over her onerous duties. Dr. Trevor Markham, the specialist registrar, left in June of this year to further his training in dermatology and was replaced by Dr. Patrick Ormond, who is with us today, and has brought his medical expertise to our service and, may I add, with great panache and style.

Dr. Cliona Ryan, our House Officer, also commenced with the Hospital in July and replaced Dr. Eamon King. Dr. Mairead Horan continues in her capacity as Research Registrar, a post funded by the Skin Foundation in the U.K. Mairead is participating in a project to examine the genetics of psoriasis. Regrettably, Mairead will be resigning from this position at the end of the year and we wish her the very best in the near future.

The core activity of the Hospital is our Daycare Unit which is under the directorship of Dr. Paul Collins and, indeed the Chairman said in his report, a very active unit. As was mentioned last year, Dr. Louise Barnes has taken up one of the key directorates in St. James's Hospital which is indeed a very
onerous post and we wish her well in that job. We are also very glad to report
that Mr. Tom O'Reilly is renewing his contacts with the Hospital and, indeed, I
have to say from my own perspective here, this is very much a welcome
development. In fact dermatology and plastic surgery can form great links;
indeed plastic surgery will fill the gap in the service. I am glad too that Mr.
O'Shea has already alluded to that in his speech today. We believe that this
development is important in the context of plastic surgery within the East
Coast Area Health Board.

Our Chief Executive (myself, of course) is pursuing with St. Vincent's University
Hospital and St. Columcille's a joint consultant post in dermatology and we
would hope to have this post approved by the appropriate bodies shortly. The
daycare unit saw changes at senior nursing level this year with the recent
retirement of Felicity Fitzpatrick, whom I am happy to say is with us today.
Felicity was one of the pillars of this great organisation and she is missed by
staff and patients alike. Staff Nurse Treacy has been providing excellent
leadership in the daycare unit since Felicity's retirement and I know this is in
keeping with Felicity's wishes.

During the year, we also saw the retirement of two of our senior staff nurses,
Angela O'Boyle and Breda Dunne, and I wish them a long and happy
retirement. The Chairman has already alluded to discussions currently taking
place with the ERHA regarding our future development plans, so I don't intend
to bring that up at this stage. We are pleased to announce that approval has
been granted for the appointment of an Assistant Director of Nursing and two
clinical nurse manager posts following the recommendations of the
Commission on Nursing and this development is to be welcomed as it will
advance and enhance nursing services in the Hospital.

It has been most difficult to replace our Pharmacist, Claire Ryan. We have,
however, been very fortunate to outsource this service to Abbey Healthcare
Limited and we are indebted to the work of Pat Hennessy, their Business
Development Manager, who has worked closely with the Hospital to provide a
pharmacy service on site tailored to our needs. We would like to take this
opportunity to thank both Emma and Edel, who are both from Abbey
Healthcare Limited, for providing a top-class pharmacy service.

In conclusion, we would very much like to take this opportunity, on behalf of
all the staff of the Hospital, to thank our Chairman, Willy Ahern for his support
over the last two years. We convey our very best wishes to Willy for being a
very supportive Chairman, something that, from my own experiences, is very
important in terms of healthcare delivery because it is important for the Board
and its Chairman and Chief Executive to work together for the interests of not just patients but also the people that work in the organisation.

ALDERMAN MAURICE AHERN,
THE RIGHT HONORABLE LORD MAYOR:

I am delighted to be present at your 89th Annual General Meeting. I understand from the Chairman’s and Mr. Donal O’Shea’s remarks that there is a positive future for this Hospital.

I see a few familiar faces here. I also note that the Chairman has the same name as myself and I note that the Crawford Room was opened by another Ahern, whoever he is! (Mr. Bertie Ahern, Taoiseach, opened this lecture room).

Like everybody who grew up in Dublin I always thought of this Hospital as Hume Street Hospital. I now know it is The City of Dublin Skin and Cancer Hospital. As it has The City of Dublin in the name perhaps it should be flying a three castle flag outside on special days or when the city has a celebration such as winning an All-Ireland. This is my first Annual General Meeting. As Lord Mayor, I am a Board Member and have attended Board Meetings.

To conclude, I have heard the references on the value of the premises, and wish to add that the figure under assets on your Balance Sheet can be multiplied many times to arrive at the current value of the premises.

VOTE OF THANKS TO THE LADIES GUILD:
J. W. LOVEGROVE

It is my privilege to propose the adoption of the report that you have just read and I feel sure it will be a boom to the speakers who have given so much of their time to the Hospital and who are now keeping us up-to-date with the events here.

I also have the honour to propose the vote of thanks to the Ladies Guild, the subscribers and the press. Of course, we who are on the Board of the Hospital are genuinely appreciative of the work undertaken by the Ladies’ Guild and of the level of interest shown to us by our subscribers and by the press.

