

## THE ROYAL HOSPITAL DONNYBROOK ANNUAL REPORT & ACCOUNTS





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# Structures and Committees 2016

#### **BOARD OF MANAGEMENT**

Jerry Kelly, Chairman

Robin Simpson, Vice-Chairman

Michael Forde, Hon. Treasurer

(retired September 2016)

Brendan Pigott, Hon. Treasurer

(from October 2016)

Peter Gleeson (retired December 2016)

Rev. Alastair Graham

Tom Hayes (from October 2016)

Miriam Hillery

Cllr. Frank Kennedy

(nominated by Dublin City Council)

Cllr. Paddy McCartan

(nominated by Dublin City Council)

Prof. Geraldine McCarthy

Conor O'Connor (from October 2016)

Caroline O'Shea

Óisin Quinn, S. C.

Graham Richards (retired June 2016)

Philomena Shovlin

#### **AUDIT COMMITTEE**

Brendan Pigott, Chairman (until September 2016)

Michael Forde (retired September 2016)

Alan Gough

Conor O'Connor (Chairman from October 2016)

Katrina Strecker

Brendan Pigott (Ordinary member from October 2016)

#### REMUNERATION COMMITTEE

Jerry Kelly, Chairman

Michael Forde (retired September 2016)

Brendan Pigott (from September 2016)

Robin Simpson

#### NOMINATIONS AND GOVERNANCE COMMITTEE

Jerry Kelly, Chairman

Michael Forde (joined September 2016)

Miriam Hillery

Graham Richards

Robin Simpson

#### CLINICAL GOVERNANCE COMMITTEE

Tom Hayes, Chairman

Dr. Lisa Cogan

Dr. Morgan Crowe

Irene Frazer

Miriam Hillery

Prof. Geraldine McCarthy

Philomena Shovlin

Olivia Sinclair

Dr. Tim Cassidy

Dr. Paul Carroll

#### **EXECUTIVE COMMITTEE**

Jerry Kelly, Chairman

Michael Forde (retired September 2016)

Irene Frazer

Caroline O'Shea

**Brendan Pigott** 

Philomena Shovlin

Robin Simpson

#### HOSPITAL MANAGEMENT TEAM

Chief Executive Irene Frazer

Medical Director Dr. Lisa Cogan

June 2016)

Director of Nursing
Olivia Sinclair (from June 2016)
Patricia O'Reilly (Interim Director of Nursing to

Financial Controller
Colm Moloney

Occupational Therapy Manager Jo Cannon

Physiotherapy Manager Barbara Sheerin

Principal Medical Social Worker Mary Duffy (resigned March 2017)

Human Resources Manager

Sharon Lawlor

Corporate & Clinical Affairs Manager
Denise Heffernan

Operations Manager Conor Leonard

#### QUALITY & RISK MANAGEMENT

Assistant Director of Nursing Patricia O'Reilly

Risk Manager Marie McMahon

Nursing Quality Manager Marie Smyth

#### CONSULTANT IN REHABILITATION MEDICINE

Dr. Paul Carroll

#### CONSULTANTS IN GERIATRIC MEDICINE

Dr. Lisa Cogan

Dr. J. J. Barry

Dr. Morgan Crowe

Dr. Tim Cassidy

The Royal Hospital Donnybrook is a registered charity.

Charities Regulatory Number: 20001605

The hospital's Annual General Meeting will be held on Tuesday 23rd May 2017 at 5.30pm in the hospital's Concert Hall.

#### Chairman's Statement

2016 was a year in which the hospital achieved its primary objective of providing high standards of care to our patients and residents notwithstanding various funding challenges.

It was most heartening to have the year's work crowned by a very positive unannounced inspection report from the Health Information Quality Authority (HIQA). This independent report, along with many letters from former patients and their families, provide our management and staff with the motivation to meet all challenges they may have to confront.

On behalf of the Board of Management, I wish to record our deep appreciation of the dedication of our management and staff. Their commitment ensures that our patients and residents receive the care for which The Royal Hospital Donnybrook (RHD) has developed a very good reputation.

The major challenge of 2016 was, once again, funding. It is a source of regret that it was necessary to close some beds for part of the year, notwithstanding the demand for them, in order to keep within our funding resources. Thankfully, agreement was eventually reached with the HSE which enabled us to have all beds open by year end and to reach a breakeven financial outcome for the year.

The limited funding available to the HSE for some years has resulted in a situation where most hospitals have long lists of projects, big and small, which require funding. The RHD is no exception and the Board is concerned that maintenance expenditure has been excessively restricted in recent years by the HSE. Thankfully, an urgent roofing maintenance problem was funded towards the end of 2016.

The Board has adopted a new draft Strategic Plan 2017 - 2019 which is the subject of consultations with the HSE. It is hoped that this matter can be brought to a successful conclusion by mid-year 2017 following engagement with the HSE at national level.

The Board has started the process of examining the future accommodation needs of our patients in the medium to long term. At present, HIQA accommodation requirements apply only to continuing care residents. Post 2021, it is likely that HIQA will revert to a requirement for smaller units with en-suite facilities. In the medium to longer term, a higher proportion of rehabilitation patients will probably have to be accommodated in smaller or even single en-suite units. Given the age of most of the RHD facilities, meeting future HIQA requirements will prove to be very challenging. It is therefore considered prudent to start planning for such eventual changes now.

The HSE requires all Section 38 hospitals such as the RHD to carry out a Board evaluation each year and for this evaluation to be undertaken by external consultants once every three years. An external report was received in early 2016 which was very positive. The report is available on the RHD website as required by the HSE. There were a number of recommendations for governance improvements which the Board readily accepted.

Board succession is a very important part of the work of the Board. A plan to bring length of service on the Board into line with best practice was initiated two years ago. As part of this plan, during 2016, Graham Richards, Michael Forde and Peter Gleeson retired from the Board. All three of them have given exemplary service to the RHD. They deserve our deep appreciation.

