



## THE ROYAL HOSPITAL DONNYBROOK



ANNUAL REPORT & ACCOUNTS

# 2017

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# STRUCTURES AND COMMITTEES

## BOARD OF MANAGEMENT

Jerry Kelly, **Chairman** (retired December 2017)  
 Robin Simpson, **Vice-Chairman** (Chairman from January 2018)  
 Caroline O'Shea (Vice-Chair from January 2018)  
 Brendan Pigott, **Hon. Treasurer**  
 Rev. Alastair Graham  
 David Gunning (joined September 2017)  
 Rev. Canon Sonia Gyles (joined November 2017)  
 Tom Hayes  
 Miriam Hillery  
 Cllr. Frank Kennedy (nominated by Dublin City Council)  
 Dorothy MacCann (joined February 2017)  
 Cllr. Paddy McCartan (nominated by Dublin City Council)  
 Prof. Geraldine McCarthy  
 Michele McCormack (joined November 2017)  
 Conor O'Connor  
 Oisín Quinn  
 Philomena Shovlin (retired May 2017)

## AUDIT COMMITTEE 2018

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

## NOMINATIONS AND GOVERNANCE COMMITTEE 2018

Robin Simpson, **Chairman**  
 Miriam Hillery  
 Cllr. Frank Kennedy  
 Dorothy MacCann  
 Caroline O'Shea

## REMUNERATION COMMITTEE 2018

Robin Simpson, **Chairman**  
 Caroline O'Shea  
 Brendan Pigott

## EXECUTIVE COMMITTEE 2018

Robin Simpson, **Chairman**  
 Caroline O'Shea  
 Brendan Pigott  
 Conor O'Connor  
 David Gunning  
 Colm Moloney

## CLINICAL GOVERNANCE COMMITTEE 2018

Deirdre-Ann Barr, **Chair**  
 Dr. Lisa Cogan  
 Dr. Morgan Crowe  
 Dr. Tim Cassidy  
 Dr. Paul Carroll  
 Miriam Hillery  
 Prof. Geraldine McCarthy  
 Michele McCormack  
 Donald McShane  
 Rev. Canon Sonia Gyles  
 Colm Moloney  
 Evonne Healy

## MISSION COMMITTEE 2018

Rev. Alastair Graham  
 Heather Tennant

## ESTATES COMMITTEE 2018

Caroline O'Shea  
 Colm Moloney  
 Conor Leonard

## HOSPITAL MANAGEMENT TEAM 2018

**Acting Chief Executive Officer**  
 Colm Moloney

**Medical Director**  
 Dr. Lisa Cogan

**Director of Nursing**  
 Evonne Healy

**Financial Controller**  
 Colm Moloney

**Occupational Therapy Manager**  
 Jo Cannon

**Physiotherapy Manager**  
 Barbara Sheerin

**Principal Medical Social Worker**  
 Bernadette Casey

**Operations Manager**  
 Conor Leonard

**Human Resources Manager**  
 Sharon Lawlor

**Corporate & Clinical Affairs Manager**  
 Denise Heffernan

## CONSULTANT PHYSICIAN IN STROKE MEDICINE

Dr. Tim Cassidy

## CONSULTANT IN NEUROREHABILITATION MEDICINE

Dr. Paul Carroll

## CONSULTANT PHYSICIANS IN GERIATRIC MEDICINE

Dr. Lisa Cogan

Dr. J. J. Barry

Dr. Morgan Crowe

Dr. Nichola Boyle

The Royal Hospital Donnybrook is a registered charity.

Charities Regulatory Number: 20001605

The hospital's Annual General Meeting will be held on Tuesday 29th May 2018 at 5.30pm in the hospital's Concert Hall.

## CHAIRMAN'S STATEMENT

I wish to thank our hospital management, staff and volunteers for their dedicated service over the past year.

One of the first tasks that Caroline O'Shea and I undertook after becoming your Vice Chairman and Chairman was a full tour of the hospital. We were humbled by seeing a team of dedicated women and men continuing to make such a difference to the lives of so many vulnerable people. This team effort stands at the centre of the high standard of care provided by The Royal Hospital Donnybrook (RHD) for many years. On your behalf and on behalf of the Board of Management, I wish to thank our hospital management, staff and volunteers for their dedicated service over the past year. Your Board will support our management and staff in their efforts to maintain this standard in the years ahead.