What can I say about the Ladies’ Guild that has not been said many times before? Their endeavours on behalf of the Hospital are always valued and appreciated by us all and it is very reassuring to know that their work, which has been such a support to us all over many years, will continue.
Perhaps, this year, though I should say something more to all of our friends. The coming year will be a critical one for your hospital and we can expect to see the commencement of our exciting programme for redevelopment, modernisation and enlargement. Inevitably this will present difficulties for us all, our patients, our loyal staff, the Governors, the Ladies' Guild and all who are associated with us, but the results will be very worthwhile; we will be building the foundations for the future of Hume Street Hospital over the next few years.

I have to take this opportunity to ask all of our friends to make an extra effort to support and to help us in every possible way during this exciting time. Never have the services of the Ladies Guild been so badly needed as they are today. Let us all make a very special effort to build now a Hume Street Hospital that will carry out traditions for architecture, service, care and knowledge from the past to the future.

H.B.EARLY: I am now going to ask Deputy Liz McManus just to say a few words. Liz is a very distinguished, hard-working and dedicated politician, who has, perhaps unknown to herself, a link to the Hospital as her Constituency is in the bottom end of the East Coast, of which we are a member.

RESOLUTION: "THAT THIS HOSPITAL IS WORTHY OF SUPPORT".

DEPUTY LIZ MCMANUS, T.D.

May I say that I am very pleased to be invited here to the City of Dublin Skin and Cancer Hospital and to be invited to propose this Motion. The work done by Hume Street Hospital is well known but maybe not always well acknowledged. It is often the case that it is only when a service breaks down or reaches crisis point that it attracts public attention or media attention. In the healthcare we tend to take for granted the services that are working well and have stood the test of time.

Hume Street Hospital has provided high quality care in a low profile way for decades to the people of Dublin and, indeed, for the country generally. Now the Hospital is looking to the future with further development and the provision of an additional speciality and I read with interest your position paper on the development of a pain centre at Hume Street and I must say I found it convincing in its arguments while being ambitious in its objectives and I wish everybody very well in the discussions that you are going to have with Donal O'shea. It all sounds very positive.

The wider context within which such planning is taking place I can only describe as being both taxing and exciting. It is taking because our health
service is experiencing unprecedented pressures in terms of patent need, long waiting lists, low moral among healthcare professionals, staff shortages and historical under funding as well as the advance of technology and innovation, but it is exciting too because an opportunity is being offered through our newfound wealth for us to create a world-class health service that will deliver quality care to all our citizens.

To grasp that opportunity requires money and planning and requires political will. It requires too to be patient-centred and responsive to patient needs rather than the needs of any institution.

As someone who has published radical proposals for reform of our health service I welcome the growing debate on the future of healthcare in Ireland among professionals, policy-makers, administrators and the general public. I believe that the time is right to establish a National Forum on Health which provide a structured framework for such ongoing dialogue between all the key players in health. At a time when industrial unrest is so widespread we need to recognise that social partnership is not delivered from the top down but needs to be developed from the bottom up and that that is nowhere more relevant than in our health service. In this time of opportunity and challenge we need to be aware of our strengths as well as our weaknesses. Hume Street Hospital is one of our strengths. The response to patient need is evident in the extensive daycare service available at times appropriate to the working lives of patients. The possibility of expansion into pain management is another example of the hospital responding to patient needs. As one of our few central city hospitals left, the location of this Hospital is nothing short of marvellous.

Accessibility is a key issue for patients and, unfortunately, with the development of hospitals at the periphery of the city access has become a real problem for some patients, particularly for those dependent on public transport. Hume Street Hospital has an inbuilt advantage in being easily accessed regardless of where you are living around the City and in any plans for the future. I do hope and I was very encouraged to hear the statements being made by your Chairman and others – that this core advantage that you have will be retained and I think it will require, quite apart from the planning and all the rest of it, a certain constructional ingenuity, if I may call it that.

Having worked as an architect myself in a previous existence of mine I know that either the adaptation of old buildings or the provision of new buildings is an existing context can be difficult, can be expensive and it can be a very slow process. But it is well worthwhile. Providing a high-quality working
environment does not have to be incompatible with the conservation of our architectural heritage. In fact for people working within such an environment continuity with the past is often a source of inspiration for those people. And inspiring those who work in our health service, who are often doing stressful difficult work is the key to realising the goal of excellence for all. In that vein I am honoured to have been asked to propose this motion, which reflects the commitment and the dedication of all the staff who work in the hospital along with the Board of Governors and the Ladies’ Guild, so it is with pleasure and confidence that I propose "THAT THIS HOSPITAL IS WORTHY OF SUPPORT".

SECONDED BY: H. B. EARLY

I would like to concentrate on just two short issues, particularly as there are politicians and officials from the Health Authority here today. The first issue is funding and the second is waiting lists. This year we have had a number of retirements of very distinguished, hardworking, conscientious staff. Retirement gratuities must be met from our of current expenditure and cannot be recouped. Regarding waiting lists – we do provide an excellent service for out-patients, However, there are a large number of patients on the waiting lists for a number of months which is an unsatisfactory situation.

