



**THE ROYAL  
HOSPITAL  
DONNYBROOK**

**Annual Report & Accounts 2014**







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# STRUCTURES AND

## Board of Management

Jerry Kelly  
*Chairman*

Robin Simpson  
*Vice-Chairman*

Michael Forde  
*Honorary Treasurer*

Peter Gleeson

Rev. Alastair Graham

Miriam Hillery

Cllr. Frank Kennedy  
*(nominated by Dublin City Council)*

Cllr. Paddy McCartan  
*(nominated by Dublin City Council)*

Prof. Geraldine McCarthy

Caroline O'Shea

Brendan Pigott

Graham Richards

Philomena Shovlin

Victor Stafford

## Audit Committee

Brendan Pigott  
*Chairman*

Michael Forde

Alan Gough

Conor O'Connor

Katrina Strecker

## Nominations and Governance Committee

Jerry Kelly  
*Chairman*

Miriam Hillery

Graham Richards

Robin Simpson

Victor Stafford

## Remuneration Committee

Jerry Kelly, *Chairman*

Michael Forde

Robin Simpson

# COMMITTEES 2015

## Clinical Governance Committee

Tom Hayes  
*Chairman*  
Dr. Lisa Cogan  
Dr. Morgan Crowe  
Miriam Hillery  
Irene Frazer  
Prof. Geraldine McCarthy  
Philomena Shovlin  
Patricia O'Reilly

## Executive Committee

Jerry Kelly  
*Chairman*  
Irene Frazer  
Michael Forde  
Caroline O'Shea  
Brendan Pigott  
Philomena Shovlin  
Robin Simpson

## Consultant in Rehabilitation Medicine

Dr. Paul Carroll

## Consultants in Geriatric Medicine

Dr. J. J. Barry  
Dr. Morgan Crowe  
Dr. Diarmuid O'Shea

## Hospital Management Team

*Chief Executive*  
Irene Frazer  
*Medical Director*  
Dr. Lisa Cogan  
*Interim Director of Nursing*  
Patricia O'Reilly  
*Financial Controller*  
Colm Moloney  
*Occupational Therapy Manager*  
Jo Cannon  
*Physiotherapy Manager*  
Barbara Sheerin  
*Principal Medical Social Worker*  
Mary Duffy  
*Human Resources Manager*  
Sharon Lawlor  
*Corporate & Clinical Affairs Manager*  
Denise Heffernan  
*General Services Manager*  
Thomas O'Brien

*The Royal Hospital Donnybrook is  
a registered charity – No. CHY 982*

# CHAIRMAN'S STATEMENT

**2014 was a very challenging year for The Royal Hospital Donnybrook (RHD) because of continuing funding constraints and significant changes within the management team. However, notwithstanding those challenges, it was another year of quality service for our patients delivered within the constraints of continuing reductions in Health Service Executive (HSE) funding.**

**S**ignificant effort was put into reaching early compliance with the new governance standards published by the HSE in December 2013. The Board reached its self-imposed target of compliance by the 31 May 2014 reporting date rather than avail of the later year end date required by the HSE. Further information is contained in the governance section of this report.

Our plans for a new Primary Care Centre (PCC) to service Donnybrook and Ranelagh in partnership with the HSE and local General Practitioners did not proceed. Our appeal to An Bord Pleanála to allow vehicular access from Ranelagh, for the benefit of people living in that area, was unsuccessful. This project is being re-appraised.

The hospital continues to enjoy excellent cooperation with St. Vincent's University Hospital and its consultants. At year end, it was still unclear just how the RHD and other non-acute hospitals would relate to the new Hospital Groups announced in 2013. We are actively working on strengthening our involvement with our main academic partner, the Medical School of UCD.

In addition to our continuing care beds, the hospital continues to strengthen its commitment to rehabilitative care. A proposal to re-open 20 beds as rehabilitation beds was prepared in January 2015.

# “WHILE THE YEAR HAD ITS MANY CHALLENGES, IT WAS A SUCCESSFUL YEAR BECAUSE OF THE UNSTINTING CONTRIBUTION OF THE MANAGEMENT TEAM AND THE STAFF.”

During the summer, the RHD bade farewell to Graham Knowles, our CEO of 10 years. He was a reforming CEO who made a very substantial contribution to the development of the hospital. Our new CEO, Irene Frazer, arrived in mid-October and very quickly took efficient control of the management of the hospital. In December, the Director of Nursing, Olivia Sinclair, left the RHD on temporary secondment to the HSE where she will be working on an important project on service quality for patients.

While the year had its many challenges, it was a successful year because of the unstinting contribution of the management team and the staff. They are all deserving of our deep gratitude. While many parts of the health service experience morale problems in these budget-constrained times, we and our patients are blessed to have a very committed and well-motivated team at the RHD.

There was one change in the membership of the Board of Management during 2014; Cllr. Frank Kennedy replaced Cllr. Oisín Quinn who had served on the Board for five years. Cllr. Quinn was a valued member of the Board who we were proud to see serve as Lord Mayor of Dublin in 2013-14. We welcomed Conor O'Connor and Alan Gough to the Audit Committee. I look forward to working with our three newcomers.

On a personal level, I wish to record my appreciation of the continuous support I receive from the members of the Board of

Management but especially, the Vice-Chairman, Robin Simpson, and the Honorary Treasurer, Michael Forde. I also wish to specifically thank the chairman of our two vital sub-committees of the Board, Tom Hayes, who chairs the Clinical Governance Committee, and Brendan Pigott who chairs the Audit Committee.

With funding from the HSE again severely constrained during 2014, we were fortunate to be able to get significant financial assistance from the Friends of the Royal Hospital Donnybrook to provide some much-needed facilities for our patients. The never tiring efforts of chairman Peter Gleeson and the board and volunteers of 'The Friends' are deeply appreciated.

The Royal Hospital Donnybrook Voluntary Housing Association (VHA) enjoyed another successful year. The refurbishment of the Cullenswood development is nearing completion and the VHA is researching potential new projects.

The Board has entered 2015 with a great appetite for the year ahead. A number of exciting new projects are being researched which have the capacity to deliver our vision of the RHD as an integrated healthcare campus.

**Jerry Kelly**  
**Chairman**

# GOVERNANCE

**The Royal Hospital Donnybrook (RHD) was founded in 1743 and is one of the oldest charities in Ireland. It received its Royal Charter in 1800 and is consequently a charter corporation. The bye-laws of the RHD can only be changed with the consent of the Oireachtas.**

**T**he Governors of the RHD are drawn from the local community. At AGMs, the Governors receive the annual report and accounts and elect the Board of Management.

The bye-laws permit the Governors to elect up to 25 persons to the Board of Management. However, in line with current best practice, the Board has been reduced in recent years. Today, there are 12 members elected by the Governors and two members nominated by Dublin City Council. The Board meets not less than five times per year. There is a written statement of the Reserved Powers of the Board. All elected members of the Board are volunteers and do not receive any fees or expenses for attending Board meetings or undertaking other work on behalf of the RHD.

There is a comprehensive committee structure with the following Board committees:

- Executive Committee
- Nominations & Governance Committee
- Audit Committee
- Clinical Governance Committee
- Remuneration Committee

There are written Terms of Reference for each of these committees.

The attendance record of the Board members at Board meetings and committee meetings during 2014 is shown in the chart on the opposite page.