In the light of this team dedication, it was most disappointing that we had to close beds for the second year in a row because of a lack of funds. By the time that funds were made available, it was too close to Christmas to recruit staff to re-open beds and this was further delayed by an influenza outbreak early in the New Year. As a result, the hospital had beds closed during the usual January acute hospital bed crisis. We will continue to work with the HSE to try to avoid this regrettable situation arising in future years.

The RHD Housing Association's provision of housing for older people with rehabilitation supports continues under the chairmanship of Derek Scally. After a long lead time, we were pleased to welcome Taoiseach Leo Varadkar and Minister Eoghan Murphy to a sod-turning ceremony for a new development in Beech Hill, Donnybrook. This will provide much needed social sheltered housing in the area.

The Friends of the Royal Hospital Donnybrook have had a successful year with Oisín Quinn as Chairman and they have planned a full schedule of events to support the hospital in its mission. Their 2017 golf outing raised a record sum and the next golf outing will be held on Tuesday, 3 July 2018. Towards the end of the year, your Board transferred the bulk of the hospital's private funds to the Friends. This means that all our funds can now be managed and allocated for the benefit of patients as a single entity.

During 2017, our Director of Nursing, Olivia Sinclair, and our Chief Executive Officer, Irene Frazer, resigned from the hospital and we wish them well in their new careers. We would like to extend a warm welcome to Evonne Healy as our new Director of Nursing. We hope to announce the appointment of a Chief Executive Officer before too long. We greatly appreciate the work that Colm Moloney and Patricia O'Reilly have been undertaking in fulfilling the responsibilities of these two posts while they have been vacant.

We were delighted to welcome David Gunning, Michele McCormack and Sonia Gyles to the Board of Management and to welcome Deidre-Ann Barr as Chair of the Clinical Governance Committee during 2017. Regretfully, I record the retirement of Jerry Kelly as Chairman and Phil Shovlin from the Board. We will all miss their collegiate spirit and their wise counsel.

Finally, I would like to thank all members of the Board of Management and its Committees for their support and hard work during the year. I can only hope that the Independent Review Group recently appointed by the Minister for Health will understand the enormous commitment and contribution that volunteerism makes to our health services.

**Robin Simpson**  
Chairman



After a long lead time, we were pleased to welcome Taoiseach Leo Varadkar and Minister Eoghan Murphy to a sod-turning ceremony for a new development in Beech Hill, Donnybrook. This will provide much needed social sheltered housing in the area.





# 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 written Terms of Reference for each of the following Board committees


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

The attendance record of the Board Members at Board meetings and committee meetings during 2017 is shown in the chart opposite.

## BOARD MEMBERS' ATTENDANCE

For Period 01/01/17 to 31/12/17

	BOARD OF MANAGEMENT	EXECUTIVE COMMITTEE	AUDIT COMMITTEE	NOMINATIONS & GOVERNANCE COMMITTEE	REMUNERATION COMMITTEE	CLINICAL GOVERNANCE COMMITTEE	MISSION COMMITTEE	ESTATES COMMITTEE
Rev. Alastair Graham	5\7						2\2	
David Gunning	3\3							
Sonia Gyles	2\2					1\1		
Tom Hayes	4\7					2\2		
Miriam Hillery	7\7			3\3		5\5		
Jerry Kelly	7\7	3\3		3\3	1\1			
Clr. Frank Kennedy	7\7			1\1				
Dorothy MacCann	5\5			0\1				
Clr. Paddy McCartan	5\7							
Prof. Geraldine McCarthy	4\7					4\5		
Michelle McCormack	2\2					0\1		
Conor O'Connor	6\7	1\1	3\3					
Caroline O'Shea	7\7	3\3						2\2
Brendan Piggot	3\7	1\3	1\3		0\1			
Oisín Quinn	6\7							
Philomena Showlin	2\3	2\2				4\5		
Robin Simpson	7\7	3\3	2\2	3\3	1\1			

 Member does not sit on this committee

## GOVERNANCE / continued

An internal evaluation of the Board of Management and the Board committees was undertaken in 2017. The resulting recommendations were 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:

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 2017 or prior years.

Ongoing compliance with public pay policy is monitored by the Remuneration Committee and a report is provided annually by the Internal Auditor to the Audit Committee.