The Department of Health and Children regularly have initiatives to reduce waiting lists but these initiatives are directed to in-patients and we feel there may be some merit in having these initiatives extended to out-patients.

It gives me great pleasure to second this motion.

ELECTION OF HONORARY OFFICERS: M. O'BRIEN

It gives me great pleasure to propose the re-appointment of the Honorary Officers. It is quite clear, listening to the presentation by the Honorary Officers today, that a tremendous amount of work has been imparted by them into their jobs. I understand that they are regularly here at meetings, I have seen them myself: the Chairman has listed the varying roles he played in the Hospital during the last twelve months and with new proposals to extend the Hospital by the Development Committee, he and the rest of the officers are clearly going to get no break in the coming year, so I think they deserve, as punishment, to continue the good work and I wish them well. I have pleasure in proposing their re-election.

SECONDED BY: MR. J. W. LOVEGROVE

Before proposing the election of the officers I would like to, first of all, pay
tribute the outgoing Honorary Officers, that is to Willy Ahern, Chairman, Brian Crawford, Vice Chairman and Gerry Lawler, Honorary Treasurer, for the splendid work they have done. The redevelopment proposals for the Hospital and the expansion of the services places an additional load on these officers and they are to be commended for the good work they have done.

It gives me great pleasure to propose the election of Honorary Officers, Brian Crawford as Chairman. Gerry Lawler as Vice-Chairman and Jim Lovegrove as Honorary Treasurer, also the re-election of Adrian Andrew as Honorary Treasurer.

SECONDED BY: P. JOHNSON:

I would like to second the election and the re-election of the Honorary Members and wish them all very well for the New Year.

H. B. EARLY: Before we conclude, I wish to ask the incoming Chairman to address those present.

CHAIRMAN: B. V. CRAWFORD

I wish to say how honoured I am to be elected Chairman of Hume Street Hospital at this point in its history.

Some of you might remember my father Victor. Some twenty years ago he was part of the team that developed the idea of day-care in this Hospital, then an innovative concept in the medical service. I hope to continue his tradition of advancing the cause of this Hospital and the services provided within.

The City of Dublin Skin and Cancer Hospital was founded in 1911 and in 1916 received a Royal Charter. This Charter was very advanced for its day and has served us reasonably well to date. However, it is now time for change.

One of the major drawbacks is, that despite the contingencies of the Great War then raging in Europe, when so many women were working in hospitals both at home and in the front line, the 1916 Charter did not permit ladies to join the Board. The Charter was also very specific in the type of medical care we were permitted to undertake.

During the past year the Board has commissioned the drafting of a new Charter to remove these particular difficulties and to modernise our rules. This will go before the Board in January 2001 for ratification and adoption. It will then be transmitted to the Department of Health and Children for approval by the Minister and I trust that this approval will be forthcoming swiftly. I would then hope that we will be in a position to invite members of the Ladies' Guild to sit on the Board.
Hume Street Hospital is also a single discipline hospital specialising in dermatology. With the expansion of the Health Service many other hospitals have set up Dermatology Units and Hume Street is presently working at less than full capacity, despite all the efforts of its dedicated and expert staff; dare I say it, we even have some empty beds. This is a situation that neither the Board nor the staff deem acceptable given the pressures in other areas of the Health Service.

Since last year’s Annual General Meeting, as already mentioned, the Board have been actively seeking other areas of medicine into which we might expand and I look forward to dealing with Donal O’Shea and other members of the Eastern Regional Health Authority and the Department of Health and Children in advancing this. We must create a critical mass if we increase facilities here. I was delighted to hear Mr. O’Shea confirm the regard which he and the Eastern Regional Health Authority have for this Hospital and by the announcement that the Hospital services are to be extended with their support. I hope to meet him and his colleagues to progress this matter.

As I mentioned earlier, under the 1916 Charter, the Hospital is very limited in the work that it is permitted to do and our expansion plans require a second new Charter, by which it is proposed to extend the objectives of this Hospital to become a general hospital though still specialising in the area of dermatology. This second Charter will have to be the subject of a cy-pres application to the Courts which, regrettably, may delay implementation. Again our Solicitors will be instructed to proceed with this as soon as possible. Those of you who have explored our Hospital buildings recently will be aware that we have a considerable amount of vacant space. This has, unfortunately, deteriorated over the years by reason of lack of use.

The Board, as has been mentioned, are developing a strategy for the redevelopment of these buildings and we hope we will be in a position to announce this shortly. Any development will, of course, have to take account of the fact that the buildings in Hume Street area a "Protected Structure" as defined in the 1999 Planning Acts, which will limited any development to almost the restoration of the buildings as they are presently.