## BOARD MEMBERS' ATTENDANCE FOR PERIOD 01/01/14 TO 31/12/14

	BOARD OF MANAGEMENT	EXECUTIVE COMMITTEE	AUDIT COMMITTEE	NOMINATIONS & GOVERNANCE COMMITTEE	CLINICAL GOVERNANCE COMMITTEE	REMUNERATION COMMITTEE
Mr Michael Forde	6/7	3/5	2/3			1/1
Mr Peter Gleeson	6/7					
Rev. Alastair Graham	7/7					
Ms Miriam Hillery	7/7			4/4	4/4	
Mr Jerry Kelly	7/7	5/5		4/4		1/1
Cllr Frank Kennedy	2/2					
Cllr Paddy McCartan	2/6					
Prof. Geraldine McCarthy	6/7				3/4	
Ms Caroline O'Shea	7/7	3/3				
Mr Brendan Pigott	7/7	5/5	3/3			
Mr Graham Richards	5/7			4/4		
Cllr Oisín Quinn*	0/4					
Ms Philomena Shovlin	6/7	5/5			2/4	
Mr Robin Simpson	7/7	5/5	2/2	4/4		1/1
Mr Victor Stafford	7/7			2/4		

\*Cllr. Oisín Quinn was Lord Mayor of Dublin for the first six months of the year

A self-evaluation of the Board and the Chairman was conducted during 2014 and the results were distributed to all members of the Board for discussion at a subsequent meeting.

The Board approved a new Code of Governance Manual in May 2014 which has the following contents:

## **1. Statutory Instruments and Bye-Laws for the Management of the Hospital**

## **2. Principal Duties of Board Members**

## **3. Ethical Behaviour**

- 3.1 Code of Conduct
- 3.2 Protected Disclosure

## **4. Board of Management**

- 4.1 Standing Orders of the Board
- 4.2 Reserved Powers of the Board
- 4.3 Terms of Reference of Committees of the Board
- 4.4 Annual Conflict of Interest & Eligibility Letter

## **5. Risk Management**

- 5.1 Risk Management Overview
  - 5.1.1 *Risk Management Historical Background*
  - 5.1.2 *Risk Management Policy*
  - 5.1.3 *Annual Report on Risk Management*
- 5.2 Clinical Governance
  - 5.2.1 *Clinical Governance Overview*
  - 5.2.2 *Annual Clinical Governance Report*
- 5.3 Financial Procedures
  - 5.3.1 *Financial Procedures Overview*
  - 5.3.2 *Financial Procedures Manual*

## **5.4 Procurement Policy**

## **5.5 Internal Audit**

- 5.5.1 *Internal Audit Charter*
- 5.5.2 *Internal Audit Programme Overview*
- 5.5.3 *Internal Audit Three Year Plan*

## **6. Nominations & Governance**

- 6.1 Board Nominations Procedures
- 6.2 Nomination Criteria
- 6.3 Induction Programme
- 6.4 Re-election of Board Members
- 6.5 Procedure for Appointment of Governors

## **7. Health Services Executive**

- 7.1 Service Level Agreement (SLA) – Introduction
- 7.2 SLA Compliance Procedures
- 7.3 Annual Compliance Statement
- 7.4 S.13.1 Code of Practice for the Governance of State Bodies

A copy of the Code of Governance Manual is given to all new members of the Board and Committees as part of their induction programme. All staff and Board members are required to sign the Code of Conduct on appointment.

The RHD derives most of its income from the Health Service Executive with which it has an annual Service Level Agreement. Employees of the hospital are subject to public pay policy guidelines and regulations. The RHD complies with such guidelines and regulations. No member of staff was in receipt of any payments from donations received by the RHD or via The Friends of the Royal Hospital Donnybrook during 2014 or prior years.



# CHIEF EXECUTIVE'S REPORT

**It is a pleasure to take on the role of Chief Executive Officer in The Royal Hospital Donnybrook (RHD). I commenced on the 13th October 2014 and quickly recognised the culture and commitment of everyone, from Board members to staff, to provide the best level of care to our patients and residents.**

**W**e have had significant change in the senior management structure, CEO, Director of Nursing and Financial Controller. So without a doubt, 2014 has been a year of change. I am delighted to report that due to the dedication and commitment from all staff and management, even during such significant changes, the focus on patients/residents and maintenance of high standards continued throughout.

As we are a patient-centred organisation, the focus of the hospital throughout 2014 was to continue to provide the excellent quality of care within the financial constraints through a multidisciplinary care approach. The focus through our committees and working groups continued to improve practices and processes to achieve high levels of standards required for our patients'/residents' needs in line with national and international standards.

In the final quarter of 2014, the HSE National Service Plan was published for 2015. Our strategic intention to move towards an integrated services model including in-patient, day patient and community services is in line with the national plan.

## **“OUR STRATEGY TO INCREASE OUR REHABILITATION SERVICES DIRECTLY ENABLES US TO ASSIST IN THE NATIONAL OVERALL AIM OF HEALTHCARE BECOMING LESS RELIANT ON RESIDENTIAL CARE AND FOCUSING ON GETTING PATIENTS BACK TO THEIR OWN HOMES.”**

Our strategy to increase our rehabilitation services directly enables us to assist in the national overall aim of healthcare becoming less reliant on residential care and focusing on getting patients back to their own homes.

Our strategy also supports the acute sector focus on management of delayed discharges and emergency department congestion through the provision of acute rehabilitation services. To this aim late in 2014, the RHD, in consultation with St. Vincent's University Hospital (SVUH), developed a business case to enable patient integrated care pathways from SVUH to additional RHD rehabilitation services. I am pleased to report that this proposal was accepted early 2015 and we were in a position to recommission a closed ward.

There are ongoing consultations with our colleagues in the HSE to build on the development of our Rehabilitation Services, both in-patient and day services. We have commenced developing a rehabilitation strategy and, in conjunction with UCD, determining the requirements of the patient population. This will provide us with a clear plan on the expansion of the hospital's rehabilitation services in line with developing patient needs.

We continue to be a patient safety and health and safety focussed organisation

through our effective governance, processes and practices. We have structures in place to provide robust clinical and environmental auditing and action orientated organisation planning. We continue with HIQA and the HSE to provide the best environment possible for our patients and residents.

In addition, we continue to promote and support continuous learning and development to provide for staff development and enhancement of skills that best meet the needs of our patients and residents.

In continuing care, our focus is to provide our residents with a high level of clinical care and maximising their dignity, respect and independence. This is greatly enhanced by our dedicated volunteers whom we thank for their commitment and the enrichment they provide to our residents.

I would also like to take this opportunity to thank the Board of Management, all the management team and staff for making my transition to the RHD an easy one and I look forward to working with everyone on what will be a challenging 2015.

**Irene Frazer**  
**Chief Executive**



# CLINICAL SERVICES

**The Royal Hospital Donnybrook (RHD) provides holistic and comprehensive medical services to all our patient groups. Complex multidisciplinary care is central to the work of the RHD caring for residents living through the later stages of their lives.**

**M**any patients with highly complex medical and nursing needs are managed in this service: patients with tracheostomies, percutaneous feeding tubes, suprapubic catheters, dialysis dependent and who require oxygen and non-invasive ventilation. All continuing care patients are admitted via the Fair Deal Scheme and are provided with a multidisciplinary, individualised and patient centred approach.

A Strategic Objective of the RHD is to expand its specialist multidisciplinary rehabilitative service to older patients. This is in line with service changes required to meet the healthcare needs of older people in our catchment area. The Short-term Post Acute Rehabilitative Care (SPARC) unit delivers specialist geriatrician-led multidisciplinary input for patients who are medically stable and fit for discharge from St. Vincent's University Hospital. The SPARC Unit improves the flow of frail older patients with rehabilitation needs from the acute hospital service. The General Rehabilitation beds are consultant geriatrician-led and provide rehabilitation for older adults with complex needs. The specialist Stroke Rehabilitation unit

provides a dedicated and comprehensive rehabilitation service to people diagnosed with stroke and to their families.

The Maples unit provides a slow stream rehabilitation programme for younger adults with complex neurological, medical and physical disabilities who require a full multidisciplinary team approach. Patients are referred from the Dublin mid-Leinster region. Dr. Paul Carroll, Rehabilitation Consultant, commenced in post in 2014. Dr. Carroll has clinical responsibility for 12 patients under the age of 65 undergoing neuro-rehabilitation. This service has been integrated into the Maples unit.

