THE ROYAL HOSPITAL DONNYBROOK

ANNUAL REPORT & ACCOUNTS

2015

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STRUCTURES AND COMMITTEES 2015

BOARD OF MANAGEMENT

Jerry Kelly, **Chairman**
Robin Simpson, **Vice-Chairman**
Michael Forde, **Hon. 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
Óisin Quinn, S. C. **(joined October 2015)**
Graham Richards
Philomena Shovlin
Victor Stafford **(retired June 2015)**

NOMINATIONS AND GOVERNANCE COMMITTEE

Jerry Kelly, **Chairman**
Miriam Hillery
Graham Richards
Robin Simpson
Victor Stafford **(retired June 2015)**

AUDIT COMMITTEE

Brendan Pigott, **Chairman**
Michael Forde
Alan Gough
Conor O'Connor
Katrina Strecker

CLINICAL GOVERNANCE COMMITTEE

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

REMUNERATION COMMITTEE

Jerry Kelly, **Chairman**
Michael Forde
Robin Simpson

EXECUTIVE COMMITTEE

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

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

Operations Manager
Conor Leonard

CONSULTANT IN REHABILITATION MEDICINE

Dr. Paul Carroll

CONSULTANTS IN GERIATRIC MEDICINE

Dr. Lisa Cogan **(Medical Director)**

Dr. J. J. Barry

Dr. Morgan Crowe

Dr. Diarmuid O'Shea

Dr. Tim Cassidy

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

The hospital's Annual General Meeting will be held on Tuesday 31st May 2016 at 5.30pm in the hospital's Concert Hall.

CHAIRMAN'S STATEMENT

It is my pleasure on behalf of the Board of Management to introduce the 2015 Annual Report. It was a year in which we continued to give the clinical and caring attention to our patients and residents which is expected of us.

Since that is our primary purpose, it could consequently be considered to have been a good year. However, that is not the full story as it was a year which presented us with some very significant challenges.

The Royal Hospital Donnybrook (RHD) is primarily a rehabilitation hospital. During 2015 we were very pleased to be able to reopen 20 beds for rehabilitation patients with the support of the HSE. The RHD has a key role to play in supporting discharges from acute hospitals by providing specialist post-acute rehabilitation in both inpatient and day hospital facilities. We are totally committed to supporting the national policy objective of integrated care in partnership with the HSE, acute hospitals, the National Rehabilitation Hospital (NRH) and the primary care sector.

A key feature of rehabilitative medicine is the need for multidisciplinary teams. We have an excellent group of consultants assisted by a wonderful team of committed nursing staff and allied health therapists. A distinguishing feature of the RHD is that our rehabilitative care services are delivered by consultants supported by a wide range of multidisciplinary professionals. We were particularly pleased when our Medical Director, Dr. Lisa Cogan, was successful in achieving consultant status during 2015. The RHD aims to set a national standard for post-acute rehabilitation which simultaneously reduces overall healthcare costs and improves patient outcomes.

I wish to record my deep appreciation of the efforts of all our staff, clinical and non-clinical during 2015. They deliver excellent clinical outcomes and ensure the patients have their clinical and other relevant needs met.

One of the more challenging issues of 2015 was a governance issue. The HSE brought out a new multi-year Service Arrangement which sought much greater scope to control the voluntary hospitals than heretofore. The RHD worked with 22 other hospitals to negotiate a limited number of amendments. After much legal advice, and with a threat of a withdrawal of funding hanging over us, the Board of Management most reluctantly agreed to the new Service Arrangement. This was an agonising decision for the members of the Board of Management.

The Income and Expenditure Account for 2015 shows a deficit of €254,000. The deficit includes €60k of unreimbursed pension costs. Irrespective of the net costs incurred, the HSE has imposed a ceiling on reimbursement of net pension costs which has generated a shortfall of €300k for the RHD over the past five years. The scale of the final overall deficit for 2015 was driven by the HSE's decision to clawback most of the accumulated profit reserve. That reserve has now been reduced to only €22,000, a tiny figure for an institution the size of the RHD. Our frustration was compounded by the delay in getting the HSE to finalise their financial allocation for 2015 which created difficulty in ensuring proper oversight of expenditure while services to patients were maintained in anticipation of reaching a reasonable settlement with the HSE. The Board did not desist from expressing its dissatisfaction with this situation to the HSE from as early as February 2015.

A key feature of our relationship with the HSE is the 'silo' financial structure of the HSE. The RHD is on the acute hospital patient pathway but is funded by the Social Care Directorate of

I wish to record my deep appreciation of the efforts of all our staff, clinical and non-clinical during 2015. They deliver excellent clinical outcomes and ensure the patients have their clinical and other relevant needs met.

the HSE. Two-thirds of our inpatient activity and the activities of the Day Hospital have a direct bearing on pressure on emergency departments and acute hospital admissions. The constraints on the HSE's national budget is such that the finances of most hospitals have been stretched close to breaking point. With a growing elderly population, much greater financial resources must be made available if all patients are to get appropriate care safely. At the time of writing, the budgetary situation for the RHD for 2016 is a source of concern.

The RHD has joined the Voluntary Healthcare Forum (VHF). The VHF has been created to promote and protect the interests of the voluntary hospitals. There are currently three types of hospital structure: HSE-owned hospitals, statutory voluntary hospitals (where the Minister for Health appoints the board members), and independent voluntary hospitals such as the RHD. At this time, it is unclear how future health funding structures will accommodate and respect the characteristics and obligations of the independent voluntary hospitals

In these tough budgetary times, the RHD is assisted greatly by support from the Friends of The Royal Hospital Donnybrook for specific projects. The 'Friends' make a most valuable contribution to the overall care of our patients and residents. I wish to record our deep appreciation of the great work done by the Chairman, Mr. Peter Gleeson, his colleagues on the board, and all the many helpers who make the 'Friends' so successful. On 5 July 2016, the 'Friends' will have their 25th annual golf outing. We are most appreciative of the work of the committee which organises this great event. We particularly thank Mr. Brendan McDonald, the creator of the event, and Elm Park Golf Club for their sustained support for the work of the RHD.

The Royal Hospital Donnybrook Voluntary Housing Association continues to operate very successfully under its board chaired by Mr. Robin Simpson. The association is in the process of redeveloping a block of 20 apartments at Beech Hill in Donnybrook. This will bring the total stock of housing units to 69. The VHA plays a valuable role in seeking to alleviate the impact of the shortage of social housing for older persons.

Board regeneration is now an accepted part of good governance. Whereas the Charter of the RHD does not put a restriction on the cumulative years of service of Board members, the Board is implementing a voluntary board regeneration policy. I wish to thank Mr. Victor Stafford who retired from the Board at the end of June 2015 having made a consistent contribution to the work of the Board since 2006. In November, we welcomed Mr. Oisín Quinn, S.C. back to the Board in his own right. He had previously served as a nominee of Dublin City Council.