Graham Richards gave excellent service on both the Board and the Nominations and Governance Committee. Michael Forde served on both the Board and the Executive Committee and was Honorary Treasurer for ten years. His work was most appreciated by his Board colleagues as well as by senior management who benefited from his wise counsel. Happily, both will continue on the Nominations and Governance Committee.

"2017 will undoubtedly bring challenges, but I can assure the Governors that the Board, the Hospital Management Team and all the staff, will spare no effort to ensure our patients and residents receive the care they deserve."

I wish Brendan Pigott success in the role of Honorary Treasurer. On 1st October 2016, we welcomed Tom Hayes, Chairman of the Clinical Governance Committee to membership of the Board along with Conor O'Connor who has taken on the chairmanship of the Audit Committee.

The hospital has enjoyed the support of The Friends of the Royal Hospital Donnybrook since its foundation over 25 years ago. Through good and bad times for the economy, The Friends have been unstinting in their efforts to help the hospital make life in the RHD better for our patients and residents. During 2016, The Friends presented the hospital with a state of the art ambulance which was extremely well received by our patients and residents.

Like the RHD Board, the Board of The Friends is implementing a board succession plan. A number of long-serving members retired at the end of 2016: Jack Gallagher, Jimmy Gibson, Peter Gleeson, Gladys Kingston, Brendan McDonald, Mel Smyth and Sylvia Tennant. The work each and every one of them did over a very sustained period is very much appreciated. Very special thanks are due to Gladys Kingston who ably assisted successive chairmen over the years.

Special thanks are due to Peter Gleeson who has most ably steered The Friends as their chairman since 2006, in addition to being a most respected and valued member of the Board of the Hospital. Oisin Quinn took over the chair of the board of The Friends from 1st January 2017 and we wish him success in the years ahead as he charts the way forward.

The hospital is committed to being an integrated provider of rehabilitation services not just on an inpatient basis but also in the community. The hospital continues to work with the RHD Voluntary Housing Association which provides valued services to older people wishing to enjoy independent living. The VHA is in the process of developing a new project in the Donnybrook area.

Finally, I wish to thank the CEO and all the members of the Board of Management for their support during the year. I especially wish to thank the Vice Chairman, Robin Simpson, and Michael Forde for their wise counsel.

2017 will undoubtedly bring challenges, but I can assure the Governors that the Board, the Hospital Management Team and all the staff, will spare no effort to ensure our patients and residents receive the care they deserve. This will be done while the Board and the CEO take steps to plan and secure the sustainability of the RHD as a viable rehabilitation hospital for older people with growing links into the community.

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 for election by the Board. 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. A Mission Committee is being created in 2017.

The attendance record of the Board Members at Board meetings and committee meetings during 2016 is shown in the chart hereunder.

#### **BOARD MEMBERS' ATTENDANCE**

For Period 01/01/16 to 31/12/16

	BOARD OF MANAGEMENT	EXECUTIVE	AUDIT COMMITTEE	NOMINATIONS & GOVERNANCE COMMITTEE	REMUNERATION COMMITTEE	CLINICAL GOVERNANCE COMMITTEE
	BO/ MAR	CO	AUDIT	N	REM	CLIN GOV
Mr. Michael Forde	5\6	5\6	2\2	2\2	1\1	
Mr. Peter Gleeson	6\6					
Rev. Alastair Graham	4\6					
Tom Hayes	1\2					4\4
Miriam Hillery	5\6			4\4		4\4
Jerry Kelly	6\6	6\6		4\4	1\1	
Cllr. Frank Kennedy	6\6					
Cllr. Paddy McCartan	5\6					
Prof. Geraldine McCarthy	4\6					4\4
Conor O'Conor	1\2		3\3			
Caroline O'Shea	5\6	6\6				
Brendan Pigott	5\6	5\6	3\3			
Oisin Quinn	5\6					
Graham Richards	4\6			4\4		
Philomena Shovlin	4\6	5\6				2\4
Robin Simpson	4\6	6\6		3\4	1\1	

Member does not sit on this committee

#### Governance / continued

An external evaluation of the Board of Management and the Board committees was undertaken in early 2016. The resulting report was very positive and it can be accessed on the RHD website (www.rhd.ie). The recommendations of the consultants were all accepted by the Board.

Risk Management is a standard item on the agenda for every Board meeting. The Board is satisfied it has appropriate risk management and other internal controls in place to ensure the safety of patients and the appropriate control of expenditure.

The RHD has a Code of Governance Manual which has the following contents:

- 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 2016 or prior years.

Ongoing compliance with public pay policy is monitored by the Remuneration Committee and the Audit Committee liaises with the Remuneration Committee and with Internal Audit as part of this process.



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.



### Chief Executive's Report

The Royal Hospital Donnybrook (RHD) is a consultant-led rehabilitation hospital that specialises in Post-Acute Rehabilitation, Specialist Stroke Rehabilitation, General Rehabilitation and Specialist Neurorehabilitation. We provide 112 beds dedicated to rehabilitation through five separate rehabilitation streams all of which are outlined within this report. These rehabilitation streams enable the hospital to provide a range of services for patients in an appropriate rehabilitation setting with the aim of patients returning to their own homes. Our Day Hospital facilitates discharges home with outpatient rehabilitation support where, on average, 25 outpatients per day are seen in the Day Hospital.

We are also a Health Information Quality Authority (HIQA) designated centre for residential care; 66 beds are designated residential. Our re-registration was confirmed in July 2015, with restrictions on admissions to residential care beds. Subsequently, at the request of the HSE, representations were made which included a plan, subject to funding, to refurbish the residential beds. On foot of this, HIQA lifted the restrictions in the early part of 2016 and the hospital is now in a position to admit to all its residential care beds. The first phase of refurbishing residential beds commenced late 2016 using the RHD's own funds with the aim of residents in the Phoenix area moving into their new accommodation in early 2017.

The hospital commenced 2016 with reduced funding and continual growing demand for our services. The hospital has worked through this and, with ongoing consultation with the Health Service Executive, secured appropriate funding for the hospital's services, and achieved a break even financial position at the end of 2016.