I would like, on behalf of the Board and the Hospital staff, to thank Willy for his leadership and for all the work he has done for the Hospital over the last two years. Much of this work is not to be seen in bricks and mortar but has involved the most difficult negotiations with Consultants, the Department of Health and Children and the ERHA. I hope I have learned from Willy by listening of him and others and to respect their opinions. Willy has confirmed to me that his expertise will not be lost to the Board in the continuing discussions with the ERHA and the Department. I am looking forward to working with Robert, Carmel, Mary and all the hospital staff and Consultants, together with my colleagues on the Board.
I trust that my term of office, which begins in year one of this new century, will prove that Hume Street Hospital is alive, well, dynamic and progressive and that it will always remember the standard of patient care that is required by the public today.

PRESENTATION TO THE OUTGOING CHAIRMAN, MR. W. AHERN
BY MS. MARY, KELLY, DIRECTOR OF NURSING/MATRON:

On behalf of the Board and Staff of Hume street we would all like to thank you very much for your very hard work over the last two years. We hope you will find this picture very restful and very tranquil and, as you know, it is sailing rather than rowing.

WILLIAM AHERN: Thank you, Mary. I am overwhelmed and deeply appreciative; I thank you most sincerely. It is been a great privilege for me to have been your Chairman for two years and I look forward to continuing on the Board and applying whatever input or value that I may have to you, Mary, to Robert and to all the Staff of the Hospital because they are the people, at the end of the day, who make it work. A very brief final comment; When I became Chairman I had all sort of long-term ambitions but I suddenly and very quickly realised that really what I needed to focus on was the day to day running of the hospital. The longer term, the rebuilding, continuity and posterity can be worked out by the Board in general but the Chairman has to sit down and worry about who is going to be here tomorrow morning to open this Hospital.

H. B. EARLY: I wish to invite you all to refreshments.
AUDITORS' REPORT:
To the Board of Governors of City of Dublin Skin and Cancer Hospital.

We have audited the financial statements on pages 24-32.

Respective responsibilities of the Board of Governors and Auditors:
As described on page 28/29 the Board of Governors are responsible for preparing the financial statements in accordance with Accounting Standards generally accepted in Ireland. Our responsibilities, as independent auditors, are established in Ireland by statute, the Auditing Practices Board and our profession's ethical guidance.

We report to you our opinion as to whether the financial statements give a true and fair view. We state whether we have obtained all the information and explanations we consider necessary for the purposes of our audit and whether the financial statements are in agreement with the books of account. We also report to you our opinion as to:

- Whether the hospital has kept proper books of account.

Attention is drawn to the accounting policies set out on pages 28/29 which reflect the difference circumstances applying to a publicly funded hospital as distinct from a normal commercial entity.

Basis of audit opinion
We conducted our audit in accordance with Auditing Standards issued by the Auditing Practices Board. An audit includes examination on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the governors in the preparation of the financial statements, and of whether the accounting policies are appropriate to the hospital's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion
In our opinion the financial statements give a true and fair view of the state of the Hospital's affairs at 31 December 2000 and of its deficit and cash flows for the year then ended.

We have obtained all the information and explanations we consider necessary for the purposes of our audit. In our opinion proper books of account have been kept by the Hospital. The financial statements are in agreement with the books of account.

PricewaterhouseCoopers
Chartered Accountants and Registered Auditors
## CITY OF DUBLIN SKIN AND CANCER HOSPITAL

**INCOME AND EXPENDITURE**

**YEAR ENDED 31 DECEMBER 2000**

<table>
<thead>
<tr>
<th></th>
<th>2000 IRE</th>
<th>1999 IRE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ORDINARY EXPENDITURE:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery and Dispensary</td>
<td>98,794</td>
<td>79,600</td>
</tr>
<tr>
<td>Domestic</td>
<td>122,730</td>
<td>125,647</td>
</tr>
<tr>
<td>Salaries and Wages</td>
<td>1,569,352</td>
<td>1,401,013</td>
</tr>
<tr>
<td>Administration</td>
<td>199,628</td>
<td>169,131</td>
</tr>
<tr>
<td>Establishment</td>
<td>80,012</td>
<td>46,142</td>
</tr>
<tr>
<td>Finance</td>
<td>5,852</td>
<td>587</td>
</tr>
<tr>
<td><strong>TOTAL ORDINARY EXPENDITURE:</strong></td>
<td>2,076,368</td>
<td>1,822,120</td>
</tr>
<tr>
<td><strong>ORDINARY INCOME:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In patients Maintenance</td>
<td>120,444</td>
<td>109,386</td>
</tr>
<tr>
<td>Hospital in patients</td>
<td>31,845</td>
<td>27,743</td>
</tr>
<tr>
<td><strong>TOTAL ORDINARY INCOME</strong></td>
<td>152,289</td>
<td>137,129</td>
</tr>
<tr>
<td>Investment Income</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Voluntary Hospitals’ Superannuation Scheme</td>
<td>47,490</td>
<td>36,497</td>
</tr>
<tr>
<td>Refunds</td>
<td>37</td>
<td>3,236</td>
</tr>
<tr>
<td>Staff Meals and Maintenance</td>
<td>13,560</td>
<td>14,825</td>
</tr>
<tr>
<td><strong>TOTAL ORDINARY INCOME</strong></td>
<td>213,376</td>
<td>191,692</td>
</tr>
<tr>
<td>Excess of ordinary income over ordinary expenditure</td>
<td>(1,862,992)</td>
<td>(1,630,428)</td>
</tr>
<tr>
<td>Hospital service grants</td>
<td>1,775,000</td>
<td>1,647,000</td>
</tr>
<tr>
<td>(Deficit)/Surplus on hospital activities for the year</td>
<td>(87,992)</td>
<td>16,572</td>
</tr>
<tr>
<td>Transferred to revenue account</td>
<td>(87,992)</td>
<td>16,572</td>
</tr>
</tbody>
</table>