I wish to thank all Board members for their continuing contributions and support. I particularly wish to thank the Vice Chairman, Mr. Robin Simpson, and the Honorary Treasurer, Mr. Michael Forde, who along with the CEO of the hospital, Ms. Irene Frazer, do so much to assist me. The Board does its work with the assistance of a number of committees. The Audit Committee, chaired by Mr. Brendan Pigott, and the Clinical Governance Committee, chaired by Mr. Tom Hayes, are vital components of the Board.

At the time of writing this Chairman's Statement, the expectation is that 2016 will be another challenging year. However, I wish to assure the Governors that the Board of Management and the management and staff of the RHD are nothing less than fully committed to maintaining our high standards of care for our patients.

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 by decision of the Governors with the consent of the Oireachtas.

The 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 2015 is shown in the chart opposite.

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BOARD MEMBERS' ATTENDANCE
For Period 01/01/15 to 31/12/14

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

* Oisin Quinn joined in October 2015 ** Victor Stafford retired in June 2015

Member does not sit on this committee

GOVERNANCE / continued

A self-evaluation of the Board and the Chairman was conducted during 2014 and external consultants were retained in December 2015 to conduct a full evaluation of the Board plus its Chairman and Committees.

The RHD has a Code of Governance Manual 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 Arrangement. 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 2015 or prior years.

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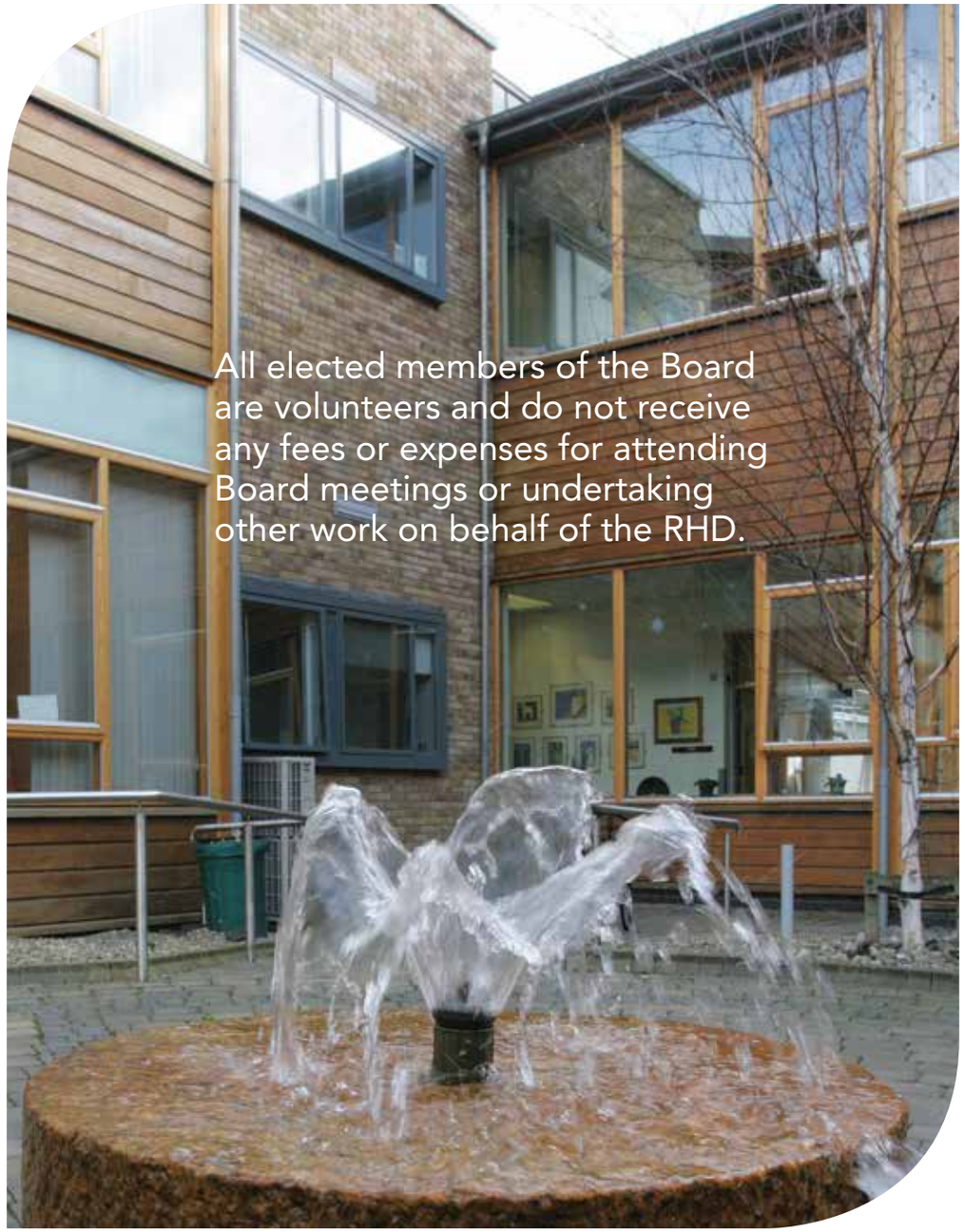

CHIEF EXECUTIVE'S REPORT

The Royal Hospital Donnybrook (RHD) is distinctive in the services it provides. We are a consultant-led rehabilitation hospital that specialises in Post-Acute Rehabilitation, Specialist Stroke Rehabilitation, General Rehabilitation and Neurorehabilitation.

I am delighted to report that in 2015 we secured agreement and funding for 20 new rehabilitation beds, bringing our rehabilitation beds up to 112. We also reconfigured our rehabilitation beds to provide a better synergy between rehabilitation streams. We amalgamated our stroke beds to create a specialist stroke unit, reconfigured beds, including converting some into a maintenance rehabilitation stream, to allow for a better pathway for patients through the hospital.

These different rehabilitation streams within the hospital enable flexibility for patients, depending on their medical conditions, to have the appropriate rehabilitation in the appropriate setting all with the aim of patients returning to their own homes. Our Day Hospital facilitates discharges home with outpatient support and, on average, 25 outpatients per day are seen in the Day Hospital. The challenge now is to maintain this progress.

We are also a Health Information Quality Authority (HIQA) designated centre for residential care of older persons. Sixty-six beds are designated residential and our re-registration was confirmed in July 2015 with some restrictions on admissions, which reduced our bed availability for the remainder of 2015.

As you can see, 2015 has been a year of change for the hospital. We commenced the year with a significant reduction in funding and continual growing demand for the service we provide. Although we secured funding for our additional beds, there has been an ongoing consultation with the Health Service Executive in relation to appropriate funding for the hospital's service, which was only concluded in early 2016, but has left the hospital with a very difficult road ahead.