## **Clinical Governance**

The clinical governance framework, overseen by the Clinical Governance Committee, continues to facilitate each of the quality and safety subgroups and working groups in their development and improvement initiatives. The quality of our services and the safety of our patients are given the highest priority.

## **Research and Education**

A number of research projects have been progressed throughout the year. Research papers in the area of staff attitude to

## “THE QUALITY OF OUR SERVICES AND THE SAFETY OF OUR PATIENTS ARE GIVEN THE HIGHEST PRIORITY.”



influenza vaccination, psychotropic prescribing and rehabilitation of the frail older adult were presented at both national (Irish Gerontological Society) and international (European Society Geriatric Medicine and British Geriatrics Society) meetings.

In the area of geriatric medicine, the RHD remains a designated university teaching centre for the UCD Medical School. 2014 was the sixth year of the “Medicine in the Community” module. Dedicated teaching sessions are given by the Medical Director and Consultant Geriatricians with input from various members of the allied health team. In April 2014, the RHD was an examination venue for the Diploma in Medicine for the Elderly, a clinical exam of General Practitioner vocational trainees in their competence in the provision of care of the elderly.

In 2014, the Director of Nursing and Medical Director were each awarded a Diploma in Leadership & Quality in Healthcare by the Royal College of Physicians of Ireland (RCPI). The aim of the programme, delivered jointly by the RCPI and the HSE, is to equip senior healthcare workers (both clinical and non-clinical) with the expertise and tools they need to continually improve the quality of service they provide. The quality improvement project undertaken was in the area of antibiotic stewardship.

**Dr Lisa Cogan**  
**Medical Director**

# NURSING REPORT

**The nursing and support staff continued throughout 2014 to demonstrate their dedication and commitment in delivering high quality patient-centred care.**

**U**sing a multi-disciplinary team approach, our focus is to deliver quality care in a safe and comfortable environment and to ensure positive outcomes for our patients and residents.

## **Quality and Safety**

To ensure that care is delivered to the highest standard, our three year clinical audit programme, developed in 2012, continued throughout the year. A number of Priority 1 audits (audits which are driven externally by national standards and guidelines and internally on the criteria of high risk and/or high profile) were completed. Audits completed included hospital hygiene, hand hygiene and nursing documentation. The audits also focused on a review of Nursing Pain Assessments and Nursing Pain Care Planning.

The outcome of our clinical audits has resulted in the introduction of several quality initiatives. The Fall Safe quality improvement project is a hospital-wide initiative with the aim of reducing the number of falls. This project has introduced a comprehensive nursing multifactorial assessment and multidisciplinary falls prevention proforma. Resident and patients are

screened for potential falls risk factors and appropriate interventions are offered to the resident/patient to minimise the associated risk factors. Continuous audit is undertaken to monitor compliance.

Throughout 2014, Patient Experience Surveys were carried out across all rehabilitation units. These surveys provide useful feedback to form quality improvement plans. The results demonstrate that the experience of patients in our rehabilitation service is overall positive.

## **Risk Management**

The process of ensuring that the hospital continues to function safely and effectively remains embedded in our risk management structures and processes. Incident reporting continues to be a priority and a full review of all incidents is carried out at our monthly incident review group meetings. Key performance indicators in relation to incident management and reporting are monitored monthly and targets for compliance are set.

Health and safety issues are managed by the Health Safety and Emergency Planning Group. Monthly health and safety walkabouts were completed throughout the hospital and areas for improvement documented and actioned.

**“THE RESULTS OF OUR PATIENT EXPERIENCE SURVEY DEMONSTRATE THAT THE EXPERIENCE OF PATIENTS IN OUR REHABILITATION SERVICE IS OVERALL POSITIVE. ”**



### **Education and Training**

Clinical practice updates and in-service education sessions were provided in areas including medication management, end of life care, pressure ulcer prevention and wound management, nutrition and swallowing. All staff were provided with mandatory training in areas such as health and safety, abuse awareness, infection control, hand hygiene and fire training.

Undergraduate student nursing placements took place throughout 2014. These placements focus on Care of the Older Person and students are rotated through complex continuing care, older person's rehabilitation unit and the day hospital.

**Patricia O'Reilly**  
**Interim Director of Nursing**

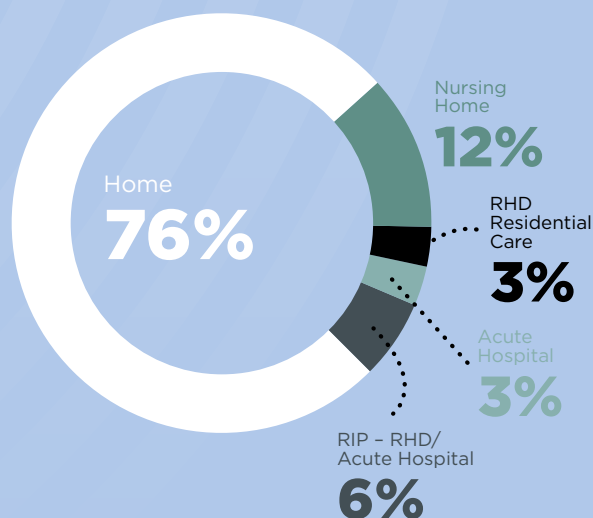
# GENERAL REHABILITATION

**The General Rehabilitation unit is a 28-bed unit. It is one of the many services offered by the RHD, which caters for older adults (over 65 years old) with complex needs.**

**T**he unit facilitates service users to achieve their maximum potential in physical, social and psychosocial domains of their well-being. The unit also provides short term admissions for respite, rehabilitation boosters, or occasional urgent medical needs for patients attending Day Hospital services at the RHD. The service also aims to provide health promotion and education, supporting the service user, family and friends. The unit liaises with primary care teams to support a safe transition from the hospital environment. Where discharge home is not possible, the team supports the service user in considering alternative appropriate options.

- The Barthel Index is utilised as an outcome measurement tool to track rehabilitation. The facilities available at the RHD enhance the service users' experience. The Seating Clinic Service and Activity of Daily Living (ADL) Suite afford best practice opportunity.
- Staff are motivated to engage with Continual Professional Growth and Development, attending relevant courses and conferences throughout the year. Peer support is actively encouraged on the unit. Staff attend in-house training and research discussion groups within the hospital.

## General Rehabilitation Discharges



The Patient Experience Survey was completed in 2014. The survey provided a snapshot of the patient experience on the General Rehabilitation unit. The result of the survey continues to be very good overall with feedback being largely positive.

**Mary Mae Salomon**  
Clinical Nurse Manager



# STROKE REHABILITATION

The stroke team aims to provide a dedicated and comprehensive rehabilitation service to people diagnosed with stroke.

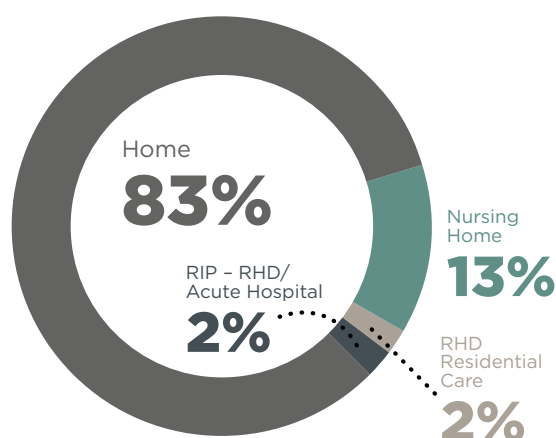
**R**esearch shows that stroke patients do better when they are cared for by a dedicated team working closely to meet the patient's individual goals.