There were no recognised gains or losses in the year other than those noted in the Income and Expenditure Account.

On behalf of the Board
G.M. Lawlor *(Honorary Treasurer)*
R.M. Martin *(Chief Executive)*
CITY OF DUBLIN SKIN AND CANCER HOSPITAL

REVENUE ACCOUNT 31 DECEMBER 2000

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IRE£</td>
<td>IRE£</td>
</tr>
<tr>
<td>Retained surplus at 31 December</td>
<td>257,916</td>
<td>241,344</td>
</tr>
<tr>
<td>Transfer from Income and Expenditure Account</td>
<td>(87,992)</td>
<td>16,572</td>
</tr>
<tr>
<td>Retained surplus at 31 December</td>
<td>169,924</td>
<td>257,916</td>
</tr>
</tbody>
</table>

On behalf of the Board
G.M. Lawlor (Honorary Treasurer)
R.M. Martin (Chief Executive)
### CITY OF DUBLIN SKIN AND CANCER HOSPITAL

**BALANCE SHEET**

<table>
<thead>
<tr>
<th></th>
<th>31 DECEMBER 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Notes</strong></td>
<td><strong>1999</strong></td>
</tr>
<tr>
<td><strong>1999</strong></td>
<td>IR£</td>
</tr>
<tr>
<td><strong>1998</strong></td>
<td></td>
</tr>
<tr>
<td><strong>FIXED ASSETS</strong></td>
<td>8</td>
</tr>
<tr>
<td><strong>INVESTMENTS</strong></td>
<td>7</td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
</tr>
<tr>
<td>Cash at bank and at hand</td>
<td>24,578</td>
</tr>
<tr>
<td>Debtors</td>
<td>3</td>
</tr>
<tr>
<td>Stock</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td></td>
</tr>
<tr>
<td>Creditors</td>
<td>5</td>
</tr>
<tr>
<td><strong>NET CURRENT ASSETS</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL ASSETS LESS LIABILITIES</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CAPITAL EMPLOYED:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>CAPITAL ACCOUNT AND RESERVES</strong></td>
<td>10</td>
</tr>
<tr>
<td><strong>CAPITAL FUNDS</strong></td>
<td>9</td>
</tr>
<tr>
<td><strong>REVENUE ACCOUNT</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

On behalf of the Board
G.M. Lawlor (*Honorary Treasurer*)
R.M. Martin (*Chief Executive*)
## CITY OF DUBLIN SKIN AND CANCER HOSPITAL

### CASH FLOW STATEMENT

YEAR ENDED 31 DECEMBER 2000

<table>
<thead>
<tr>
<th>Notes</th>
<th>2000</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IR£</td>
<td>IR£</td>
</tr>
</tbody>
</table>

**NET CASH OUTFLOW FROM OPERATING ACTIVITIES**

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IR£</td>
<td>IR£</td>
</tr>
</tbody>
</table>

**RETURNS ON INVESTMENTS AND SERVICING OF FINANCE**

- Lease charges paid: (7,382) (8,778)
- Interest received: 3,072 9,023

**CAPITAL EXPENDITURE**

- Payment to acquire tangible assets: (75,000) (5,000)
- Payments to acquire investments: - (100,000)
- Capital grants received: 75,000 5,000

**CASH OUTFLOW BEFORE FINANCING**

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IR£</td>
<td>IR£</td>
</tr>
</tbody>
</table>

**FINANCING**

- Department of Health grants received: 1,775,000 (1,647,000)

**(Decrease/increase in cash)**

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IR£</td>
<td>IR£</td>
</tr>
</tbody>
</table>

On behalf of the Board

G.M. Lawlor *(Honorary Treasurer)*

R.M. Martin *(Chief Executive)*
1. BOARD MEMBERS' RESPONSIBILITIES
The Charter of the Hospital requires the Board to prepare financial statements for each financial year. The Board requires that the financial statements give a true and fair view of the state of affairs of the hospital and of the surplus or deficit and cash flows for that year. In preparing these financial statements, the Board are required to:

- select suitable account policies and then apply them consistently.
- make judgements and estimates that are reasonable and prudent.
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Hospital will continue in operation.