In spite of these difficulties, the hospital has managed to maintain an excellent patient-focussed service. It is a privilege to work with staff and management who, through significant change, provided great support to patients and each other, got involved and suggested improvements to the changes made. The dedication to providing the best care to patients and residents by our team is the reason we get such great outcomes and feedback on the service we provide.

Continuous improvement, quality of care and the safety of our patients and residents is paramount. We continuously review our performance and the quality of our care through audits, reviews, metrics and risk registers. I would like to acknowledge all members of management and staff involved both directly and indirectly in the committees and working groups that keep us quality focussed and keep patients and residents safe.

I have the honour of working with our dedicated Board of Management, who, throughout 2015, have volunteered their time and provided ongoing support not only to me but to the management team. The depth and variety of skills available to us from the Board is invaluable and I would like to thank each member for their ongoing commitment to the hospital.

We have an exceptional group of volunteers dedicated to the hospital and its patients. They continue to enhance the lives of all patients and residents within the hospital and I would like to take this opportunity to thank them for their ongoing support.

The hospital continues to work with the Health Service Executive, related hospitals, patients and their families, to provide the best experience and care possible.

Irene Frazer
Chief Executive

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"The dedication to providing the best care to patients and residents by our team is the reason we get such great outcomes and feedback on the service we provide."

CLINICAL SERVICES

The Royal Hospital Donnybrook (RHD) provides holistic and comprehensive medical services to all our patient groups.

Many patients and residents with highly complex medical and nursing needs are managed by this service: patients with tracheostomies, percutaneous feeding tubes, suprapubic catheters, dialysis dependent and who require oxygen and non-invasive ventilation.

REHABILITATION CARE SERVICES

One of the strategic objectives of the hospital is to expand its specialist multidisciplinary 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 consultant geriatrician multidisciplinary input for patients who are medically stable and fit for discharge from St. Vincent's University Hospital. In March 2015, there was a further expansion of our post-acute rehabilitation beds with five additional beds in the SPARC unit and the opening of the all-female 15-bedded Willows ward. These patients are likely to need a longer period of rehabilitation than patients in our more short term SPARC service. These patients are frailer but still benefit from rehabilitation to maximise their functional status. The acute hospital service has reported an improvement in the throughput and flow of frail elderly patients as a result of these services.

The general rehabilitation service continues to provide consultant-led geriatrician rehabilitation for older adults with complex needs requiring a longer period of rehabilitation. There has been an expansion by seven beds of a maintenance rehabilitation programme for those patients awaiting nursing home placement or housing adaptations.

In 2015, we welcomed Dr. Tim Cassidy, Stroke Physician, to the team. In conjunction with the Medical Director and Dr. Cassidy, we amalgamated the under 65 six-bedded unit and over 65 stroke 12-bedded unit into one 18-bedded Specialist Stroke Rehabilitation unit providing a dedicated and comprehensive rehabilitation service to people diagnosed with stroke and to their families. Patients are referred from the acute hospital service within the Ireland East Hospital Group (IEHG) predominantly the Mater Misericordiae University Hospital and St. Vincent's University Hospital.

Dr. Paul Carroll has clinical responsibility for 12 patients under the age of 65 undergoing neurorehabilitation. This service provides a rehabilitation programme for younger adults with complex neurological, medical and physical disabilities who require a full multidisciplinary team approach. Patients are referred from Dublin Mid-Leinster region.

CONTINUING CARE

All our continuing care residents were admitted under the Nursing Support Scheme (Fair Deal). Nursing and support teams, led by clinical nurse managers, provide our residents with a multidisciplinary, individualised and patient-centred approach to care. Residents over 65 years of age are catered for in our Oaks and Cedars units and residents under the age of 65 are catered for in the Phoenix 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. Patient satisfaction surveys of all departments are carried out regularly and patient satisfaction continues to be high. We have a robust

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The quality of our services and the safety of our patients are given the highest priority. Patient satisfaction surveys of all departments are carried out regularly and patient satisfaction continues to be high.

complaints process and the number of complaints remain low even though our patient activity has increased.

RESEARCH AND EDUCATION

A number of research projects have been progressed throughout the year. The RHD submitted two research papers which were accepted for poster presentation at the International Association of Gerontology and Geriatrics IAGG Conference in Dublin in April. These included the FallSafe quality improvement project which attracted much attention. The Impact of an Education Programme on Influenza Vaccine Uptake among Health Care Workers in a Rehabilitation and Residential Care Facility was an audit project. It showed that a series of educational sessions helped health care workers develop a more positive attitude to influenza vaccination. 53% said they intended to take the vaccine this year compared to 40% last year. The fear of the vaccine's possible side effects was the biggest barrier to the vaccine uptake. Dr. Aoife Leahy, the UCD tutor, presented a paper on rehabilitation outcomes of hip fracture patients here in the RHD's rehabilitation unit. This won best oral presentation at the Irish Osteoporosis Annual Medical Conference in TCD in November 2015.

In the area of geriatric medicine, the RHD remains a designated university teaching centre for the UCD medical school with 2015 being the seventh year of the "Medicine in the Community" module. Dedicated teaching sessions are given by the Medical Director, consultant geriatricians with input from various members of the allied health team.

Dr. Lisa Cogan
Medical Director

NURSING REPORT

Throughout 2015, the nursing and support team continued to provide holistic health and social care of a personal, individualised and measurable quality to all our residents and patients. Strengthening quality and safety systems was a key priority in our aim to deliver the highest standards of care.

An internal and external recruitment campaign enabled us to provide for the expansion of our rehabilitation bed numbers and strengthen our nurse management structure in order to provide for clinical quality risk and patient safety management.

RISK MANAGEMENT

We continue to actively manage risk both clinical and non-clinical and facilitate patient and resident safety by promoting a culture of proactively monitoring and analysing information from incident reporting, incident reviews, satisfaction surveys, risk registers and clinical audit. Key performance indicators in relation to incident management and reporting are monitored monthly and targets for compliance set.

Health and safety issues are managed by the hospital's Health and Safety Group. We commenced self-evaluation against the National Standards for Safer Better Healthcare which will result in an action plan for implementation on completion.

EDUCATION AND TRAINING

Undergraduate student nursing placement continued with BSc student nurses carrying out their placement for Care of the Older Person. The team also hosted international students. Clinical practice updates and in-service training was provided in medication management, end of life care, pressure ulcer prevention & wound management, nutrition & swallowing. Staff received training in areas such as health and safety, abuse awareness, infection control, hand hygiene and fire training.

Nursing staff attended the International Association of Gerontology and Geriatrics (IAGG) Conference in April. The RHD submitted two research papers which were accepted for poster presentation.