The service is delivered in a bright, modern and pleasant environment. The Stroke Unit operates within a multi-disciplinary team model comprising medical staff, nursing, physiotherapy, occupational therapy, social work, speech and language therapy and dietetics.

Through multidisciplinary team assessment and rehabilitation, the unit facilitates service users to achieve their optimal potential in physical, social and psychological aspects of their well-being, ensuring dignity and respect at all times. The team aspire to the highest standards in care and are pleased to be able to provide increased levels in speech and language therapy to those patients who face challenges of communication deficits post-stroke.

It was a successful year in relation to functional outcomes for our patients' quality of life. In 2014, 61 patients were admitted and, of those, 51 were successfully discharged home. The comprehensive nature of the discharge planning process within the unit is a key to these successful outcomes and patient experiences. Graded discharges and facilitated time out for patients and families gives an accurate representation of patients' care needs. This then facilitates a seamless transition to living at home.

## Stroke Patient Discharges



The multidisciplinary team has continued to prioritise stroke education at all levels. Staff nurses and therapists on the Stroke Unit attended the Annual Stroke Conference in 2014. Furthermore, the team maintained a successful programme of education including: Patient Education Sessions (each session was run by a different member of the team over a two-week period) and "Stroke Awareness for Carers" days.

We have welcomed feedback from all patients and their relatives in helping us maintain our patient-centred focus. We have been delighted with the positive feedback and constructive suggestions made through our patient satisfaction survey. Quality of patient care and successful functional outcomes remain



# SPARC

**A key element of illnesses that bring older people to hospital is that they often present with, or are accompanied by, a loss of function, such as a reduced ability to walk, be continent, swallow efficiently or think straight.**

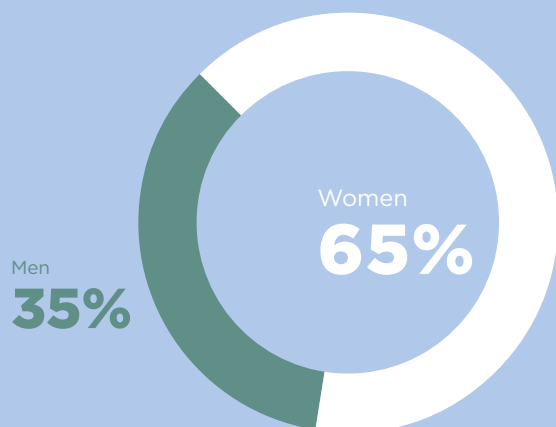
**T**he combination of illness, immobility and hospitalisation means that 30-40 per cent of older people will have a further loss of function in hospital. The Short-term Post Acute Rehabilitative Care (SPARC) Unit is a specific rehabilitation unit that provides specialist geriatrician led multidisciplinary input for patients who are medically stable and fit for discharge from acute hospital care. The aim of SPARC is to improve patients' functional performance after their acute hospitalisation and facilitate a safe home discharge. Patients have a pre-admission senior nursing or medical assessment in the acute hospital to ensure that they would benefit from a dedicated period of rehabilitation. In SPARC, the multidisciplinary team meet twice weekly and an individualised rehabilitation programme is coordinated for each patient. All patients receive medical, nursing, occupational therapy and physiotherapy input and are referred to medical social worker, dietician, wound care specialist and speech and language therapist based on clinical need.

The rehabilitation programme involves a comprehensive geriatric evaluation followed by a multicomponent and multidisciplinary intervention. Medical and nursing components of care include pain

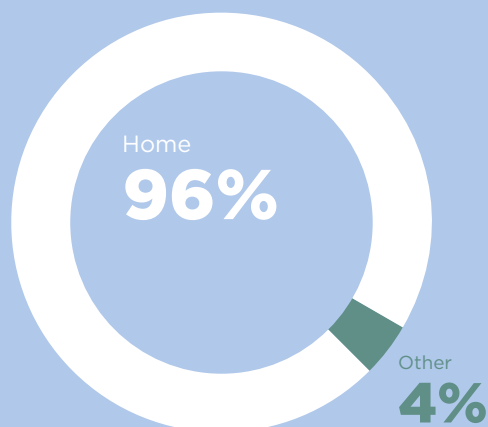
management, medication management and review, management of urinary incontinence and pressure care. Often, to facilitate safe discharge, the patient's home environment needs assessment. This is completed by the occupational therapist. Following that, a service coordinated by the RHD called 'Action Van' installs specialised equipment or makes minor adaptations to the home environment. The physiotherapy service is a crucial aspect of care with the majority of patients making a good physical recovery due to intensive physiotherapy which they receive as part of their treatment. The process of care also include referral and follow up with mainstream hospital services (such as orthopaedic outpatient and geriatric day hospital programmes) community allied health professionals, social work and associated resources including home help support and day care. On discharge, a comprehensive typed discharge summary with input from all relevant allied health disciplines is sent to the patient's GP and public health nurse. There is a strong ethos of rehabilitation on the unit with all patients dressed daily and encouraged to have their meals in a communal dining area.

**Dr Lisa Cogan**  
**Medical Director**

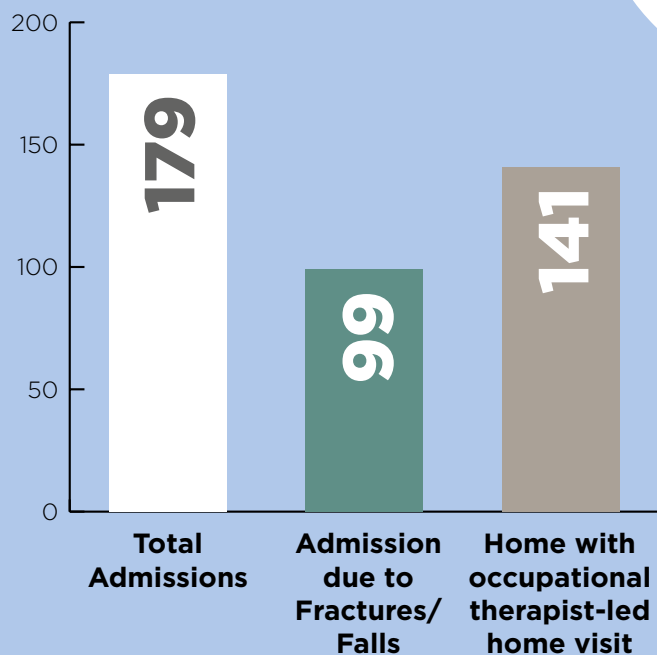
## SPARC Gender Breakdown



## SPARC Discharge Destination




## Other Information



The mean age of our patients in the unit is 81 years and the average length of stay is 35.7 days.

# RESIDENTIAL CARE

**Nursing and support teams led by clinical nurse managers in the Oaks, Cedars and the Phoenix units continued to deliver high quality and person-centred care to all our residents.**

aks and Cedars provide care for residents who are over 65 and Phoenix provides care for residents who are under 65. Together with the medical team, allied health staff and support services, we continued to focus on enhancing and maintaining quality of life for each resident in our care, by ensuring the physical, social, psychological and spiritual needs of each resident are assessed and met within a safe and comfortable environment.

The Health Information and Quality Authority (HIQA) carried out an inspection of our residential units for older people in May 2014. The inspection report was positive in relation to residents' health and social care and the inspectors were satisfied that there was evidence of good governance structures in place. However, the multi-occupancy rooms and related environment standards have been highlighted as requiring updating to meet the national standards.

High quality end of life care is central to the mission of the hospital. The End of Life Working Group, chaired by the Medical Director, meets regularly to maintain and improve upon the quality service provided to residents and patients at the end of life. The Irish Hospice Foundation delivered workshops entitled "What Matters to Me" to the RHD clinical staff. The aim of the

workshop is to enhance communication skills so that staff at all levels are better able to engage in discussions with residents about what is really important to them throughout their time with us.