The Board are responsible for keeping proper books of account which disclose with reasonable accuracy at any time the financial position of the Hospital and to enable them to prepare financial statements. They are also responsible for safeguarding the assets of the Hospital and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

2. ACCOUNTING POLICIES
The significant accounting policies adopted by the hospital are as follows:

Basis of accounting
The financial statements are prepared under the historical cost convention as modified by the non inclusion of certain fixed assets and stocks. Proceeds from the sale of fixed assets net of the book value of these assets are credited to capital reserve.

These financial statements deal with the ordinary income and expenditure and assets and liabilities of the hospital. In this context the term "ordinary" refers to those activities which are primarily funded by the Department of Health and Children. These statements do not deal with the private funds of the hospital or those activities which are financially independent (e.g. private fund raising activities).

Income and expenditure
Grants are received from the Department of Health and Children towards the Department of Health and Children towards the net annual running costs of the Hospital. The grants are recognised in the financial statements when approved
by the Department of Health and Children and matched against expenditure to which they relate.

The hospital also takes to income amounts due for beds occupied by private patients to the end of each accounting year based on agreed daily rates in respect of the financial year.

All other income and expenditure is recognised when earned or incurred.

Stocks
In line with the Department of Health and Children accounting guidelines, a stock figure was introduced in 1999. Stock is valued on the lower of cost or net realisable value.

Pensions
The liability in respect of pensions payable to employees who are members of the Voluntary Hospitals Superannuation Scheme 1969 has been underwritten by the Minister for Health and Children. Accordingly, no provision is required in the financial statements to cover the liability in respect of pensions payable to employees in future years.

Contributions from employees who are members of the scheme are credited to the income and expenditure account when received. Pension payments under the scheme are charged to the income and expenditure account when paid.

Fixed assets and Capital Grants
The balance sheet does not include the full cost of the site, building, furniture, vehicles, equipment and appliances of the Hospital or grants received relating thereto.

Expenditure of capital nature is generally accounted for under fixed assets when funded by capital grants but otherwise is written off to the profit and loss account in the year in which incurred, to match the funding and related expenditure.

Expenditure accounted for under fixed assets is stated at cost. Capital grants are credited to the relevant capital fund when approved. No depreciation is provided since substantially all expenditure capitalised is grant aided and consequently any depreciation charge, net of the related grant credit, would not be material, in accordance with paragraph 90 of Financial Reporting Standard 15, 'Tangible Fixed Assets'.
3. DEBTORS

<table>
<thead>
<tr>
<th>Description</th>
<th>2000</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts owed by patients</td>
<td>42,250</td>
<td>12,580</td>
</tr>
<tr>
<td>Less: Provision for bad debts</td>
<td>-</td>
<td>(232)</td>
</tr>
<tr>
<td>Hospital service grants receivable</td>
<td>196,400</td>
<td>164,000</td>
</tr>
<tr>
<td>Amounts owed by private funds</td>
<td>-</td>
<td>4,840</td>
</tr>
<tr>
<td>Staff loans</td>
<td>1,000</td>
<td>624</td>
</tr>
<tr>
<td>Other debtor</td>
<td>6,615</td>
<td>2,000</td>
</tr>
<tr>
<td>Prepayments</td>
<td>71,463</td>
<td>8,836</td>
</tr>
<tr>
<td>Interest receivable</td>
<td>3,072</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>320,800</td>
<td>192,648</td>
</tr>
</tbody>
</table>

4. STOCK

<table>
<thead>
<tr>
<th>Description</th>
<th>2000</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy</td>
<td>6,131</td>
<td>5,222</td>
</tr>
</tbody>
</table>

5. CREDITORS

<table>
<thead>
<tr>
<th>Description</th>
<th>2000</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank overdraft</td>
<td>73,545</td>
<td>-</td>
</tr>
<tr>
<td>Trade creditors and accruals</td>
<td>214,859</td>
<td>173,041</td>
</tr>
<tr>
<td>PAYE and PRSI</td>
<td>37,074</td>
<td>31,969</td>
</tr>
<tr>
<td></td>
<td>325,478</td>
<td>205,010</td>
</tr>
</tbody>
</table>

6. BANK FACILITIES

The investment and titles deeds of number 3 to 8 Hume Street are held by the Bank as security against the bank overdraft facilities.