A number of patient engagement and education projects have been completed throughout the year. The team led by the Nursing Quality Manager developed information leaflets on falls prevention and pressure ulcer prevention for patients, residents, carers and relatives. Information from audits and quality initiatives are shared with patients, relatives and staff on information boards on each unit.

CLINICAL QUALITY IMPROVEMENT IN 2015

There has been strong emphasis on quality improvement throughout the hospital with a number of successful projects taking place. All of these projects are multidisciplinary in nature. We continued to implement the FallSafe quality improvement project introduced in 2014. This project led by our Nursing Quality Manager involves educating and supporting staff to reliably deliver falls prevention, interventions and assessments through care bundles.

Throughout the year, we collected nursing metric data which enabled us to identify areas of good practice and also areas which fell below standards and where improvements were required. Nursing metrics collected and analysed captured compliance with nursing documentation, medication management, mandatory training, falls compliance with care bundles and post fall assessments. The analysed data was communicated to relevant departments and to the hospital management team. The care bundle is evidence based in that individual elements have been used in successful studies of multifactorial interventions to reduce inpatient falls. Another dimension of the falls prevention involves the RHD hospital-wide

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We continue to actively manage risk both clinical and non-clinical and facilitate patient and resident safety by promoting a culture of proactively monitoring and analysing information from incident reporting, incident reviews, satisfaction surveys, risk registers and clinical audit.

multidisciplinary team post fall assessment. The number of falls in the RHD has fallen by 36% since commencement of the project.

The RHD is a partner with the National Quality Improvement Programme in the Pressure Ulcer to Zero Collaborative. The RHD nursing and clinical teams have introduced components of the SSKIN Care Bundle. The components of the bundle are Surface, Skin inspection; Keep moving/repositioning, Incontinence & moisture and Nutrition & hydration. Reliably delivering all elements of the care bundle at every care opportunity will improve the pressure area care that a person receives. This will have an impact on improving care outcomes. The introduction of the Pressure Ulcer Safety Cross has raised awareness within each ward regarding how many pressure ulcers are acquired. The aim of this is to influence the team to think about what changes are needed to result in an improvement.

Throughout 2015, service user experience surveys were carried out across all rehabilitation units. The surveys are used by heads of departments and teams to inform quality improvements, where appropriate.

Our complaints process provided our residents and patients with the opportunity to express their concerns when their experiences have not been optimal. In collaboration with the Speech and Language Therapy department, a simplified and aphasia friendly complaints form was produced providing residents and patients with an opportunity to feedback their experience.

The clinical audit programme continued throughout 2015. Priority one audits were completed in areas of medication management, nursing documentation, hand hygiene audit and incident reporting documentation.

As end of life care is central to the mission of the hospital, staff attended training on "what matters to me". This is a workshop facilitated by the Hospitals Friendly Hospitals programme to improve end-of-life care in residential care settings by enhancing communication skills so staff at all levels are better able to engage in discussions with residents about what is really important to them.

The hospital also hosted a pilot workshop, facilitated by the Irish Hospice Foundation, for families and relatives on "supporting families" and topics included "thinking ahead and decision making in end of life care". The feedback to the workshop was very positive overall.

Patricia O'Reilly
Interim Director of Nursing

REHABILITATION OVERVIEW

Patients are assessed in the acute setting to facilitate a seamless transfer to the RHD. The key to a successful rehabilitation programme is a combination of a comprehensive assessment, a committed multidisciplinary and patient-centred approach resulting in a structured and individualised patient care plan. Multidisciplinary team meetings are held weekly to set rehabilitation goals and map progress for each patient. These goals are made with the patient's involvement. If clinically indicated, patients can also be referred to medical social work, dietetics, speech & language and clinical psychology. A pastoral care service is also available upon patients' request. Discharge planning is an important element of the rehabilitation process and will commence upon admission whereby a provisional discharge date will be determined following the initial multidisciplinary meeting. Family meetings are also organised when needed. When necessary, a home visit is conducted to assess patient's home environment so as to facilitate a safe discharge.

In addition, to improve the patient's experience and the flow of patients from acute hospitals, we established a central admissions office in the RHD in 2015 which expedites referrals and assessments.

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SPARC

Short-term Post-Acute Rehabilitative Care

The SPARC unit is a 27-bed unit having increased its bed capacity from 22 beds to 27 beds in February 2015. It provides consultant geriatrician-led, multidisciplinary team rehabilitation to older people following their acute hospital discharge.

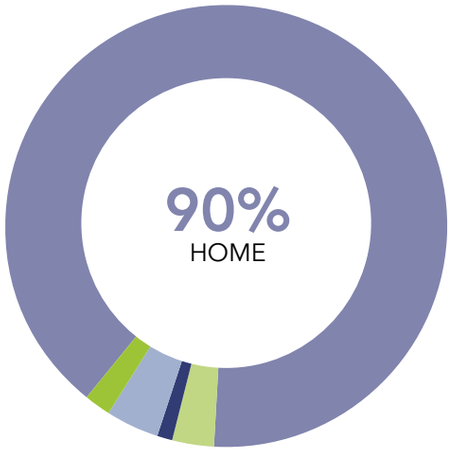
The purpose of the service is to provide 4-6 weeks rehabilitation to patients aged 65 years and over. The aim of rehabilitation is to maximise the patient's fulfilment and independence in his/her environment. This is achieved by a comprehensive multidisciplinary team assessment and rehabilitation to educate and support patients to reach their full potential.

Pre-admission assessments are carried out whilst the patient is in the acute hospital to ascertain if they would benefit from a dedicated period of rehabilitation.

The success of the unit rests on the commitment of all staff to deliver high quality care to all our patients. On discharge patients are given the opportunity to complete a patient satisfaction survey as their feedback is invaluable in continuing to provide high standards of care to all our patients.

Noreen Frawley
Clinical Nurse Manager

SPARC UNIT
DISCHARGE DESTINATIONS 2015



2% NURSING HOME

1% RIP

4% ACUTE READMISSION

3% RHD (Continuing Care or General Rehabilitation)

PARC

Post-Acute Rehabilitative Care

The PARC unit opened in March 2015. It is a 15-bedded, all female, post-acute rehabilitative care unit. The unit caters for patients who are medically stable and fit for discharge from acute care but require a further period of multidisciplinary inpatient care for 3 – 6 months. This is to optimise full recovery and independence.