Founded in 1743, the hospital has a demonstrated history of good governance with dedicated Governors and Board of Management. This structure is key to the ongoing oversight of the hospital's services and maintaining the overall aim of the governing Charter. The hospital's Board of Management is a voluntary Board who have set aside and dedicated time throughout 2016 to support the hospital management and

staff through these austere times and always maintained the focus of patient-centred care at the heart of all decisions. We are very grateful for their expertise, support and dedication.

Notwithstanding the financial constraints, the hospital has managed to maintain an excellent patient-focussed service. The positive experiences expressed by patients and their relatives whilst in our care are due to our dedicated staff and management who, throughout 2016, have worked devotedly to maintain excellent standards and individual patient-focussed care. The dedication to providing the best care by our team is the reason we get such great outcomes and feedback on the services we provide. I would like to take this opportunity to thank all staff for their dedication and commitment to providing excellent care to our patients and residents.

The support from The Friends of the Royal Hospital Donnybrook enables the hospital to provide additional facilities and comforts for patients and residents. We are privileged to have the ongoing support from The Friends and look forward to working with them in 2017. We have an exceptional group of volunteers dedicated to the hospital and its patients. The activities and the support the volunteers provide 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 commitment and dedication. I also wish to thank the pupils and teachers of the many secondary schools who participate in our Transition Year programmes, which is much appreciated by our patients and residents.

Optimum care for our patients and residents is the reason we are here and the hospital, through its management and staff, continues to work with patients and their families, the Health Service Executive and related hospitals, to provide the best experience and care possible.

Irene Frazer Chief Executive



Optimum care for our patients and residents is the reason we are here and the hospital, through its management and staff, continues to work with patients and their families, the Health Service Executive and related hospitals, to provide the best experience and care possible.



### Medical Director's Report

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

Many patients and residents have highly complex medical needs. We treat patients and residents who are dialysis dependent, have tracheostomies, percutaneous feeding tubes, suprapubic catheters and who require oxygen and non-invasive ventilation.

#### REHABILITATION CARE SERVICES

The hospital provides consultant geriatrician-led multidisciplinary rehabilitation services to older patients. This meets the need for rehabilitation of frail older people in our catchment area and is in line with the National Clinical Programme for Older People. Two thirds of our rehabilitation patients have been referred from the orthopaedic service. These include hip fracture and other fragility fractures such as suprapubic ramus, vertebral and cervical fractures. Pain management, rationalisation of medications and stabilisation of medical conditions are the core components of medical care. A dedicated monthly fracture pathway meeting in St. Vincent's University Hospital (SVUH), attended by the RHD medical team and the SVUH orthopaedic team, has improved the throughput and flow of orthogeriatric patients from SVUH. It has also resulted in rapid access to SVUH orthopaedic services for RHD patients experiencing orthopaedic complications. The General Rehabilitation service continues to provide consultant-led geriatrician rehabilitation for older adults with complex needs requiring a longer period of rehabilitation. These patients are a mixture of orthogeriatric and frail older patients with medical conditions with resultant deconditioning and loss of function. Time spent in slow stream rehabilitation prepares patients for getting home and often reduces the level of social care support that they might need if they were discharged directly from the acute hospital.

The National Stroke Audit of Rehabilitation Units, published in 2016, highlighted the need for specialist integrated stroke units. The RHD has an 18-bed integrated specialist stroke unit catering for stroke patients both under and over 65 years of age. A comprehensive stroke multidisciplinary rehabilitation service is provided 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. Our Neurorehabilitation service provides a rehabilitative programme for younger adults (under 65 years of age) with complex neurological, medical and physical disabilities who require a full multidisciplinary team approach.

#### RESIDENTIAL CARE

Nursing and support teams, led by clinical nurse managers, provide our residents with a multidisciplinary, individualised and patient-centred approach to care. Where possible, all medical complications are managed on site by our medical team. Residents who develop medical complications requiring specialist surgical or medical intervention are transferred to SVUH. The introduction of individual resident end of life care preferences has resulted in a holistic end of life care programme where each resident's end of life care is tailored to their needs, managed with dignity and respect and they remain in the comfort of their own familiar surroundings in the RHD.

#### **CLINICAL GOVERNANCE**

The hospital's quality and safety agenda is set and overseen by the Clinical Governance Committee and implemented by multidisciplinary working groups. The quality of our services and the safety of our patients and residents are given the highest priority. Successful quality improvement initiatives in the areas of falls and pressure ulcers were

"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."

implemented in 2016. Patient satisfaction surveys of all departments are carried out regularly and patient satisfaction continues to be high. We have a robust complaints process and the number of complaints remains low even though our patient activity has increased

#### RESEARCH AND EDUCATION

Several research projects progressed during the year. These were accepted for poster presentation at the Annual Irish Gerontological Society meeting. Projects relating to our rehabilitation services included a study examining the epidemiology and outcomes of patients post hip fracture. The majority of our hip fracture patients are discharged home. These patients demonstrated a significant improvement in functioning as measured by the Barthel Index.

Other studies relating to hip fracture patients carried out throughout 2016 were:

- Falls rate in hip fracture patients and the impact on patient outcomes. Patients who had multiple falls had longer length of stay and lower functional improvement resulting in a loss of independence and need for nursing home care. This shows the negative impact of falls on outcomes.
- Examination of outcomes and length of stay of hip fracture rehabilitation patients who lived alone. The group living alone was older and had a longer median length of stay. Patients who lived alone were more likely to be discharged to a nursing home.

Research projects from our residential care service examined:

Hospital admission and mortality over a two year period of residents who became acutely unwell. Our transfer rate was 34.2 per 100, in line with international data. Our residents were appropriately transferred to the acute hospital and survived the transfer after undergoing specialist intervention. The impact of the introduction of the Nursing Home Support Scheme (Fair Deal) and how it has resulted in more highly complex medical needs patients being referred to our residential care facility.