HIQA have introduced a Judgement Framework to support HIQA inspector staff in deciding on whether a Registered Provider or Person in Charge is compliant with the regulations and/or standards in relation to end of life care and food and nutrition. In preparation for these inspections in the RHD, both the End of Life Working Group and a Food and Nutrition Group have completed a self-assessment questionnaire. The outcomes of these assessments have been submitted to HIQA. Compliance was demonstrated in the area of written operational policies and protocols, which staff are familiar with.

The Residents' Council continued to meet throughout 2014 with a senior medical social worker facilitating the meetings. The meetings are well attended by residents and an advocacy representative also attends. One of the residents was elected as vice chair. Clinical nurse managers continue to facilitate the Residents' Family Forum meetings at unit level, where families and residents meet with nurse managers and staff and exchange information regarding the residential unit, facilities and services available, complaints,

**“THE HIQA INSPECTION REPORT WAS POSITIVE IN RELATION TO RESIDENTS’ HEALTH AND SOCIAL CARE AND THE INSPECTORS WERE SATISFIED THAT THERE WAS EVIDENCE OF GOOD GOVERNANCE STRUCTURES IN PLACE.”**



upcoming trips, transport, etc. All meetings are minuted and are available to residents and families.

The Pastoral Care service continues to provide spiritual and emotional support to all patients and residents accessing the service.

The Activities and Recreation Service aims to provide meaningful activities for all our residents. The programme is extensive and is reviewed continuously to ensure that there is something for everybody to enjoy. Feedback from the residents and their families and staff is very positive and encouraging.

The Volunteer Service continued to provide a valuable service throughout the year, giving their time and offering their services, which greatly improves the quality of life of all our residents.

Transition year students from schools around the Dublin area continued to participate in the Aos Óg programme and Gaisce - The President's Award. Gaisce's mission is to contribute to the development of all young people through the achievement of personal challenges. The Aos Óg programme is designed for the purpose of aiding and enhancing the personal and social development of young persons. These students assist our residents in social and recreational activities, which is mutually beneficial to both the students and residents.

**Patricia O'Reilly**  
**Interim Director of Nursing**



# DAY HOSPITAL

**The Day Hospital facilitates up to 25 patients per day, and is providing an essential community service that enables people to stay safely in their own homes while reducing acute hospital admissions.**

**W**e also provide medical, nursing and therapeutic interventions for people living in the community who have ongoing health and rehabilitation needs.

It is an easily accessible service that aims to promote patients' independence, health and well-being. The work is undertaken by an established multidisciplinary team committed to rehabilitation, health education and empowerment of the service users.

Our service is provided by a geriatrician-led multidisciplinary team including:

- Occupational Therapy
- Physiotherapy
- Nursing
- Medical Social Work
- Speech & Language Therapy
- Dietician
- Podiatry
- Psychology

The majority of the referrals come from St. Vincent's University Hospital as well as other south Dublin hospitals and GPs. The team is also part of an essential support network to patients and their families/care givers here at the RHD, following discharge from the Stroke Rehabilitation, General Rehabilitation and SPARC units.

We have a good working relationship with local community services which helps ensure patients are given all possible assistance to maintain independent living and a good quality of life.

Our occupational and speech therapists have received special training in Lee Silverman Voice Treatment (LSVT) and have continued to develop our special interest in treating Parkinsonian movement disorders through specific, intensive and more frequent input. These patients have reaped great benefit from this input, and this has been reflected in standardised measures recording outcomes.

We have been trialing a monthly memory clinic here in the Day Hospital. We have received referrals for this service from the primary care team in Sandymount.

We also have had a monthly Stroke Review Clinic. This service is for clients who have had a stroke, who are currently attending the Day Hospital and who have been inpatients on the Stroke Rehabilitation Unit. The client is seen by the consultant and a full multidisciplinary team assessment is carried out, if necessary.

The number of clients attending the Day Hospital in 2014 was 465, and there were 218 new admissions during the year.

**Maura Fitzgerald**  
**Clinical Nurse Manager**

# MAPLES REHABILITATION

**The Maples Rehabilitation unit is a 30-bed slow stream rehabilitation unit catering for young adults under 65 years with disabilities.**

**T**here are two respite beds available for adults under 65 years with varying degrees of disability, who are living in the community. We offer up to four weeks respite at any one time providing medical and nursing input.

Brain injury education for patients on the Maples unit continued during 2014. This is a multidisciplinary approach to providing education for a number of patients who showed an interest in learning more about their condition. A member of our team attended the Rehabilitation Medicine UK Conference in October 2014 and presented our findings on the efficacy of our education programme in relation to improving patient insight and awareness into the difficulties they encounter. The poster from this conference is available to all on the Maples unit.

One of our main objectives on the unit is to improve patient access to information regarding their condition, and we have several information boards and communication stations throughout the unit easily accessible for patients and their families.

Our goal-setting process uses the Functional Independent Measure and Functional Assessment Measure (FIM/FAM) measuring tool and we have incorporated the Goal Attainment Scale with considerable success in helping patients achieve realistic goals, enabling them to return to their communities.

Discharge planning, as always, is an important element of the rehabilitation process. The challenges include the lack of age appropriate continuing care facilities, and the lack of funding for home care packages. As a result, there are several patients who continue to wait for a more suitable placement to become available once their rehabilitation programme here has been completed.

Overall, we had 108 admissions to the Maples unit. There were 72 Rehab admissions to this service from which there were 64 discharges to home, other patients were discharged to a hospital within their community linked in with local discharge services or to continuing care within their own community. In addition, there were 36 Respite admissions in 2014 on the Maples unit.

**Elaine Foley**  
**Clinical Nurse Manager**

# OCCUPATIONAL THERAPY

**The Occupational Therapy (OT) Department has continued to grow and develop throughout 2014 and it has been a very positive and productive year.**

**M**aintaining OT staffing levels has been crucial to providing continuity in patient care, optimising patients' levels of independence and ultimately discharging patients back to living within their local community.

The Activity of Daily Living Suite has aided patients and families in conjunction with their occupational therapists to practice daily living tasks within a therapeutic environment. This is an essential part of the rehabilitation process where possible options for equipment provision and home adaptations are explored with the aim of independence and safety following discharge from hospital.

Our Seating Clinic continued to grow and our occupational therapists have gained further training and expertise in the management of patients with neurological conditions who have complex 24 hour postural needs. We are now skilled in the assessment and provision of specialised seating systems including individualised moulded seating.

The Occupational Therapy Department, in conjunction with a physiotherapy colleague, continue to be the National Trainers for Ireland in a globally used outcome measure called FIM/FAM. In 2014, we provided FIM/FAM training to over 35 allied health professionals from various

Irish hospitals including, St. Vincent's University Hospital, St. James's Hospital and Clontarf Orthopaedic Hospital as well as various nationwide primary care teams. We have a waiting list for further training going forward into 2015 including Tallaght, Beaumont and Belfast hospitals.

We have been proactive in sharing our knowledge and expertise with other professional colleagues from locally based services. We have provided in-service training on the Management of Parkinson's Disease to community and hospital therapists as well as sharing our resources with Headway Ireland in the rehabilitation of patients with brain injury.

We were delighted to be chosen to present our work on Parkinson's Disease at the Irish Gerontology Society (IGS) Conference in Galway and also share the development of our Brain Injury Education Programme at the British Society of Rehabilitation Medicine (BSRM) Conference in Bristol.

We are looking forward to the challenges of 2015 as we aim to continue to provide the highest quality of Occupational Therapy Services to all our patients.

**Jo Cannon**  
**Occupational Therapy Manager**

# PHYSIOTHERAPY

**Physiotherapy is an integral service provided across all areas within the hospital in 2014.**

**T**his included our adult service in addition to our care of the elderly inpatient units and outpatient Day Hospital. Nearly every person coming into the hospital received physiotherapy during their stay here. When asked, 99% of patients felt that they have not only benefitted from their physiotherapy treatment but also, sometimes to their surprise, they have actually enjoyed it!