7. INVESTMENTS

Investments are stated in the balance sheet at cost. The market value at 31 December 2000 was IR£237,290 (1999:IR£180,240) based on the prices ruling at the close of business on that date.
8. **FIXED ASSETS**

<table>
<thead>
<tr>
<th>Fixed assets</th>
<th>Land and Buildings</th>
<th>Fixtures and Equipment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost 1 January 2000</td>
<td>307,257</td>
<td>147,127</td>
<td>454,384</td>
</tr>
<tr>
<td>Additions</td>
<td>-</td>
<td>75,000</td>
<td>75,000</td>
</tr>
<tr>
<td>Disposals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost at 31 December 2000</td>
<td>307,257</td>
<td>222,127</td>
<td>529,384</td>
</tr>
</tbody>
</table>

9. **CAPITAL FUNDS**

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening balance</td>
<td>119,987</td>
<td>114,987</td>
</tr>
<tr>
<td>Capital grants received in relation to additions in year:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical equipment</td>
<td>25,000</td>
<td>-</td>
</tr>
<tr>
<td>Fixtures and fittings</td>
<td>10,000</td>
<td>-</td>
</tr>
<tr>
<td>Other equipment</td>
<td>40,000</td>
<td>5,000</td>
</tr>
<tr>
<td></td>
<td>75,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Closing balance</td>
<td>194,987</td>
<td>119,987</td>
</tr>
</tbody>
</table>

10. **OTHER RESERVES**

<table>
<thead>
<tr>
<th></th>
<th>Capital Account</th>
<th>Realised Profit on disposal of properties</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IRE</td>
<td>IRE</td>
<td>IRE</td>
</tr>
<tr>
<td>Balance at beginning of year</td>
<td>295,866</td>
<td>-</td>
<td>295,866</td>
</tr>
</tbody>
</table>
11. **Reconciliation of net expenditure to net cash outflow from operating activities**

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net expenditure for the year before interest receivable and finance lease charges</td>
<td>(1,859,591)</td>
<td>(1,630,673)</td>
</tr>
<tr>
<td>Increase / decrease in debtors and prepayments</td>
<td>(128,152)</td>
<td>(1,476)</td>
</tr>
<tr>
<td>Increase in stocks</td>
<td>(5,222)</td>
<td>(46,923)</td>
</tr>
<tr>
<td>Increase in creditors</td>
<td>31,654</td>
<td>(1,602,765)</td>
</tr>
<tr>
<td><strong>Net cash outflow from operating activities</strong></td>
<td><strong>(1,940,820)</strong></td>
<td><strong>(1,602,765)</strong></td>
</tr>
</tbody>
</table>

12. **Analysis of changes in cash and cash equivalents during the year**

<table>
<thead>
<tr>
<th>Cash at Bank IRE</th>
</tr>
</thead>
<tbody>
<tr>
<td>At 31 December 1999</td>
</tr>
<tr>
<td>Net cash (outflow)</td>
</tr>
<tr>
<td>At 31 December 2000</td>
</tr>
</tbody>
</table>

13. **LEASES**

   In December 1996 a Finance Lease was entered into for a period of 5 years, for the purchase of Hospital Equipment. The Hospitals Annual Services grant will finance the repayments of this lease. The entire leasing repayments are treated as expenditure in the period to which they relate.

12. **APPROVAL OF FINANCIAL STATEMENTS**

   The financial statements were approved by the Board on Thursday 4th October 2001.
HOSPITAL ACTIVITY STATISTICS 2000

Admissions 325

Attendance at Outpatient clinics/treatments and procedures 8,671

Day Care Unit 14,479

LADIES GUILD

Mrs. M. McDonagh-Byrne President.
Mrs. J. Roughneen Vice President
Mrs. H. Taylor Hon. Treasurer.
Mrs. Ursula Morrissey Hon. Secretary

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Mrs. J. Ryan
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L. Clancy
M. A. Clinton
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K. Costello
N. J. Coveney
Mrs. M. Cunnane
Ms. N. Cunningham

Mrs. J. K. Mortimer
A. G. Murphy
Major T. B. McDowell
Dr. & Mrs. T. McGill
E. A. Maguire
B. J. McKenna
C. A. McKenna
F. G. McNestry
Mr. & Mrs. McMillan
Mr. & Mrs. T. Nesdale
B. McCartan

John D'Arcy
M. D'Arcy
Mrs. B. Doyle
N. Dowling

Dr. & Mrs. E. O'Brien
K. P. O'Reilly-Hyland
P. H. O'Reilly-Hyland
J. O'Reilly

H. B. Early
R. A. Fisher
L. J. Fox
W. J. Fitzsimmons
Ms. T. C. French

P. D. M. Prentice
A. C. Phelan
Senator F. Quinn
W. A. Rodgers
Dr. S. Rogers
A. Rock

C. A. Geelan
A. Glover
G. Gowing

S. H. Seymour
M. W. Taylor
W. Teahan

W. J. Hammond
R. Hanney
P. Harrison
Mrs. N. Harvey
R. G. Heather
Mrs. N. Hynes
Dr. & Mrs. Irwin
C. I. Leahy
J. W. Lovegrove
Mrs. M. Lovegrove

Mrs. R. Walker
A. P. Walker
S. N. Walker
J. White

J. W. Widger
RESEARCH AND DEVELOPMENT TRUST FUNDS

IR£
Rose Hanney ................. 50.00
Maud McKell ................. 10.00
Anon. Donation ............... 1.00