In 2016, the Ethics and Medical Research Committee in St. Vincent's University Hospital agreed to review and provide an ethical opinion for research projects that are being undertaken on patients in the RHD.

In the area of geriatric medicine, the RHD remains a designated university teaching centre for the UCD Medical School with 2016 being the seventh year of the "Medicine in the Community" module. Feedback from students is very positive especially in relation to the time students had to interview patients and residents. Students reported a better understanding of the frail older person and the importance of multidisciplinary rehabilitation. They particularly benefitted from the dedicated teaching sessions they received from nursing and health and social care professionals.

Dr. Lisa Cogan Medical Director

### **Director of Nursing Report**

Throughout 2016, registered nurses continued to provide a high standard of nursing care to patients and residents underpinned by the core nursing values of compassion, care and commitment. Each unit nursing team is led by Clinical Nurse Managers (CNMs) and, as well as staff nurses, the nursing team comprises care assistants, household staff, supported by the ward clerk. The teams continue to work collaboratively with colleagues from other disciplines in multidisciplinary teams to provide person-centred services to people with complex healthcare needs.

Ongoing professional development, education and training continue to be given high priority and, overseen by the Nurse Quality Manager, a comprehensive programme of learning and development, based on a learning needs analysis, was delivered to staff during the year. CNMs continue to use the HIQA National Quality Standards for Older People to guide practice developments and quality initiatives. This is done collaboratively with patients and residents by seeking their feedback and input through unit based in-patient surveys, Family Forums and the Residents' Council. Two significant quality improvement initiatives were undertaken throughout 2016 in the areas of falls and pressure ulcer prevention leading to improvements in care.

The robust approach to risk assessment and management by the Risk Manager enables the timely identification of risks and facilitates CNMs by putting in place mitigating controls and actions.

Our dedicated tissue viability expertise continued to assist staff in the assessment of resident and patient needs in relation to wounds and the development of individualised care plans. Throughout 2016, patients and residents were supported in their spiritual needs by our Pastoral Care service.

Our Volunteer service continued to expand its membership during 2016 and the valuable contribution of all volunteers is to be commended. Transition year students coming from schools around the Dublin area continued to participate in the Aos Óg programme and Gaisce - The President's Award. The Activities team has provided an extensive range of social and recreational activities to residents and patients during the year.

CNMs will present the annual report on activity and developments for 2016 for their specific service areas.

We would like to thank nursing, nursing support and all of the staff included in this report for the dedication and commitment they have shown throughout 2016. We also acknowledge the retirement of Eamon McCarthy, Teresa O'Connell and Carolyn O'Laoire and wish them well in their retirement.

Patricia O'Reilly, Interim Director of Nursing (to June 2016)

Olivia Sinclair, Director of Nursing (from June 2016)



The robust approach to risk assessment and management by the Risk Manager enables the timely identification of risks and facilitates CNMs by putting in place mitigating controls and actions.



#### **SPARC**

#### Short-term Post-Acute Rehabilitative Care

The SPARC unit is a 27-bed unit providing short-term (4 to 6 weeks) inpatient rehabilitation for patients 65 years and over, who are medically stable and fit for discharge from acute care, but require a further period of multidisciplinary care to optimise recovery and independence. St. Vincent's University Hospital is the primary source of referrals to the SPARC unit.

The philosophy of the SPARC unit is to provide the highest standard of care to every patient every time.

All patients receive a pre-admission assessment; this is carried out by either the Medical team or Clinical Nurse Manager to ensure the patient would benefit from a dedicated period of rehabilitation.

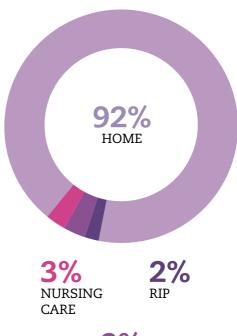
In SPARC, the multidisciplinary team meets twice weekly and an individualised rehabilitation programme is coordinated for each patient. All patients receive medical, nursing, physiotherapy and occupational therapy input and are referred to medical social work, speech & language therapy, nutrition & dietetics and the wound viability nurse based on clinical need.

The process of care also includes referral and follow-up with mainstream hospital services such as orthopaedic outpatient and geriatric day hospital programmes, community health and social care professionals, social work. On discharge, a summary of the patient's care is sent to the patient's GP and Public Health Nurse. A hard copy is given to the patient.

The continued development of the service has relied on a successful collaboration between our colleagues in the acute hospitals as well as community services.

Noreen Frawley Clinical Nurse Manager





3%
ACUTE
HOSPITAL



The unit provides multidisciplinary care to optimise recovery and independence.

#### **PARC**

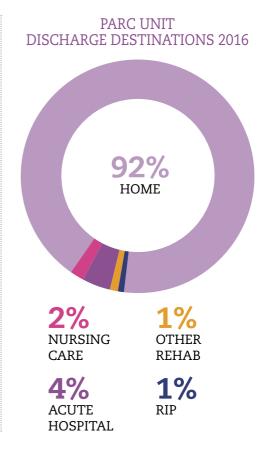
#### Post-Acute Rehabilitative Care

The PARC unit aims to provide a client-centred approach to rehabilitation services which will enable the client to achieve their maximum potential after a period of acute hospitalisation. The PARC unit is an all-female unit, providing a 3 - 6 month period of rehabilitation.

The key for a successful rehabilitation programme is a combination of a comprehensive geriatric assessment, a committed multidisciplinary team and a patient-centred approach, resulting in the delivery of safe, structured, effective and individualised patient care. Comprehensive Bone Health Assessments for orthopaedic patients were initiated by the medical team involving assessments of fracture risk, referral for DEXA scan and commencement of appropriate bone medication.

The PARC unit recognises the need for greater commitment in the delivery of good, safe and quality patient care and, for this reason, we always welcome patients' and relatives' feedback, whatever it may be.