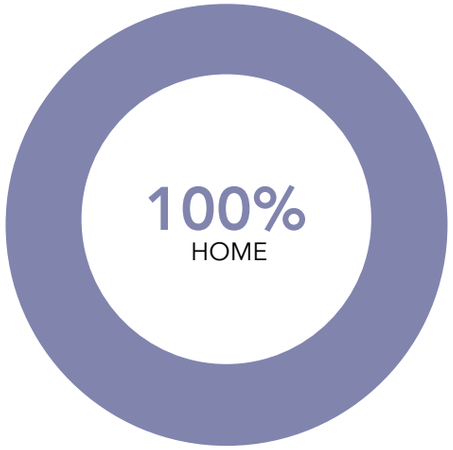
The unit was commissioned as part of The Royal Hospital Donnybrook's strategy to expand rehabilitation services. Our main goal is to enable patients to regain their optimum functional level of independence and to facilitate a timely and effective discharge back to their own homes. The unit is led by Dr. Lisa Cogan, our Consultant Geriatrician, together with a dedicated multidisciplinary team of doctors, staff nurses, healthcare assistants, occupational therapist, physiotherapist, medical social worker and dietitian.

In August 2015, an initial Service User Experience Survey was conducted. The survey provided a structured framework to obtain feedback on certain dimensions of quality and aspects of care. This reflected the views and experiences of the patients six months after the unit was opened. Overall, the feedback was very positive with patients stating that they were treated with dignity and respect. The report also reflected a very positive view of the care being provided in the unit.

Rehabilitation is imperative in the recovery and restoration of the patient's maximum and functional ability.

Cherry Almonicar
Clinical Nurse Manager

PARC UNIT
DISCHARGE DESTINATIONS 2015



GENERAL REHABILITATION

The General Rehabilitation unit aims to improve patients' functional ability after their acute hospitalisation and facilitate safe discharge home. The unit provides rehabilitation of patients for 4-9 months or longer where deemed necessary. The unit also provides short term services for respite, rehabilitation boosters and occasionally admits patients who have been attending the Day Hospital. The unit operates and works closely with a multidisciplinary team consisting of consultant geriatricians, medical staff, nursing, physiotherapy, occupational therapy, social work, speech & language therapy and dietetics. Where discharge home is not possible, the team supports and assists patients in considering appropriate options.

2015 has been a year of change on the unit. Due to internal reconfiguration of beds seven beds were reallocated to General Rehabilitation. These beds are dedicated to a maintenance rehabilitation programme and cater for patients within the hospital who have undergone their rehabilitation process and reached their maximum potential but whose discharge is delayed due to unforeseen circumstances bringing the total number of beds in this unit to 35. This allows for the release of beds from other rehabilitation streams within the hospital to cater for new patients.

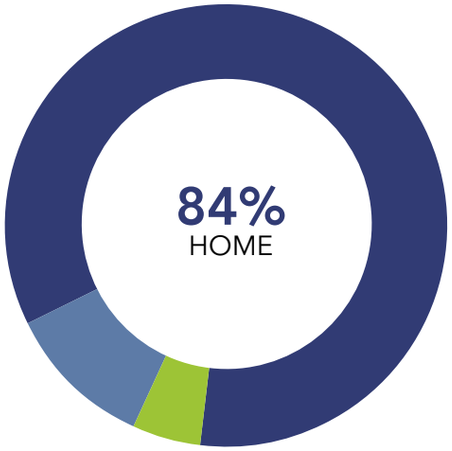
A patient experience survey completed in 2015 on the unit resulted in feedback being largely positive.

Ramya Ravikumar
Clinical Nurse Manager

" Rehabilitation is about enabling people who are disabled by injury or disease to achieve their optimum physical, psychological, social and vocational wellbeing."

Marshall, M (ed.) (2005) *Perspectives on Rehabilitation and Dementia.* London, Jessica Kingsley Publishers

GENERAL REHABILITATION
DISCHARGE DESTINATIONS 2015



SPECIALIST STROKE REHABILITATION

Quality of patient care and successful functional outcome remains crucial to the philosophy of the Stroke unit.

The Stroke team provides a dedicated and comprehensive rehabilitation service and support to people diagnosed with stroke. The emphasis is on identifying problems affecting activities of daily living and mobility in the context of the smooth transition from hospital to living at home, if possible.

Every patient is assessed by members of the multidisciplinary team on admission with the aim of providing individualised, effective and efficient care. Our team includes consultants, medical staff, nurses, physiotherapists, occupation therapists, speech and language therapists, social worker, dietitian and clinical psychologist.

Patients have an individualised rehabilitation programme which is reviewed on a daily basis. In addition to formal therapy sessions, nursing staff are trained to reinforce therapy on the ward under the guidance of the therapists.

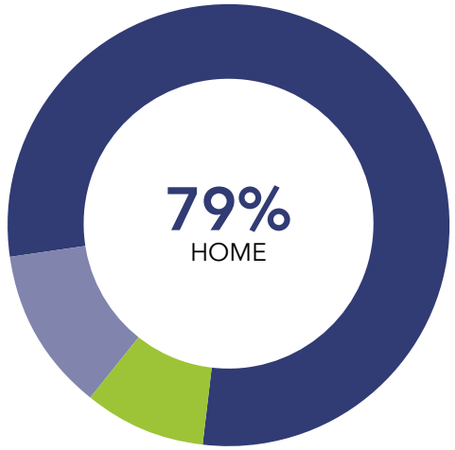
To enhance rehabilitation skills and the quality of patient care, we have delivered education programmes including:

- **Patient education sessions** (each 1 hour session was run by a different member of the team)
- **Stroke Awareness for Carers** (training day for family members)
- **Stroke Workshop** (training day for staff members)

We welcome 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 in 2015.

Eliska Chytilova
Clinical Nurse Manager

SPECIALIST STROKE REHABILITATION
DISCHARGE DESTINATIONS 2015



NEUROREHABILITATION

The Neurorehabilitation unit is a 23-bed service providing a slow stream rehabilitation programme facilitating adults (under-65 years of age) with varying degrees of disability to return to their communities.

Our experienced multidisciplinary team, led by Dr. Paul Carroll, Consultant in Rehabilitation Medicine, works together with patients, their families and carers to achieve the best possible outcome from their individually tailored rehabilitation programmes. Using evidence based rehabilitation tools such as Functional Independent Measure and Functional Assessment Measure (FIM/FAM) and Goal Attainment Scale, we strive to give our patients the tools necessary to be in charge of their recovery, and ultimately return to leading a full life.

In spite of the increasing pressure on external agencies to find resources to fund homecare packages and top up funding for the Fair Deal Nursing Home Support Scheme, of the 62 admitted to the neurorehabilitation unit, 44 patients were discharged directly back to their own communities, and one to a more suitable nursing care facility.

Following increasing referrals to the therapeutic reassessment and needs assessment part of our service, and feedback from some of our service users, our occupational therapist along with the members of the multidisciplinary team, developed a pilot programme "Living well with Multiple Sclerosis (MS)". Incorporating fatigue management, nutritional advice, lifestyle choices, and education about the illness, we hope the programme will provide individuals with useful knowledge and skills which will help them to maintain and improve their quality of life while coping with a chronic disability.