OTHER DONATIONS

IR£
Donation .................... 300.00
Poor box - Courts ............ 100.00
Estate Elizabeth Sweeney .... 300.00

DONATIONS TO MATRON’S FUND: Stiefel

HUME STREET HOSPITAL, DUBLIN 2
Telephone: 01-6766935/6/7/8/9 Facsimile: 6762967

OUTPATIENT CLINICS
Dr. Sarah Rogers • Dr. Paul Collins

ORAL MEDICINE: Mr. Bernard McCartan

ATTENDANCE AT HOSPITAL IS BY APPOINTMENT
AND DOCTOR REFERRAL ONLY

WAYS OF HELPING THE HOSPITAL

GIFT BY WILL

One of the most effective ways of supporting the hospital. All such donations are recorded. The following Form of Gift is recommended to those charitable persons who may feel disposed to assist that hospital by will:

FORM OF GIFT BY WILL

I give to the Treasurer for the time being of the City of Dublin Skin and Cancer Hospital, Hume Street, Dublin, upon this reception the sum of £_____ (or any other description of property, as the case may be), Duty Free, for the general purpose of that Institution.

Signed:...........................................
Visit to Hospital by:

Mr. Micheal Martin, Minister for Health and Children
26th June 2001

Mr. Robert Martin, Chief Executive
Alderman Maurice Ahern,
The Rt. Hon. Lord Mayor

Mr. Robert Martin, Chief Executive
welcomes Mr. Micheal Martin,
Minister for Health and Children

Mr. Brian Crawford, Chairman of
the Board of Governors welcomes
the Minister Mr. Robert Martin
(Centre)
Mr. Brian Crawford, Chairman,
Mr. Dr. Sarah Rogers,
Consultant Dermatologist,
Mr. Micheal Martin, Minister
for Health and Children, Mr.
Tom O’Rielly, Consultant
Plastic Surgeon, Ms M. Kelly,
Director of Nursing/Matron
(left to right)

Mr. Gerard Lawler, Vice Chairman,
Ms. Mary Kelly and Mr Michael Walsh.

Ms. M. Kelly, Mr. Robert Martin,
Mr. Brian Crawford, Mr. Gerard
Lawlor, The Rt. Hon. Lord Mayor,
Alderman Maurice Ahern
Outpatients Department

Dr. Sarah Rogers, Mr. Micheal Martin, Minister for Health & Children

Dermatology Ward

Ms. Anne Kavanagh

Ms. Emer O'Shea
Daycare Unit

Staff with Mr. Micheal Martin, Minister for Health & Children

Ms. Sheena Wyse

Ms. Siobhan Everard, Staff Nurse

Mr. Jim Lovegrove, Hon. Treasurer, Mrs. Joan Roughneen, Vice President, Ladies Guild, Mrs. Phyllis Quigley (Staff)
Mr. Barry Early,
Mr. Gerard Lawler.

Staff Nurses: Ms. Olivia Hayes, Ms. Sheena Wyse, Ms. Emma Milne, Ms. Majella Cotter, Ms. Mary Slattery, Clinical Nurse Managers: Ms Joan Flynn and Mrs Carmel Blake.
Mr. Micheal Martin, Minister and Mr. Pat Farrell

Outpatients Department

Staff with Micheal Martin
Ms. Caroline Lehane, Medical Records

Ms. Michelle Dolan, Staff Nurse. Also in picture, Ms Nora Tracey, Clinical Nurse Manager.
Mr. Micheal Martin with group which includes Board and Staff. 
Mr. Michael Walsh, Mr. Gerard Lawler, Mr. Robert Martin, Ms Mary Eagney, 
Ms. Betty Dent, Ms. Emer O'shea, Mr. B. Crawford.

Mrs. Mairin McDonagh-Byrne, President, Ladies' Guild, Mr. Brian Craword, Chairman, 
(Board), Minister Micheal Martin, Mr. Gerard Lawlor, Vice Chairman (Board).
Mr. Brian Crawford, Chairman,
Mr. Tom O’Rielly, Mr. Micheal Martin, Minister for Health & Children

Mr. Micheal Martin speaks with Ms. Nora Tracey, Clinical Nurse Manager Daycare unit.
Also in picture Mr. B. V. Crawford, Chairman, Mr. G. M. Lawler, Vice Chairman,
Ms. M. Kelly, Director of Nursing
Mr. Micheal Martin, Minister for Health and Children and Ms. Maria Corkery. In background Mrs. M Crabbe, Ms. Caroline Lehane and Ms. Melissa Reilly.

Mrs. B. Dent, Catering Department and Mrs. Aishling Mahon, PA to Chief Executive

Theatre
Mr. Brian Crawford, Mr. T. O'Rielly, Ms. M. Kelly, Private Secretary to Minister, Mr. Jim Breslin, Eastern Regional Health Authority, Ms. Carmel Blake, Allieman Maurice Ahern, The Rt. Hon. Lord Mayor, Mr. Gerard Lawler.