Cherry Almonicar Clinical Nurse Manager





The key for a successful rehabilitation programme is a combination of a comprehensive geriatric assessment, a committed multidisciplinary team and a patient-centred approach.

### General Rehabilitation

General Rehabilitation is one of the many services provided in the hospital to older adults of 65 years and above with complex needs who require a period of rehabilitation provided by a multidisciplinary team. The General Rehabilitation unit aims to improve patients' functional ability after their acute hospitalisation and facilitate safe discharge home. The unit also provides short term respite admissions, rehabilitation boosters, maintenance rehabilitation and facilitates patients requiring urgent admission from our Day Hospital.

Through multidisciplinary team assessment and rehabilitation, we aim to achieve service users' maximum potential in physical, social and psychological aspects of their well-being ensuring dignity and respect at all times. Throughout 2016, the unit experienced an extensive spectrum of clinical pathologies. Patient assessments are carried out prior to admission to ensure that patients' expectations and needs are met in order to reach their maximum potential.

Where discharge home is not possible, the team supports and assists patients in considering appropriate options.

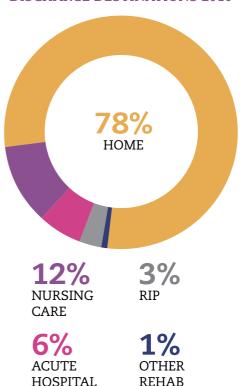
Rehabilitation initiatives throughout 2016 included:

- Falls prevention and education
- Continence promotion
- Infection control management
- Spasticity review
- Ensuring that best practice regarding specialised seating systems is maintained on the unit. Where appropriate, patients are granted the opportunity to explore Powered Mobility options

- Observing protected meal times as we believe this has a big impact on the patient's recovery
- The unit continues to work closely with undergraduates in nursing, occupational therapy, physiotherapy, nutrition & dietetics, speech & language, and medical social work.

Mary Mae Salomon Clinical Nurse Manager

#### GENERAL REHABILITATION DISCHARGE DESTINATIONS 2016



### Specialist Stroke Rehabilitation

Patients who survive an acute stroke episode are often left with some level of disability. Rehabilitation to reduce disability is therefore central to the post-acute care of stroke patients. Rehabilitation can have a considerable impact on the overall clinical and economic burden of stroke, not just for the stroke survivor but also for the family/caregiver, the healthcare system and the economy.

The stroke unit comprises of 18 beds providing rehabilitation to adults of all ages diagnosed with stroke. The unit aims at optimising the prospects for rehabilitation of patients with severe post-stroke disability and providing for their care

The stroke unit expanded its beds to 18 in 2015, providing rehabilitation to younger adults under 65 years of age. In 2016, 93% of patients were successfully discharged home, 5% were discharged to a nursing home and 2% were discharged to an acute hospital. The average length of stay for each patient accounted to 30.42 days. The successful rate of discharges is due to the collaborative effort of the highly skilled multidisciplinary team comprised of medical staff, nursing, physiotherapy, occupational therapy, social work, speech & language therapy, psychology and nutrition & dietetics.

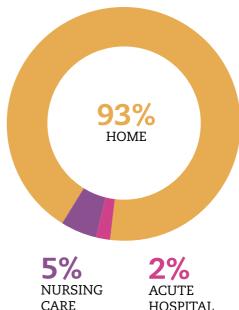
The multidisciplinary team meets each week with the stroke consultant and an individualised rehabilitation programme is coordinated for each patient.

The stroke unit embraces a phased discharge approach where patients are reintroduced gradually into their homes by having some hours out initially and a weekend leave before discharge. This is facilitated after a successful home visit with the occupational therapist. This has proven to be an efficient way of discharge as patients get to discuss their home experience with the team before full discharge thereby helping to relieve anxiety after a prolonged hospital stay.

The team had the opportunity to be involved in the National Stroke Rehabilitation Audit organised by the Irish Heart Foundation and the HSE. The report highlights the gap in national specialist stroke rehabilitation services.

Ramya Ravikumar Clinical Nurse Manager

#### STROKE REHABILITATION **DISCHARGE DESTINATIONS 2016**



### **Specialist Neurorehabilitation**

The Specialist Neurorehabilitation unit provides a rehabilitation service for young adults under 65 years of age with varying degrees of disability. Referrals for the service are from the National Rehabilitation Hospital, St. Vincent's University Hospital and the community.

This is a specialist rehabilitation consultant-led service with an experienced multidisciplinary team; it is divided into post-acute rehabilitation beds as well as needs assessment and therapeutic beds. Our aim is to involve patients, as much as is possible for them, in their own rehabilitation process with due regard to their physical, psychological and cultural needs.

Each programme is individually tailored to assist patients in meeting their rehabilitation goals. The team works with each patient to assess their current level of function, assist with establishing clear rehabilitation goals and regularly assess individual progress in relation to goals. Our focus is on assisting patients to gain as much function and independence as possible with the aim of maximising their quality of life.

As a stay in our rehabilitation unit is only part of the journey to recovery, shortly after admission, we engage with the patient and their family in discharge planning. In the context of current financial challenges and constraints, the multidisciplinary team works with patients, their families and HSE funding and community services to endeavor to facilitate a smooth transition home or to an alternative appropriate setting. During 2016, 12 patients completed the 'Living Well with MS' programme. This is a group programme that teaches patients to apply skills to enable them to better manage fatigue. It was encouraging at the end of the programme to hear previous participants review goals they had set and realise that they had made some positive lifestyle changes applying the principles of the programme in their home setting.

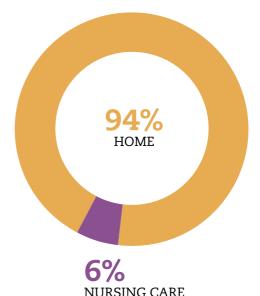
Some of the feedback from patients participating in the 'Living Well with MS Programme' included:

- Being listened to, opinions taken on board, empathy, 2 way learning
- Learning from each other, company, meeting others with the same illness, hearing other people's story, felt less isolated
- Self-achievement and discovery, empowerment
- Having access to full MDT and educational approach
- Daily structure and scheduled rests
- "I wish I knew all this years ago"

The unit also provides a respite service. Referrals for this service are through public health nurses and primary care teams throughout the south Dublin area.