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.



## CHIEF EXECUTIVE'S REPORT

The Royal Hospital Donnybrook (RHD) provides a team based care environment for its patients and residents. The multidisciplinary team consisting of medical, nursing, health and social care professionals work tirelessly to enhance the lives of those under our care.

Through continuous improvement and quality initiatives, there is a focus on developing a care environment that enhances our patients' and residents' experience. The ongoing review of our performance and the quality of our care through audits, reviews, metrics and risk registers provides transparent results in the quality of care we provide.

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 was appointed as Acting CEO on 15th December 2017 and I would like to thank the outgoing CEO, Irene Frazer, for her assistance to me in my new role.

In June 2017, the hospital secured re-registration by the Health Information Quality Authority (HIQA) as a designated centre for residential care of older persons. Funded early in 2017 by the RHD's own funds, the development and refurbishment of a new ward for our under 65 year old long term care patients (the Rowans Ward) was acknowledged and welcomed by HIQA. The Rowans Ward accounts for 12 of the hospital's 66 residential care beds.

Concerns highlighted by HIQA specifically related to the environment and the remaining five-bedded units, which impact the residents' dignity and privacy. Discussions are ongoing with the HSE regarding the provision of funding to refurbish these areas and reduce the number of beds in multi-occupancy rooms in line with HIQA standards.

The hospital experienced another year of financial

strain in 2017. We commenced the year with a significant reduction in funding and with a continual growing demand for the services we provide. This resulted in increased pressure on staff. With continuous and ongoing consultation with the Health Service Executive, the hospital secured additional funding for the hospital's services, and was able to achieve an effective break-even financial position at the end of 2017. In spite of the difficulties, the hospital has managed to maintain an excellent patient-focussed service. It is a privilege to work with staff and management who, working within challenging constraints, provided ongoing support to patients/residents and to each other. Our team's dedication to patients and residents is the reason we get such great outcomes and feedback on the service we provide.

Pay restoration under the Financial Emergency Measures in the Public Interest Act 2015 (FEMPI) will be a significant cost driver in health funding for 2018. Accordingly, overall budgets, including funding for non-pay and capital items, will remain challenging for 2018.

There is an increasing focus on the voluntary sector of the health services. In July 2017, Minister for Health, Simon Harris TD, announced the establishment of an independent review group to examine the role of voluntary organisations in the operation of health and social care services in Ireland. The terms of reference provide for

- An examination of current arrangements across the health and social care sector
- Consideration of issues currently arising, and those likely to arise in the future
- Recommendations on how the relationship between the State and voluntary organisations should evolve in the future.

The RHD will consult with members of the voluntary hospitals' group to ensure that the special contribution being made by the voluntary sector to healthcare in Ireland is clearly set out to

“The RHD will consult with members of the voluntary hospitals' group to ensure that the special contribution being made by the voluntary sector to healthcare in Ireland is clearly set out to the Independent Review Group which has been set up by the Minister.”

the Independent Review Group which has been set up by the Minister.

Both now and in the future, The Royal Hospital Donnybrook will continue to rely on donations and support to ensure that it can continue to fund research and capital projects which will enhance the comfort and amenities of patients and residents at The Royal Hospital Donnybrook. As always, the hospital is grateful to The Friends of The Royal Hospital Donnybrook for spearheading fundraising initiatives on behalf of the hospital.

The hospital is lucky to have an exceptional group of volunteers dedicated to the hospital and its residents/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.

**Colm Moloney**  
Acting Chief Executive Officer





## MEDICAL DIRECTOR'S REPORT

The core philosophy of care that is provided to all our patients and residents here in The Royal Hospital Donnybrook (RHD) is based on Comprehensive Geriatric Assessment (CGA).

A consultant geriatrician-led multidisciplinary service is provided to our rehabilitation patients and residents in residential care.

CGA is fundamental to the assessment, planning and intervention required to meet the health and social care needs of all older people receiving care. CGA improves diagnostic accuracy and optimisation of medical and rehabilitation treatment. It improves functional outcomes resulting in reduced complications of hospitalisation and facilitates effective discharge planning. The older patient group that are being admitted to the acute hospitals, and subsequently on to us for rehabilitation, have an increasing number of comorbidities with multiple medical conditions often accompanied by frailty and dementia. The majority, two-thirds, of our rehabilitation patients are referred with falls and fragility fractures from the orthopaedic service in St. Vincent's University Hospital (SVUH). Pain management, rationalisation of medications and stabilisation of medical conditions are core components of medical care. We continue to improve the clinical pathway for our patients who become medically unstable and need access to specialist care in SVUH.