In 2016, we will evaluate the feedback from those who have completed the six week course, and continue to develop it throughout the year. We have encouraged links between ourselves and the neurology teams in St. Vincent's University Hospital, the Mater Misericordiae University Hospital, and primary care/community teams, which has enabled more young people living with MS in their communities to access this programme.

There are two respite beds on this unit, providing a vital service to families and carers in the community.

Elaine Foley
Clinical Nurse Manager

DAY HOSPITAL

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

We 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 by referral
- Speech & Language Therapy by referral
- Dietician by referral
- Podiatry by referral

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 RHD patients and their families/care givers following discharge from the RHD rehabilitation 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 & language 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.

The number of clients attending the Day Hospital in 2015 was 463, and there were 220 new admissions during the year. This represents a slight increase from 2014.

Maura Fitzgerald
Clinical Nurse Manager

CONTINUING 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.

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 team continued to utilise the HIQA National Quality Standards to guide practice developments and quality initiatives.

The Residents' Council continued to meet throughout the year facilitated by a senior medical social worker. One of the residents has the role of Vice Chair. Meetings are held every two months. Issues raised are brought to the hospital management team and addressed where possible.

We have an end of life programme which endeavours to sensitively, and in a patient-centred fashion, deliver the best possible end of life care to our residents. We take pride in the management of our residents with dignity and respect at their end of life. In 2015, we were able to provide all residents who died with their end of life care here in the RHD rather than in an acute hospital environment.

The Friends of the Royal Hospital Donnybrook have again supported residents to go on a respite break to Cuisle, Co. Roscommon and also supported residents who went to Lourdes in September 2015.

Clinical nurse managers facilitated the residents family forum meetings at unit level, where families and residents meet with staff and exchange information regarding the designated centre, the facilities and services available, complaints, suggestions, upcoming trips.

Pastoral care service provides spiritual and emotional support to all patients and residents who access the service.

The Activities team provides meaningful recreational activities for our residents; this may be one to one or group activities. Group activities include trips to the National Concert Hall, shopping, movies, board games and crafts.

The Volunteers of the RHD continue to be a valuable service, giving of their time and offering their services which improve the quality of life for our residents.

Patricia O'Reilly
Interim Director of Nursing

OCCUPATIONAL THERAPY

"...Providing continuity in patient care, optimising patients' levels of independence and ultimately discharging patients back to living within their local community."

The Occupational Therapy (OT) department continued to grow and develop throughout 2015. Maintaining 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 continues to be 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.

Staff in the occupational therapy department, in conjunction with a physiotherapy colleague, continued to be the national trainers for Ireland in a globally used outcome measure called FIM/FAM (Functional Independent Measure and Functional Assessment Measure). In 2015, we provided training to 70 allied health professionals from various Irish hospitals including, the Mater Misericordiae University Hospital, St. Mary's Hospital, Phoenix Park, Dublin, Belfast NHS Trust and University Hospital Galway as well as various nationwide primary care teams. We aim to train a further two members of staff to become trainers for Ireland in 2016.

Education and training has been ongoing in 2015 and three member of the OT team were trained to Level II in the Assessment and Provision of Complex Seating and Pressure Care. A Masters Degree (MSc) in the Rehabilitation of Older People was completed by a member of the OT department. In addition, funding has been secured for the completion of a Masters Degree (MEng) on the work completed in the Day Hospital in the Treatment and Management of Parkinson's Disease. This collaborative project will take

place in conjunction with University College Dublin (UCD). Management of dementia has been an area of interest for OT and as a result we have had one OT staff member complete the Dementia Champion Training in 2015 with further training of staff to be completed in 2016.

Action Van Service that facilitates environmental adaptation to patients' homes to improve independence and reduce the risk of falls has been extremely busy in 2015. This collaborative project between The Royal Hospital Donnybrook, St Vincent's University Hospital, St. Michael's Hospital and St. Columcille's Hospital continues to facilitate timely discharges from hospital relieving bed pressure in all four Dublin hospitals.

Jo Cannon
Occupational Therapy Manager

SPEECH AND LANGUAGE THERAPY

The Speech and Language Therapy department (SLT) has continued to enhance its knowledge base and develop its clinical skills throughout 2015.

The SLT department has completed three Clinical Audits in relation to:

- Standards of Documentation – 100% compliance with National Hospital Office Standards was achieved.
- Compliance with the Irish National Modified Food Consistency Standards across the hospital – 86.9% compliance was achieved.
- Fluid Thickening Audit – Completed and further training and improvement plan in place for 2016.

The SLT department was delighted to give a platform presentation at the UK National Stroke Conference held in Liverpool in 2015. This presentation focused on the results of a Communication Access Audit completed on the Stroke Rehabilitation unit. This work focused on the accessibility of interactions, documents and environment for inpatients with communication impairment following a period of education provided by the SLT department.

- An 80% target was deemed an indicator of compliance across areas audited.
- This target was achieved in two areas audited: documentation (86%), and environment (80%)
- This target was not achieved in one area audited: interactions (78%)

A re-audit will be completed in June 2016 to explore if achieved levels of compliance are maintained.

The SLT department has contributed to the hospital's training programme in 2015 by facilitating training on the thickening of fluids to carers, household staff and allied health staff. In addition, training was provided by the SLT department on promoting skills within the hospital enabling staff to develop 'communication friendly' documents for patients with communication impairments. This has proven to be very effective and new documents have been produced by the multidisciplinary team in relation to Pressure Care Management, Complaints Management and Falls Prevention.

The SLT 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 patient with swallowing impairments.

Jo Cannon
Occupational Therapy Manager

PHYSIOTHERAPY

Patients who are admitted for rehabilitation require intensive physiotherapy so that they can regain their mobility and return home.

The increase in demand for rehabilitation within the hospital led to more patients using the physiotherapy equipment and an increase in patients, averaging 55-60, attending the department on a daily basis.

In September 2015, we expanded our main department into an adjoining area which alleviated the pressure on clinical areas within the department. With the reconfiguration of hospital services, the client groups who now use the main department on a daily basis are:

- Stroke patients
- SPARC (Short-term Post-Acute Rehabilitative Care) patients
- Under 65 adults
- Continuing care residents

Our rehabilitation gym on the first floor now caters for:

- General Rehabilitation patients
- Slow Stream Rehabilitation patients
- PARC (Post-Acute Rehabilitative Care) patients

The Day Hospital physiotherapy service caters for an average of 25 patients per day.

We are indebted and indeed grateful to the Friends of the Royal Hospital Donnybrook for funding much needed equipment for us. This has included parallel bars, sling suspension and two walk aid kits.

We remain proactive as a department in our pursuit of continuing professional development by attending, for example, stroke forums, neurorehabilitation after a brain injury, and arthritis study days to ensure we are up to date with current practice in all the physiotherapy specialities relevant to the hospital.

As a department we are always exploring new innovative equipment such as robotic devices and hydrotherapy treatment pools in the eventuality of future developments.