Elaine Foley Clinical Nurse Manager

### SPECIALIST NEUROREHABILITATION DISCHARGE DESTINATIONS 2016



### 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 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 a multidisciplinary team committed to rehabilitation, health education and empowerment of the service users.

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 inpatient 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.

Maura Fitzgerald Clinical Nurse Manager



It is an easily accessible service that aims to promote patients' independence, health and well-being through rehabilitation, health education and empowerment.

#### **Residential Care**

The Residential Care teams provide personal, individualised, high quality holistic health and social care to our continuing care residents over 65 years old in the Cedars and Oaks units and for our residents under 65 years old in the Phoenix unit. We aim to enhance, or maintain, a good quality of life for each individual in our care by ensuring that their physical, social, psychological and spiritual needs are assessed and met within a safe, comfortable and flexible environment.

To help achieve this, each resident and, if they wish, their family are partners in care with the multidisciplinary team. Our team comprises nursing, medical, health & social care staff, pastoral care, household, hygiene, recreational and volunteer staff. All our staff receive training and education during the year in order to maintain and add to their skills and knowledge, and they share knowledge with peers in order to deliver a quality service.

The Residents' Council includes residents from each of the residential care units and holds meetings every two months. Topics discussed have helped to provide improvements and facilitate the requirements of our residents. External speakers are invited to give talks and holiday breaks or trips abroad for residents are often initially raised here. We thank those residents who have given their time to attend meetings and set agendas during the year. We also provide a Family Forum quarterly at unit level where families can exchange information with staff about the unit and hospital environment. and we can ensure families are familiar with services available such as transport for trips out, complaints procedures for residents and external events nearby such as The Alzheimer's Café in Avila which may be of interest.

The residential units are inspected by HIQA for registration purposes and were last inspected in December 2016. The HIQA report was very positive overall. We benchmark our standards

against the National Standards for Residential Care Settings for Older People in Ireland 2016 (Safer Better Care), which are driven by HIQA, and the Quality Standards for End of Life Care from the Hospice Friendly Hospitals.

Anne Dooley, Clinical Nurse Manager Cedars

Dileta Zibaite,
Clinical Nurse Manager, Oaks and Phoenix



We aim to enhance, or maintain, a good quality of life for each individual in our care by ensuring that their physical, social, psychological and spiritual needs are assessed and met within a safe, comfortable and flexible environment.



### Physiotherapy

Physiotherapy is a science based profession that helps to restore movement and function when someone is affected by illness or disability.

At the core is the patient involvement in their own care, through education awareness, empowerment and participation in their treatment.

Eighty percent of patients within The Royal Hospital Donnybrook are over the age of 65. Our rehabilitation patients are divided into two diagnostic groups - neurodisability and orthopaedics - both of which require intensive physiotherapy.

The main services within the hospital which have a majority of orthopaedic injuries are:

- SPARC (Short-term Post-Acute Rehabilitative Care) unit
- PARC (Post-Acute Rehabilitative Care) unit

In both of these units, a test of functional mobility - Timed Up and Go - is administered to every patient on admission and the same test performed on discharge by their physiotherapists to ascertain if there has been any improvement in their mobility and transfers.

On the SPARC unit in the six month period April to September 2016 inclusive, 64 patients had a timed up and go assessment on admission. On discharge, 95% of these patients showed an improvement in their mobility. On the PARC unit in the six month period April to September 2016 inclusive, 34 patients had a timed up and go assessment on admission. On discharge, 94% of these patients showed an improvement in their mobility.

In the General Rehabilitation unit there is a mixture of patients with neurological impairments and orthopaedic injuries. In addition to the measure in functional mobility, balance was also measured; this is particularly affected after a stroke. Over a six month period, 96% of these patients improved in both of these outcome measures on discharge.

Our Specialist Stroke unit, which recently expanded from 12 beds for patients over 65 years of age to 18 beds for adults 18 years and upwards, specifically uses the outcome measure in balance. In a six month period on the unit, 100% of the patients showed improvement in this outcome measure on discharge.

In our Specialist Neurorehabilitation unit (for adults under 65 years of age) a Functional Independence Measure (FIM) is used. FIM is an 18-item global measure of disability and is designed for measuring disability in the brain injured population, but can also be used for measuring disability in a wide range of conditions such as multiple sclerosis. Using the element of this measurement pertinent to physiotherapy, 86% of neurodisability patients showed improvement.

We are constantly striving to improve our services and are continuously researching and exploring innovative practices and equipment.

Barbara Sheerin Physiotherapy Manager

### Occupational Therapy Department

Occupational Therapy (OT) is the use of assessment and treatment to develop, recover, or maintain the daily living skills of people with physical, functional, or cognitive impairments. In 2016, the Occupational Therapy Department continued to focus on identifying and eliminating barriers to independence and facilitating participation in daily activities for our patients and residents.

#### OCCUPATIONAL THERAPY KEY DEVELOPMENTS IN 2016

The Occupational Therapy Department initiated three speciality specific projects to enhance patient recovery.

 Task - Specific Upper Limb Training for Neurological Impairment

The main elements of this project focus on the principles of motor re-learning. Therapy tasks are progressively arranged and customised to account for each individual's ability and goals. Tasks are standard, repeatable and have functional goals (e.g. organising, grasping, and stirring). Results indicate a positive trend across all outcome measures.

 Inpatient Multidisciplinary Group Based Therapeutic Programme for People with Multiple Sclerosis

The aim of the group based fatigue management programme is to normalise the experience of fatigue for patients whilst learning ways to use available energy more effectively. A mean improvement of 47 % in Self Efficacy Fatigue Rating Scales was found in patients who completed the programme. This work was presented at the Irish Association of Rehabilitation Medicine in Belfast in June 2016.