In our older residential care services, CGA focusses on the provision of individualised care plans for each resident. There is an emphasis on maintenance rehabilitation with particular attention to seating and positioning. This maximises function and reduces complications such as pressure ulcers and pain. Many of our residents have complex neurological conditions. Where possible, all medical complications are managed on site. Residents who develop acute medical or surgical conditions that require specialist intervention are

transferred to SVUH. With the support of our End of Life Working Group, advanced care planning discussions have been facilitated. The majority of our residents die here with an end of life care plan in place and in a single room when available.

Our Maples Unit provides a neurorehabilitation programme for younger adults with complex neurological, medical and physical disabilities. This service is led by a Consultant in Rehabilitation Medicine. A dedicated multidisciplinary therapeutic assessment rehabilitation programme is accessed by community dwelling patients with Multiple Sclerosis (MS). This is called the 'Living well with MS' programme. A respite service of two beds is also provided in this unit.

The outpatient Day Hospital programme continues to provide time limited (usually 6-10 weeks) rehabilitation to older patients living in the community. The aim of this programme is to maximise independence and enable and support people living at home. The principal diagnoses of patients accessing this service are Stroke, Parkinson's disease and rehabilitation following a fragility fracture.

The RHD remains a designated university teaching centre for the UCD Medical School with 2017 being the eighth year of the "Medicine in the Community" module. Feedback from students remains 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. A number of successful collaborations between nursing and medicine were progressed this year. This included the successful introduction of "Hello my name is" campaign and Schwartz™ Rounds to the hospital. Both these initiatives focus on the importance of supporting our staff in giving compassionate care.

**Dr. Lisa Cogan**  
Medical Director

“

We continue to improve the clinical pathway for our patients who become medically unstable and need access to specialist care in St. Vincent's University Hospital (SVUH).

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## DIRECTOR OF NURSING REPORT

Throughout 2017, our commitment to deliver high quality, safe and person-centred care to patients and residents with complex healthcare needs remained our focus. Continuous professional development, education and training for all staff continued to be a priority.

The Health Information and Quality Authority (HIQA) carried out an inspection of our residential units for older people in May 2017. The purpose of the inspection was to inform the decision of the Authority in relation to the hospital's application to renew the registration of our residential units. The monitoring inspection was announced and took place over two days. The inspection report was positive in relation to residents' health and social care and the residents' safeguarding and safety. The inspector was satisfied that there was evidence of good governance structures in place and that the hospital was compliant in health, safety and risk management. However, environmental concerns relating to multi-occupancy rooms, which impact on the residents' dignity and rights, were raised.

Central to our approach to quality and safety is the focus of capturing the experience of our patients and their families. Throughout the year, service user experience surveys were carried out across all rehabilitation wards. These are used by the heads of department and ward teams to inform quality improvement where appropriate. The results of the surveys are discussed at ward level and feedback given to the patients through the "You Said We Did" template.

Our complaints process provides our residents and patients with an opportunity to express any concerns and provide us with feedback if their experience has not been optimal. The Residents' Council and Family Forum continued to meet throughout 2017 and provide us with useful

feedback for improving our residents' experience.

A number of significant quality improvement initiatives have been undertaken throughout the year; one of these was the "Hello My Name Is" campaign. The aim of this project is to improve communication between staff and patients and promote person-centred and compassionate care. Led by the Nursing Quality Manager, the Schwartz Rounds were introduced to the hospital. These Rounds are a forum for all staff to come together once a month to discuss, reflect and understand the challenges and rewards that are intrinsic to providing care.

We participated in Project ECHO (Extension for Community Healthcare Outcomes). The project aim was to support the knowledge, build skills and confidence of nursing staff in managing residents with life-limiting conditions.

Led by our Risk Manager, 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 through audit. Our Risk Management Policy is in line with the HSE Integrated Risk Management Policy 2017.

Over the year, we have welcomed many new volunteers who continue to be committed, giving of their free time to support and enhance the quality of life for our patients and residents.