I am pleased to say that the feedback on the physiotherapy service from patient satisfaction surveys within the different areas of the hospital remains very positive.

Barbara Sheerin
Physiotherapy Manager

NUTRITION & DIETETICS

Dietetic referrals continued to be received from across the hospital and were prioritised based on clinical need. During 2015, 298 referrals were sent to the dietetic department from across the hospital. This was an increase of 62 referrals from last year - mainly due to the opening of new beds. 90% of referrals were from rehabilitation areas and 10% from continuing care.

The dietitians took part in the 'Living well with MS' pilot programme by giving talks on nutrition to patient groups. Nutrition education was also given to medical students during the year. Nutrition re-education was given to household staff on the various therapeutic diets that are available for patients in the hospital.

The Nutrition Care Process (NCP) of dietetic documentation was implemented in the department during the year. The NCP is a standardised, four step process for documenting nutrition care, which uses standardised terminology.

The dietitians and the dietetic assistant all worked on developing diet sheets for the Older Persons and Dementia Interest Group of the Irish Nutrition and Dietetic Institute (INDI). The three diet sheets produced included:

- Eating well with Dysphagia on a Soft Texture Diet
- Eating well with Dysphagia on a Minced Moist Texture Diet
- Eating well with Dysphagia on a Pureed Texture Diet.

These diet sheets are available as a resource for all dietitians nationally on the INDI website.

During 2015, we continued to facilitate students from the Dublin Institute of Technology, Kevin Street and Trinity College Dublin.

The dietitians continued during the year to work on their professional, work based, self-directed and formal continuous professional development (CPD), in line with CORU (Regulating Health & Social Care Professional) requirements for registration.

Zoe McDonald
Senior Dietitian

MEDICAL SOCIAL WORK

The Medical Social Work (MSW) department provides, on a referral basis, assessments and support to patients and families around a range of practical and psychosocial issues.

In 2015, 33% of the new admissions were seen by MSW staff. Medical social workers also support continuing care wards and work with residents/relatives on a referral basis.

One of the challenges that medical social workers faced in 2015 was the lack of carers available to the care provider agencies in supporting patients to return home. This is a national problem and agencies are experiencing difficulties recruiting and retaining staff. This has impacted on the movement of some of our patients back to their own home. Medical social workers continued to support patients and their families through this process.

The medical social work department has had a key role in responding to and investigating any allegations of abuse. The team members have been proactive in sharing their expertise with nursing and other colleagues in ensuring that all patients are protected against any form of abuse. One member of the team attended the HSE's training on their new National Policy entitled 'Safeguarding Vulnerable Persons at Risk of Abuse'. This will be incorporated into our Hospital Policy & mandatory training on abuse awareness in 2016.

Mary Duffy
Principal Medical Social Worker

PSYCHOLOGY

The Senior Clinical Psychologist operates on a referral-only basis, serving both consultants' teams within the Neurorehabilitation Unit, as well as the Stroke Unit, General Rehabilitation and a small number from Oaks. Reasons for referrals include mood disturbance, adjustment and insight difficulties, challenging behaviour and complex cognitive presentations, including mental capacity questions. Following assessment of presenting difficulties, including neuropsychological testing in some cases, the clinical interventions provided include talking therapy for the patient, staff liaison and support, a limited amount of family support, and planning/liaison with community psychology services.

The vast majority of referrals to psychology required ongoing, regular intervention following assessment, reflecting the complexity of patients'/residents' needs and the appropriateness of their referral to psychology.

The Senior Clinical Psychologist also provides education sessions to patients and staff on psychological aspects of stroke and multiple sclerosis, as part of the various multidisciplinary regular education programmes. Other training includes challenging behaviour in stroke/ acquired brain injury and dementia patients.

Eimear Cunningham
Senior Clinical Psychologist

PODIATRY

Podiatry is a healthcare profession that is involved with the diagnosis and treatment of diseases and disorders of the lower limb and foot. In The Royal Hospital Donnybrook, 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 callus, 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.

In The Royal Hospital Donnybrook, podiatry is delivered to 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, providing comfort - all greatly enhancing the patient's quality of life in the hospital.

Brid Waldron
Podiatrist

PATIENT/RESIDENT FEEDBACK

"My progress was beyond my expectations. My legs needed strengthening and the physiotherapy was very beneficial. The facilities are excellent and the staff are brilliant." **(SPARC patient)**

"A great team on the ward who always take time to listen to your concerns. A very positive professional team." **(PARC patient)**

"The food varies in quality from time to time. Whilst the soup is extremely good, too much pepper is used at times." **(PARC patient)**

"I have found my experience in hospital very good and the staff very attentive." **(General Rehabilitation Patient)**

"Facilities in the wards could be improved – TVs sometimes not working."
(General Rehabilitation Patient)

"I would like to express our sincere appreciation to you and all your staff on Larches for the tremendous care and support that you administered to our father during his last weeks in your care. His every need was catered for throughout his stay with you and during a very upsetting time the staff helped us to spend time with him."
(Family of SPARC patient)