#### 3. Parkinson's Disease - LSVT Big Programme

This programme is designed to increase amplitude of limb and body movement (Bigness) in people with Parkinson's disease with a view to improving speed (upper/lower limbs), balance, and quality of life.

A Senior Occupational Therapist is currently undertaking a Master Degree through UCD in relation to High Amplitude Movement Therapies as being a beneficial treatment for patients with Parkinson's disease.

The Action Van service facilitates environmental adaptations to patients' homes to improve independence and reduce the risk of falls.

This service remains a crucial and collaborative approach to patient safety and facilitating discharges from hospital. 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 hospitals. Activity levels remained high throughout 2016 and resulted in timely and efficient discharges from acute and rehabilitation hospital beds.

Two Occupational Therapists have qualified in 2016 as Dementia Champions. Dementia Friendly Environments and Therapeutic Activity for dementia patients are two areas of interest to be developed.

#### **CLINICAL AUDITS**

- Standards in Documentation in the Integrated Healthcare Record Compliance with the Association of Occupational Therapists of Ireland standards remains very high at 96%.
- Seating Provision in Residential Care Audit Ensuring patients are on the correctly prescribed seating and pressure care system is important in relation to postural management and the prevention of pressure ulcers. A 2016 audit found 98% of patients were using the correct equipment and it was in good working order.

Jo Cannon
Occupational Therapy Manager

### Speech and Language Therapy

The Speech and Language Therapy department (SLT) continued to enhance its knowledge base and develop its clinical skills throughout 2016. The SLT department completed two Clinical Audits in relation to:

- Standards of Documentation
   100% compliance with National Hospital
   Office Standards was achieved.
- Fluid Thickening Audit (for safer swallowing)
   This was completed in 2016 and further training and improvement plans are in place for 2017.

The SLT department has contributed to the hospital's training programme in 2016 by facilitating training on the thickening of fluids to carers, household staff and health and social care professionals on our Residential Care units.

The Speech and Language Therapists attended a workshop in the use of Cedar's Information Processing and Comprehension (Auditory) Profile (CIPCAP) which is a diagnostic cognitive linguistic test for Speech & Language Therapists to use when caring for patients with acquired brain injury.

The SLT department has continued to be a proactive member of the Catering Committee at the hospital and provides advice and support with regard to safety and compliance with Irish National Modified Food Consistency Standards for patients and residents with swallowing impairments. Consultation with the multidisciplinary teams within the hospital continues with a view to enhancing communication access for all patients and residents.

Jo Cannon Designated Line Manager for Speech and Language Therapy



#### **Nutrition & Dietetics**

During 2016, dietetic referrals continued to be received from all services across the hospital. Referrals were prioritised based on clinical need and nutritionally assessed in chronological order. A total of 258 referrals were received - 193 of the referrals came from the rehab wards, 35 from the Day Hospital and 30 from the residential care wards.

The role of the dietitian in the rehabilitation process and the continuing care process is multifaceted, i.e.

- To maximise the patients' nutritional status so they are able to derive the maximum benefit from their rehabilitation/continuing care programme.
- To prevent nutrition related complications which could interfere with the ability to engage in rehabilitation/continuing care, e.g. pressure sores, excess weight, etc.
- To prevent recurrence in at risk groups, e.g., secondary stroke prevention.

Outcome measure data was kept on all patients who were nutritionally assessed and advised by the dietitians in 2016. Results showed positive dietetic outcomes across all wards for patients requiring nutrition support.

During 2016 the dietitians continued:

- To work with the catering department on ensuring patients meet their nutritional requirements with the menus that they provide. All menus were nutritionally analysed during 2016.
- To take part in the 'Living well with MS' pilot groups by giving education talks to each group. Nutrition education was also given to medical students during the year.

- To work on their professional, work based, self directed and formal continued professional development, in line with CORU (the regulatory body for Health & Social Care Professionals) requirements.
- To facilitate students from the Dublin Institute of Technology, Kevin Street and Trinity College Dublin on their Practice Placement B.

Our dietitians are members of the Irish Nutrition and Dietetic Institute - Older Persons and Dementia Special Interest Group. During 2016, members of this group produced a very useful resource, i.e., a Nutrition and Dementia booklet - a practical guide when caring for a person with dementia. This booklet will be used here in the hospital to help patients and their families/carers/nurses to provide food and nourishment in a thoughtful and practical manner while at the same time being sensitive to the needs of the person with dementia.

Zoe McDonald Senior Dietitian

#### **Medical Social Work**

The Medical Social Work team provides a social work service across the hospital.

Medical Social Workers (MSWs) work with the patients/residents to support the process of adjusting to illness and disability, with all the social, emotional and practical implications this entails. Medical Social Workers also play an important part in supporting families and main carers. They also link in with the public, community and voluntary services to maximise patient independence and quality of life.

Medical Social Workers provide support to patients by:

- Identifying appropriate support services and completing referrals for same.
- Applying for funding for home supports.
- Advocating on behalf of patients in relation to appropriate nursing homes, the Fair Deal process and community supports available.

MSWs work with the multidisciplinary team on many issues, including dignity and respect, particularly patient's autonomy and confidentiality, equality and inclusion, and safeguarding from abuse. Medical Social Workers also have a key role in responding to and investigating any allegations. The team members have been

proactive in sharing their expertise with nursing and other colleagues in ensuring that all patients and residents are protected.

In 2016, MSWs have been crucial in supporting patients throughout their stay in the hospital and applying for home supports to enable patients to return home. One of the challenges that MSWs faced in 2016 was the lack of carers available to the care provider agencies in supporting patients to return home. However, with the new extended care provider list approved by the HSE during the latter part of the year, patients now have a choice of thirteen agencies to choose from. The MSWs offer support and guidance to patients in this regard.

The Residents' Council meetings continue to be held every two months. The members of the group are from the three residential care wards. The council provides a forum for residents to discuss issues of importance to them which may include quality of life, and the activities they attend or are interested in. The minutes of the meetings are distributed to the group members and also to the units for display on the notice boards.