Over the years, the Friends of the Royal Hospital Donnybrook have continually supported us. Last year, through their fundraising efforts, they donated two pieces of equipment to the department - a moto-med bike and an easy stand glider. Both of these pieces of equipment help us to alleviate pain and stiffness and assist us in maintaining or regaining mobility with patients.

The department remains committed to its continuous professional development through the attendances at relevant courses and feedback to the rest of the staff during regular monthly in-service sessions.

We also contribute to the hospital's ongoing education programmes such as mandatory manual handling brain injury education for stroke patients and education sessions regarding the seating and

positioning of patients. The Senior Physiotherapist on the Adult Rehabilitation unit is actively involved in the provision of training in the use of the FIM/FAM outcome measure tool which measures a patient's functional independence. This training is given regularly to multidisciplinary teams throughout Ireland.

The Senior Physiotherapist on the Stroke unit presented her research on an outcome measure on "The Impact of Post Stroke Arm Spasticity and the Care Giver Burden" at the Northern Ireland Stroke Forum in May 2014. This was awarded first prize in the highest scoring abstract presentations.

The Spasticity Clinic has resumed following the appointment in 2014 of Dr. Paul Carroll, Consultant in Rehabilitation. The clinic is held on a monthly basis between physiotherapy and rehabilitation medicine and is offered to any neurological patient dealing with the debilitating effects of spasticity. This clinic includes a splinting and casting service. We look forward to the challenges and changes which 2015 may bring and we will continue to endeavour to deliver a high quality service.

**Barbara Sheerin**  
**Physiotherapy Manager**

# MEDICAL SOCIAL WORK

## High demand for home care packages in 2014 has posed a challenge for patients and relatives and the Medical Social Workers (MSWs) involved.

**S**ome of the patient needs raised with the social worker included; loss and bereavement, anxiety, substance abuse, childhood traumas, carer stress, family dynamics including differing opinions on where the patient should go, mental health issues and financial concerns. All of these issues need to be addressed with the patient/families and advocating on behalf of the patient is a key role for the MSW.

MSWs supported patients and next of kin with Fair Deal legislation throughout the year. MSWs provided support throughout the decision making process, providing information to patients about appropriate placements, HIQA, the comprehensive assessment (CSAR) and the financial assessment required.

Tight resources in the community continue to impact on patients and their choices for the future. This also impacted on our discharge planning discussions and complicated care planning meetings.

The Residents' Council is held every two months, facilitated by a Social Worker and the Volunteer Coordinator. One of the residents has the role of Vice Chair. Topics raised at the meetings are documented and shared with the Hospital Management

Team. Over the last year, there has been an increase in attendance and the Council now also includes residents from all residential units. Last year, the Friends of the Royal Hospital Donnybrook kindly supported a group of residents to go to the Irish Wheelchair Associations' National Holiday Centre in Cuisle, Co. Roscommon, and also supported a couple of residents in going to Lourdes. A memorial tree was planted on the grounds, at the request of the residents, in memory of all the patients who passed away over the years. The Residents' Council members also requested that a bench be placed outside in memory of a long-standing resident who had passed away, and the funds for this came from the Residents' Council budget.

MSWs continued to do RHD-based presentations to the UCD medical students.

The MSW department worked closely with the patients/families and the multidisciplinary team on the units to expedite successful discharges home as the priority or to a more suitable care setting in some circumstances.

**Mary Duffy**  
Principal Medical Social Worker



# SPEECH AND LANGUAGE THERAPY

**The Speech and Language Therapy Department (SLT) has continued to enhance its knowledge base and develop its clinical skills throughout 2014.**

**T**he department has completed two clinical audits in relation to Standards of Documentation and Compliance with the Irish National Modified Food Consistency Standards across the hospital. Both audits have enabled an analysis of current practice and quality improvement plans are in place for 2015.

The Speech and Language Therapy Department was delighted to give a platform presentation at the Irish Gerontology Conference (IGS) 2014 in Galway. The presentation on 'Using "Communication Ramps" to Enable Participation in Patient Experience Surveys and Increase Response Rates' received very positive feedback. This work focused on ensuring that patients with communication deficits were included and facilitated to participate in completing Patient Experience Surveys using communication accessible methods. Patient Experience Survey response rates increased by 28% across the hospital. Some wards with high levels of communication deficits had an increase in response rates by 50%. A poster presentation of this work was also presented at the UK Stroke Forum in Harrogate. In addition, we were delighted to attend the British Society of Rehabilitation Medicine Conference (BSRM) in Bristol and share our Brain Injury

Education Programme with our peers through a poster presentation.

The Speech and Language Therapy Department has contributed to the hospital's training programme in 2014 by facilitating training to carers, household staff and allied health staff on the Thickening of Fluids. Further training will take place next year that will also include Effective Communication Training. A speech therapist has also secured funding and a clinical placement to undertake videofluoroscopy training. This will greatly enhance the skill base within the department.

The Speech and Language Therapy Department has continued to be a proactive member of the Catering Committee and provides advice and support in ensuring safety and compliance with Irish National Modified Food Consistency Standards for patients with swallowing impairments.

We look forward to providing the highest standards of Speech and Language Therapy to patients within The Royal Hospital Donnybrook in 2015 and we will continue to promote quality of care and service development.

**Jo Cannon**  
**Occupational Therapy Manager**

# NUTRITION AND DIETETICS

**D**uring 2014, a total of 236 dietetic referrals were received from across the hospital - 180 from the Rehab wards, 19 from the continuing care wards and 37 from the Day Hospital.

The Dietetic service continues to work on nutritional assessments based on clinical needs and cases are prioritised accordingly.

Specific care plans were designed by the dietitians, in collaboration with the nurses, for patients with tube feeds.

We carried out an audit on the timing and types of snacks given to the patients during the day and mid evening.

Recommendations on the above were made to ensure that they best serve the nutritional needs of patients.

As always, we strive to improve communication at ward level regarding nutritional support to the patients. To this end, information on individual patient's nutritional supplements has been made available to all wards.

We continue to facilitate students from the Dublin Institute of Technology, Kevin Street and Trinity College Dublin.

**Zoe McDonald, Senior Dietitian/  
Barbara Sheerin, Physiotherapy Manager**

# PSYCHOLOGY

**T**he majority of the referrals to the Psychology Department have come from the Maples and Stroke units. Reasons for referrals included low mood anxiety, neuropsychological assessments, adjustment and insight, capacity and challenging behaviour issues.

Since March 2014, we have set up the risk register for the department, and devised a system for the allocation of cases. We reviewed training needs for the various units and updated the Psychology Assessments, including purchasing the Wechsler Adult Intelligence Scale (WAIS4).

**Mary Duffy  
Principal Medical Social Worker**

# PODIATRY

**P**odiatry is a healthcare profession that is involved with the diagnosis and treatment of diseases and disorders of the lower limb and foot. In the RHD, Podiatry aims at achieving the following goals:

- Diagnosis and Assessment
- Treatment
- Education and Advice
- Prevention
- Palliative Care

Podiatry provides foot care in the following ways: advice and education, removal of corns and calluses, removal of ingrown toe nails, diagnosis of various skin diseases and their appropriate treatment, advice and correction of biomechanical disorders, thus

helping the patient to rehabilitate faster. As Diabetes Type 2 is increasing amongst the elderly population, Podiatry provides an important role in educating the patient about foot care and encouraging regular visits to the Podiatric clinic.

Podiatry is delivered throughout the hospital on a rotational system. All new admissions are attended to as soon as possible and urgent cases are given priority. Podiatry plays a significant role in preventing minor lesions progressing to more serious systemic conditions, promoting and maintaining mobility and providing comfort – all greatly enhancing the patient's quality of life in the hospital.