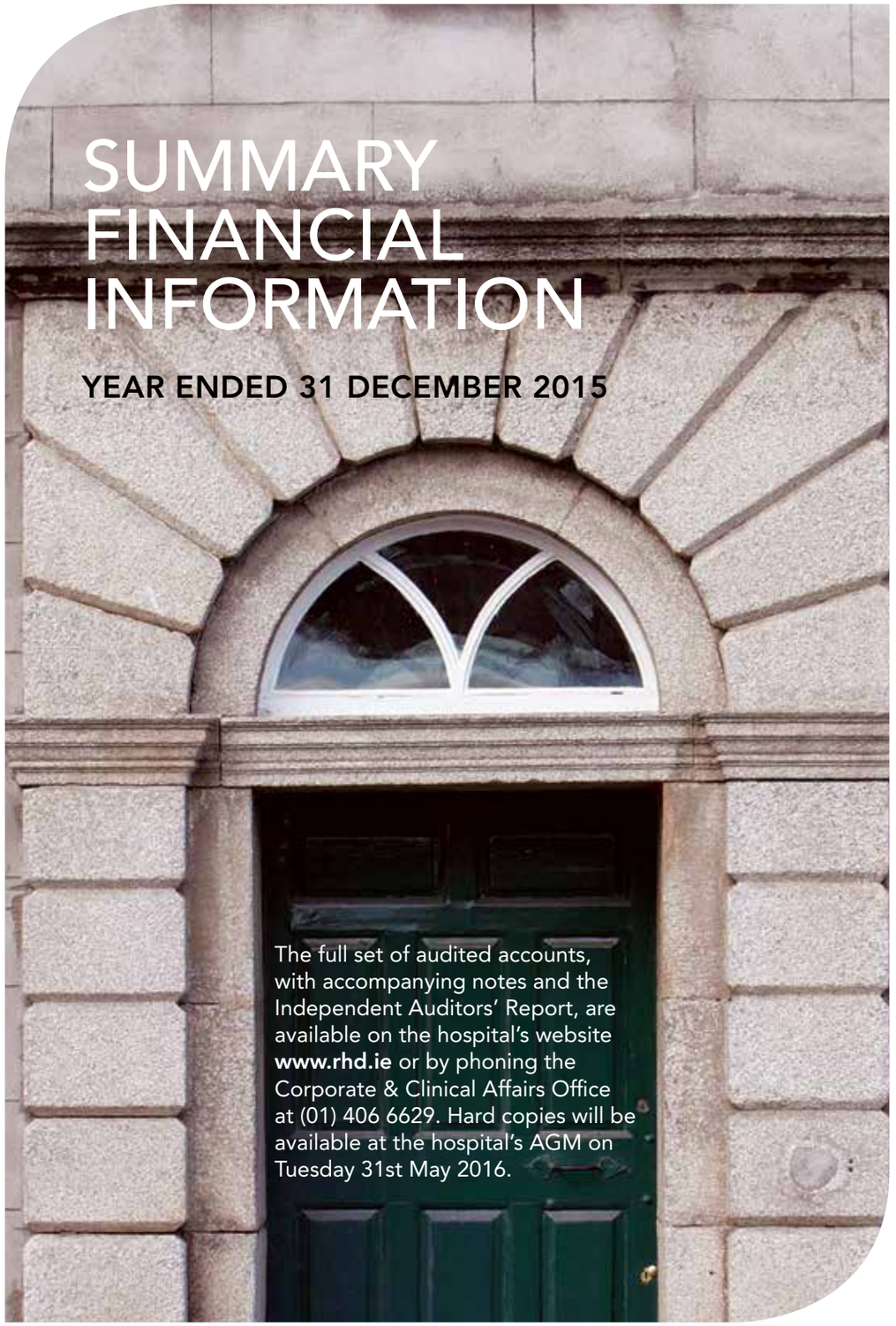
"Meet too many people on the first day - tiring and confusing for patients."
(SPARC patient)

"I just wanted to get in touch to say thanks for all your support and encouragement during my time in the Royal. I have now moved home and am living independently again and I'm so pleased to be back in an area that means so much to me surrounded by good neighbours and friends." **(PARC patient)**

"Warm, friendly atmosphere. Physio treatments are excellent. All staff are very caring & professional."
(Neurorehabilitation Patient)

"All aspects of nursing staff are excellent, e.g. nurses, carers, household people, etc."
(Stroke Patient)

This cake was presented to us from a family member of one of our stroke patients. It embodies, in one tasty message, the impact our service has.



SUMMARY FINANCIAL INFORMATION

YEAR ENDED 31 DECEMBER 2015

The full set of audited accounts, with accompanying notes and the Independent Auditors' Report, are available on the hospital's website **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 31st May 2016.

ORDINARY INCOME AND EXPENDITURE ACCOUNT

YEAR ENDED 31 DECEMBER 2015

	2015 €	2014 €
Ordinary expenditure		
Pay expenditure	15,532,690	14,808,188
Non-pay expenditure	4,405,451	4,316,419
	19,938,141	19,124,607
Ordinary income	2,667,590	2,409,912
Net expenditure for year	17,270,551	16,714,695
Allocation from HSE towards net expenditure for year	17,017,429	16,694,723
(Deficit) for year	(253,121)	(19,972)
Accumulated surplus brought forward	274,047	294,019
Accumulated surplus carried forward	20,925	274,047

On behalf of the Board of Management

Jerry Kelly Chairman
Michael Forde Treasurer

ORDINARY BALANCE SHEET

YEAR ENDED 31 DECEMBER 2015

	2015 €	2014 €
Ordinary assets		
Allocations due - Revenue	1,839,669	1,601,926
- Capital	(49,016)	(49,016)
Debtors and prepayments	253,411	232,389
Bank balances and cash	528,228	1,283,734
	2,572,292	3,069,033
Ordinary liabilities		
Creditors and accrued expenses	(2,088,069)	(2,282,940)
Patient Funds	(463,298)	(512,046)
	(2,551,367)	(2,794,986)
	20,925	274,047
Represented by:		
Accumulated surpluses carried forward	20,925	274,047

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, St. Stephen's Green
Loreto Secondary School, Balbriggan
Mount Anville Secondary School
Muckross Park College
Newpark Comprehensive School
Notre Dame Secondary School
Scoil Chaitríona
Sandford Park
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

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Mrs. J. Ansell
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Ms. Myra Barry
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Mr. Walter Beatty
Rev. Canon R.H. Bertram
Mr. Keith Blackmore
Mr. R. Blakeney
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Ms. Lainey Blayney
Dr. Paul Brady
Prof. Niamh Brennan
Mrs. Loretta Brennan-Glucksman
Mr. James Breslin
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Mr. Billy Gorman
Mr. Alan Gough
Mr. Hugh Governey
Mr. Alan Graham
Miss D. Graham
Rev. Alastair Graham
Mr. Alan Graham
Dr. Marie Elaine Grant
Mr. Randal N. Gray
Mr. Gerald Griffin
Rev. Sonia Gyles
Miss Ruth Handy
Mrs. Eithne Healy
Dr. Carmencita Hederman
Mr. William P. Hederman
Mrs. Miriam Hillery
Dr. Claire Hogan
Mr. John Hogan
Mr. Laurence J. Holmes
Judge Seamus Hughes
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Dr. Una Hunt
Mrs. Ruth Hurson
Ms. Paula Jennings
Mrs. Olive Jones
Mr. Padraic Jordan
Prof. Michael Keane

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Mr. Patrick Kelly
Mr. Niall Kelly
Dr. Donal J. Kelly
Mr. Jerry J. Kelly
Mr. James Kelly
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Mr. Lonan McDowell
Mr. Michael McDowell
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Ms. Rosemary O'Loughlin
Ms. Niamh O'Regan
Mr. John O'Reilly
Mrs. F. J. (Teresa) O'Reilly
Mrs. Beatrice Ormston
Ms. Caroline O'Shea
Mr. Liam O'Sullivan
Miss Terri O'Sullivan
Mr. Brendan Pigott
Mr. Gordon Poff
Mrs. Anne Potterton
Mrs. Margaret Power
Mrs. Penelope Proger
Mr. Michael Purcell
Mr. Paul Quilligan
Ms. Liz Quinn
Ms. Brenda Quinn
Mr. Lochlann Quinn
Mr. Oisin Quinn, S. C.
Mr. Ruairi Quinn
Mr. Brian Ranalow
Dr. Fintan Regan
Mr. John C.Reid
Mr. W. J. Reid
Mr. Thomas Rice
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Mr. James Wyse
Mrs. Susan Wyse

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