Mary Duffy Principal Medical Social Worker

### **Podiatry**

Podiatry is a healthcare profession that is involved with the diagnosis and treatment of diseases and disorders of the lower limb and foot, providing advice and education with appropriate treatment, 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 also plays a significant role in preventing minor lesions progressing to more serious systemic conditions, promoting and maintaining mobility, providing comfort - all greatly enhancing the quality of life for the patients and residents in the hospital.

In The Royal Hospital Donnybrook, Podiatry aims at achieving the following goals:

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

A restructuring of the podiatry service in 2016 has allowed for greater facilitation of patient care and enhanced response times for new admissions/urgent assessment.

Jo Cannon
Designated Line Manager for Podiatry

### **Psychology**

The Psychology Department aims to provide a quality clinical service to patients, families and carers during their stay at the hospital. A range of services are provided, including assessment, intervention, consultation and education, in order to address psychological difficulties arising from neurological and physical illness and injury, and to facilitate adjustment to resulting changes in ability, relationships and identity. The majority of referrals received by the department in 2016 were from the Specialist Neurorehabilitation and the Specialist Stroke units, and the remainder were from Residential Care wards, General Rehabilitation and the Day Hospital.

The main areas of clinical activity included:

- Mood disturbance, including anxiety, depression and anger, associated with neuropsychological changes and physical illness or injury; problems adjusting to changes in ability and functioning; and difficulties with insight into the sequelae of illness or injury. Following initial assessment, the majority of patients referred received regular psychotherapy sessions to support emotional well-being and facilitate coping with loss and change.
- Behavioural changes associated with stroke, dementia, and acquired brain injury, (e.g. problems of agitation, aggression or impulsivity), that present a challenge to staff and family members providing care and support to the patient. Psychology input comprises assessment of the physiological, environmental and psychological causes of behaviour change; development of guidelines for the care and support of the patient; and provision of staff support and training in the management of behaviour that challenges.

Complex cognitive presentations and questions regarding mental capacity. Psychology input in this area involves specialist neuropsychological assessment, provision of recommendations regarding rehabilitation needs and future work or educational issues, and support regarding significant decision-making (in accordance with the Mental Capacity and Assisted Decision Making Bill 2015).

Psychology also provides patient education sessions on psychological aspects of stroke and multiple sclerosis, as part of multidisciplinary programmes on the Specialist Neurorehabilitation and Specialist Stroke units.

Dr. Eimear Cunningham Senior Clinical Psychologist

### Patient/Resident Feedback



"A fantastically well run facility from every point of view."

"Main meals could be of smaller portions."

"I received excellent treatment and care. The doctors, nurses and staff were wonderful, kind and courteous at all times."

"Evening meal very early."

"The staff were calm, caring, attentive to all our needs and created a caring and quiet atmosphere."

"The ward could do with more shower areas."

"I spent a few weeks during the past year in your hospital and greatly benefited from the wonderful care and attention of the rehab team."

"Thank you for all the kindness personified that made her stay as pleasant as possible given her disability."

"Good humoured staff."

"Hospital care has been faultless."

"Overall, I have been very well looked after while here in RHD and will have no problem speaking very positively of the care I have received."



### 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

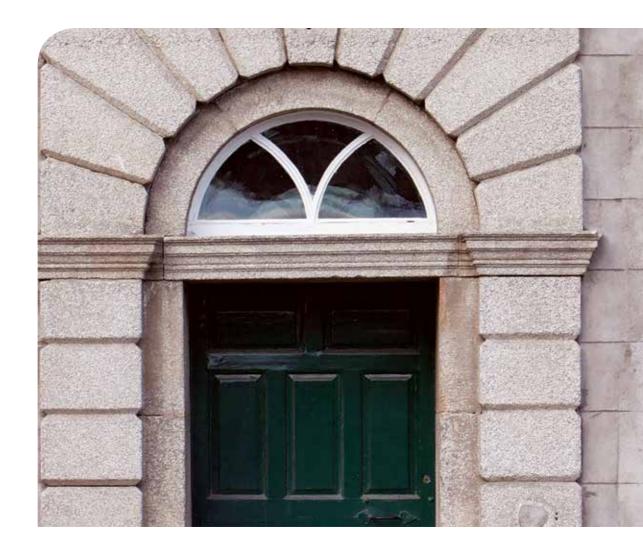
Wesley College



### Summary Financial Information

#### Year ended 31 December 2016

The full set of audited accounts, with accompanying notes and the Independent Auditors' Report, will be available after the AGM 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 23rd May 2017.



# Ordinary Income and Expenditure Account

Year ended 31 December 2016

	2016	2015
Ordinary expenditure	€	€
Pay expenditure	16,175,201	15,532,690
Non-pay expenditure	4,379,636	4,405,451
	20,554,837	19,938,141
Ordinary income	2,657,882	2,667,590
Net expenditure for year	17,896,955	17,270,551
Allocation from HSE towards net expenditure for year	17,961,302	17,017,429
Surplus/(Deficit) for year	64,347	(253,121)
Accumulated surplus brought forward	20,925	274,047
Accumulated surplus carried forward	85,272	20,925

On behalf of the Board of Management

Jerry Kelly Robin Simpson

### Ordinary Balance Sheet

As at 31 December 2016

Ordinary assets	<b>2016</b> €	2015 €
Allocations due - Revenue	1,736,831	1,839,669
- Capital	-	(49,016)
Debtors and prepayments Bank balances and cash	190,166 730,063	253,411 528,228
	2,657,060	2,572,292
Ordinary liabilities		
Creditors and accrued expenses Patient Funds	(2,141,242) (430,546)	(2,088,069) (463,298)
	(2,571,788)	(2,551,367)
	85,272	20,925
Represented by: Accumulated surpluses carried forward	85,272	20,925

On behalf of the Board of Management

Jerry Kelly Robin Simpson

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