**Brid Waldron**  
**Podiatrist**

# PATIENT/ RESIDENT FEEDBACK

"I truly don't believe you totally understand just how much your kindness, professionalism and good humour can have such a positive effect on both patients and their families. I particularly remember how you smoothed our paths in preparation for discharge home with such practical advice and specialised equipment. This enabled my husband to have a happy and productive time at home following his stroke."

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*"Thank you for your care and attitude and your belief that I would progress when I wasn't so sure..."*

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"To all of you in Rehab, thank you for making me feel younger and thank you for the great care I got."

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*"We are delighted with the progress she has made and continues to make due to the inspiration you have given."*

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"We really appreciate all that you did for dad in his two years attending the Day Hospital. You all go over and above to make him and all the other clients feel so welcome and treasured. We will never forget your kindness to him and all of us as a family."

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*"Each of you in your own special way made my time at the Royal Hospital enjoyable. Any problems I had were treated with great expertise and consideration."*

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"Words are not enough to express how thankful we are as a family for all you have done. Your genuine care and kindness to us all is so much appreciated. You were a ray of hope that this family have had the absolute pleasure of meeting and your constant optimism during the really tough times has kept us all going. Thank you so much."

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*"Thank you so much for all the great care and individual attention you gave me during my stay in The Royal Hospital. I could not get over how really special you made me feel. I was so lucky having your so professional care. I really enjoyed the relaxation classes."*

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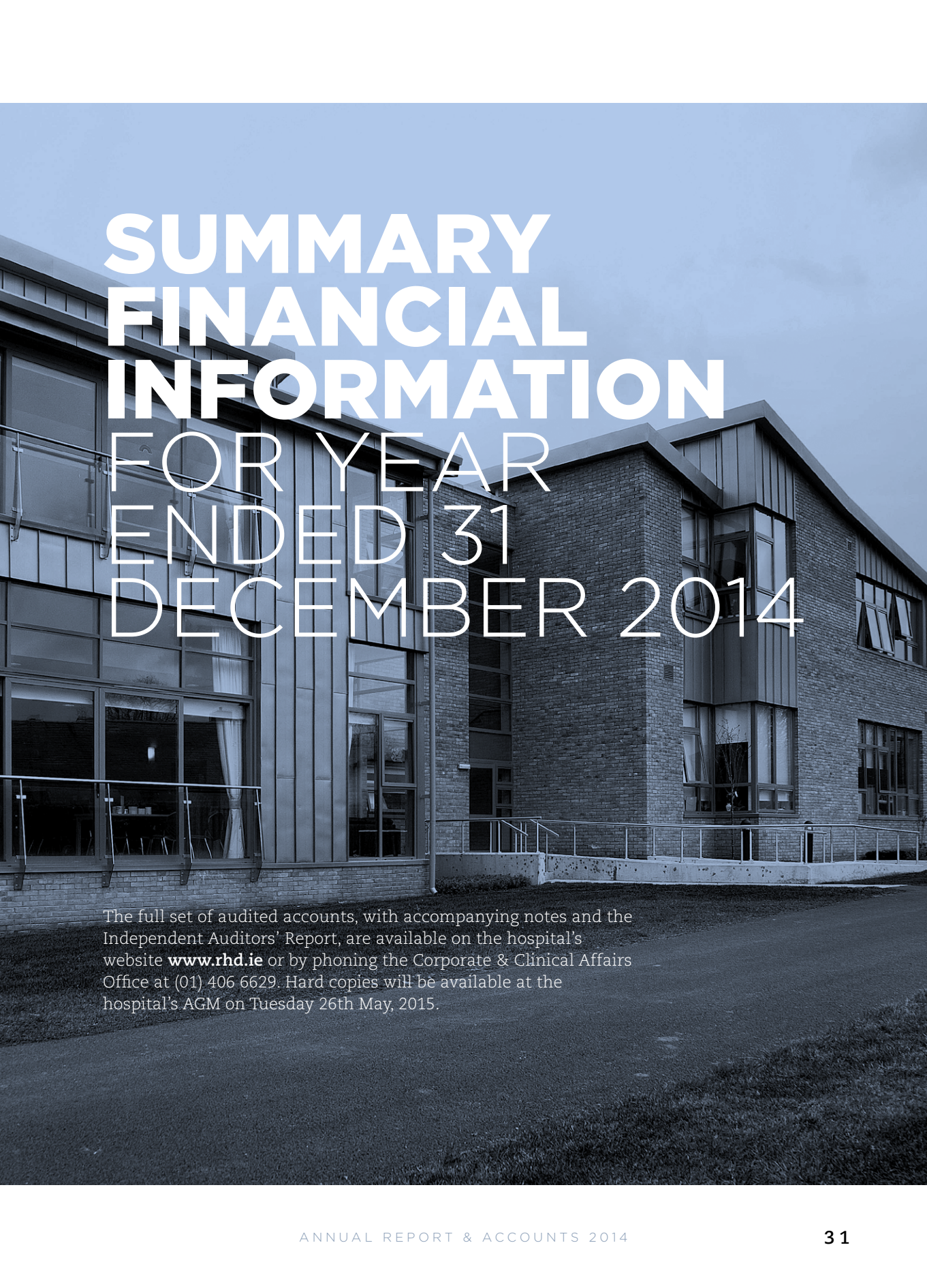
*Poem from a family included in a card:*

*"Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around."*

*– Leo Buscaglia*

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# SUMMARY FINANCIAL INFORMATION FOR YEAR ENDED 31 DECEMBER 2014

The full set of audited accounts, with accompanying notes and the Independent Auditors' Report, are available on the hospital's website [www.rhd.ie](http://www.rhd.ie) or by phoning the Corporate & Clinical Affairs Office at (01) 406 6629. Hard copies will be available at the hospital's AGM on Tuesday 26th May, 2015.

# ORDINARY INCOME AND EXPENDITURE ACCOUNT

Year ended 31 December 2014

	2014 €	2013 €
<b>Ordinary expenditure</b>		
Pay expenditure	14,808,188	15,025,317
Non-pay expenditure	4,316,419	4,696,850
	19,124,607	19,722,167
Ordinary income	2,409,912	2,195,331
<b>Net expenditure for year</b>	16,714,695	17,526,836
Allocation from HSE towards net expenditure for year	16,694,723	17,236,449
<b>(Deficit) for year</b>	(19,972)	(290,387)
Accumulated surplus brought forward	294,019	584,406
<b>Accumulated surplus carried forward</b>	274,047	294,019

*On behalf of the Board of Management*

Jerry Kelly, Chairman  
Michael Forde, Treasurer



# ORDINARY BALANCE SHEET

Year ended 31 December 2014

	2014 €	2013 €
<b>Ordinary assets</b>		
Allocations due - Revenue	1,601,926	1,637,533
- Capital	(49,016)	(49,016)
Debtors and prepayments	232,389	164,332
Bank balances and cash	1,283,734	1,567,566
	<u>3,069,033</u>	<u>3,320,415</u>
<b>Ordinary liabilities</b>		
Creditors and accrued expenses	(2,282,940)	(2,394,903)
Patient Funds	(512,046)	(631,493)
	<u>(2,794,986)</u>	<u>(3,026,396)</u>
	<u>274,047</u>	<u>294,019</u>
<b>Represented by:</b>		
Accumulated surpluses carried forward	<u>274,047</u>	<u>294,019</u>

*On behalf of the Board of Management*

Jerry Kelly, Chairman  
Michael Forde, Treasurer

# SCHOOLS INVOLVED IN THE AOS ÓG PROGRAMME AND GAISCE – THE PRESIDENT’S AWARD

Belvedere College  
Blackrock College  
Catholic University School  
Coláiste Bríde  
Coláiste Éanna CBS  
Coláiste Íosagáin  
Donabate Community College  
Firhouse Community School  
Gonzaga College  
Jesus and Mary College  
Loreto College  
Loreto Secondary School  
Moyle Park College  
Mount Anville Secondary School  
Muckross Park College  
Newpark Comprehensive School  
Notre Dame Secondary School  
Scoil Chaitríona  
Sandford Park  
St. Mary’s College  
St. Mary’s School for Deaf Girls  
St. Columcille’s Community School  
St. Louis High School  
St. Michael’s College  
St. Benildus College  
St. Andrew’s College  
St. Raphaela’s Secondary School  
Wesley College

# LIST OF GOVERNORS

Mrs Yvonne Acheson  
 Mrs Iris Agnew  
 Mrs J. Ansell  
 Ms Fiona Ashe  
 Ms Tania Banotti  
 Mr Charles Barry  
 Mrs Barbara Baynham  
 Mr Walter Beatty  
 Rev. Canon R.H. Bertram  
 Mr Keith Blackmore  
 Mr R. Blakeney  
 Dr Alec Blayney  
 Ms Lainey Blayney  
 Dr Paul Brady  
 Prof. Niamh Brennan  
 Mrs Loretta Brennan-Glucksman  
 Dr Brian D. Briscoe  
 Dr David Brophy  
 Mr Frank Buckley  
 Mrs Joyce Byrne  
 Ms Margaret Cagney  
 Mrs Ruth Carnegie  
 Mr Harry Carroll  
 Mr J. D. Carroll  
 Mr John Carroll  
 Dr Marguerite Carter  
 Mr David P. Clarkin  
 Mr Stephen Cloonan  
 Mr Charles Coase  
 Mr Anthony E. Collins  
 Ms Anne Connolly  
 Mr Alan Cooke  
 Mr L. Cosgrave  
 Mrs Vera Cosgrave

Ms Joan Costello  
 Mrs Catherine Coveney  
 Ms Lucinda Creighton, T.D.  
 Judge Timothy Crowley  
 Mr Frank Cunneen  
 Mr Declan Cunningham  
 Mr James Darlington  
 Mr Sean Davin  
 Mr Michael Dawson  
 Mr John de Vere White  
 Dr Audrey Dillon  
 Mr Mark Doyle  
 Mrs Audrey Emerson  
 Mr Derek England  
 Mr Rodney Evans  
 Mr Patrick Ewen  
 Ms Denise Fanagan  
 Ms Kaye Fanning  
 Mr Paul Fanning  
 Prof. Ronan Fanning  
 Mrs Flo Fennell  
 Mr Vincent Finn  
 Mr Michael Forde  
 Mrs Sylvia Fry  
 Dr Graham Fry  
 Mr Colm J. Galligan  
 Mr Cecil Geelan  
 Ms Ita Gibney  
 Ms Jill Gibson  
 The Honourable Mr Justice  
 Paul Gilligan  
 Mr Peter Gleeson  
 Mr Michael Gleeson  
 Mr E. R. A. Glover  
 Mr George Good

Mr Billy Gorman  
 Mr Alan Gough  
 Mr Hugh Governey  
 Miss D. Graham  
 Rev. Alastair Graham  
 Mr Alan Graham  
 Dr Marie Elaine Grant  
 Mr Randal N. Gray  
 Rev Sonia Gyles  
 Miss Ruth Handy  
 Mrs Eithne Healy  
 Dr Carmencita Hederman  
 Mr William P. Hederman  
 Mrs Miriam Hillery  
 Dr Claire Hogan  
 Mr Laurence J. Holmes  
 Ms Kathleen Hunt  
 Dr Una Hunt  
 Mrs Ruth Hurson  
 Mrs Olive Jones  
 Mr Padraic Jordan  
 Prof. Michael Keane  
 Dr Donal J. Kelly  
 Mr Jerry J. Kelly  
 Mr James Kelly  
 Mr Peter F. Kelly  
 Mr Patrick Kelly  
 Miss Rosaleen Kennedy  
 Cllr Frank Kennedy  
 Mr David Kennedy  
 Mr Charles Kenny  
 Dr Brian Keogh  
 Dr David Kevans  
 Mrs Gladys Kingston  
 Cllr Dermot Lacey

Mr John Lacey	Mrs Catherine O'Connor	Ms Joyce Rigby-Jones
Mr Peter Ledbetter	Mr Michael G. O'Connor	Mr Henry N. Robinson
Mr Jerry Liston	Mr Conor O'Connor	Mrs Breda Ryan
Mrs Helen E. Lowe	Mr Tom O'Connor	Mr Brendan Scannell
Ms Aine Lynch	Judge John O'Connor	Mr Frank Scott Lennon
Mrs Patricia Madigan	Ms Adrienne O'Donnell	Mr Sean Sexton
Mr David Martin	Mr John O'Donnell	Mr H. K. Sheppard
Mr Michael Maughan	Dr Alan O'Grady	Mrs Jeremy Sherwell-Cooper
Mrs Gemma Maughan	Dr Alan O'Grady-Walshe	Mr Tom Shields
Mrs Marcella Maughan	Mrs Clare O'Halloran	Ms Philomena Shovlin
Mrs Margot McCambridge	Mr Desmond O'Halloran	Mr Robin Simpson
Ms Dorothy McCann	Ms Maire O'Higgins	Prof. Susan Smith
Cllr Paddy McCartan	Ms Rosemary O'Loughlin	Mr Barry Smyth
Prof. Geraldine McCarthy	Mrs F. J. (Teresa) O'Reilly	Ms Jacqueline Smyth
Mr Timothy McCormick	Mr John O'Reilly	Mr Victor Stafford
Ms Sunniva McDonagh, S.C.	Mrs Beatrice Ormston	Ms Katrina Strecker
Mr Brendan McDonald	Ms Caroline O'Shea	Mr Colin Sullivan
Mr Michael McDowell	Mr Liam O'Sullivan	Ms Steph Sullivan
Ms Patricia McGettrick	Miss Terri O'Sullivan	Mr G. J. R. Symes
Mr Patrick McGilligan	Mr Brendan Pigott	Rev. J. Teggan
Dr Noel McGrath	Mr Gordon Poff	Mr Gary R. Tennant
Mrs O. E. McGuckin	Mrs Anne Potterton	Mrs Sylvia Tennant
Mr Paul McLaughlin	Mrs Margaret Power	Mrs Rosemary Thompson
Mr Paul McQuaid	Mrs Penelope Proger	Mr Donal Thornhill
Mr Matt Minch	Mr Michael Purcell	Ms Maura Thornhill
Mr Tony Mulderry	Mr Paul Quilligan	Mr John Tierney
Mrs Margaret Murphy	Mr Lochlann Quinn	Mr Anthony Twomey
Mrs T. Murphy	Ms Liz Quinn	Mr Stephen Vernon
Judge Catherine Murphy	Ms Brenda Quinn	Mr Arthur Vincent
Mr Eoghan Murphy, T.D.	Mr Oisín Quinn, S.C.	Mr C. Garrett Walker
Mr Gerard Murtagh	Mr Ruairi Quinn, T.D.	Mr Raymond M. Walker
Mr Liam Nicholl	Mr Brian Ranalow	Mr John White
Mrs Katherine Nixon	Dr Fintan Regan	Mr Joseph A. Whitten
Mr J. Nunan	Mr John C. Reid	Ms Jane Williams
Mgr Lorcan O'Brien	Mr W. J. Reid	Mrs Maeve Woods
Ms Cathy O'Brien	Mr Thomas Rice	
Mr Jim O'Callaghan, S.C.	Mr Graham Richards	

*Every effort has been made to ensure the list of Governors is up to date. However, if you notice an error, please contact the Corporate and Clinical Affairs Office at (01) 406 6629.*





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