We are fortunate to have the involvement of transition year students on social placements to the hospital. We have at least six students volunteering each week throughout the academic year. Some of these continue to participate in the Aos Óg Programme Gaisce - The President's Award.

The recreational activities team continues to provide a range of social and recreational activities and events throughout the year. In addition, we

are fortunate that, once a month on a Sunday, we welcome vocal talent into our Concert Hall.

Embracing the significance of overall holistic healthcare, Pastoral Care attends to the spiritual and emotional needs of residents, patients, their families and staff. Pastoral Care is available to people of all faith traditions or none and every effort is made to support people in a way that is meaningful and significant for them. Support is provided through visiting, listening, 'being present' to what the person is uniquely experiencing, prayer, accompaniment at times of challenge, serious illness and death. In partnership with other disciplines, Pastoral Care endeavours to ensure that our residents, patients and their loved ones, feel supported, understood, respected and valued here at The Royal Hospital Donnybrook.

The Hospital Chaplain is supported by visiting chaplains of a variety of denominations who provide religious services each week. We also have a team of Eucharistic Ministers and volunteers who facilitate patients and residents in receiving the sacrament of Holy Communion and attending religious services of their choice.

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



Central to our approach to quality and safety is the focus of capturing the experience of our patients and their families.



# SPARC

## Short-term Post-Acute Rehabilitative Care

The SPARC unit delivers rehabilitation for patients over 65 years of age who are medically stable and fit for discharge from acute hospital care. The majority, two-thirds, of our rehabilitation patients have been referred from the orthopaedic service in St. Vincent's University Hospital (SVUH). These include hip fracture and other fragility fractures such as suprapubic ramus, vertebral and cervical fractures. These patients benefit from coordinated multidisciplinary care to maximise their functional status and the team facilitates a smooth transition home.

The philosophy of the SPARC unit is to provide the highest standard of care to every patient every time. The anticipated length of stay on the SPARC unit is four to six weeks.

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

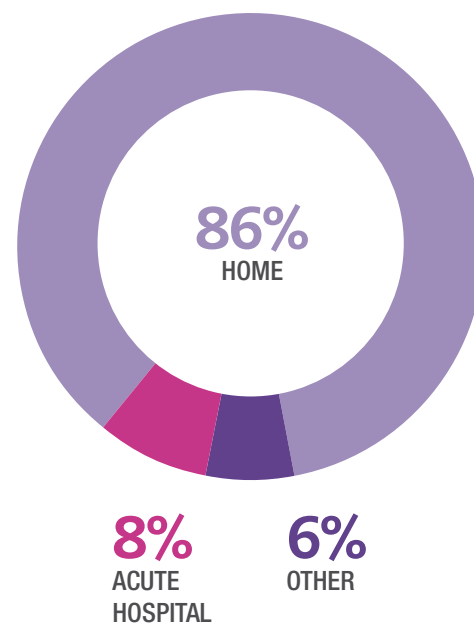
In SPARC, the multidisciplinary team meets twice weekly and an individualised rehabilitation programme is coordinated for each patient. All patients receive medical, nursing, physiotherapy and occupational therapy input and are referred to medical social work, speech & language therapy, nutrition & dietetics 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 detailed multidisciplinary report summarising all medical interventions such as medication changes and investigations as well as assessment reports on cognition, balance, nutrition and functional score is completed. This is sent to the patient's GP, the referring hospital consultant and the Public Health Nurse. A hard copy is given to the patient.

The continued development of the SPARC service has relied on a successful collaboration between our colleagues in the acute hospitals as well as community services. A dedicated monthly fracture pathway meeting in SVUH, attended by members of the SPARC team and the SVUH orthopaedic team, continues to improve the flow of orthopaedic patients to the unit.

**Noreen Frawley**  
Clinical Nurse Manager

SPARC UNIT  
DISCHARGE DESTINATIONS 2017



# PARC

## Post-Acute Rehabilitative Care

The PARC unit is one of the five consultant-led rehabilitation facilities in the hospital that provides rehabilitation services following an acute hospital stay with the aim of optimising patients' functional level of independence. The unit offers a rehabilitation programme to female patients age over 65 who require a further period of inpatient care from three to six months enabling them to be discharged back safely to their own homes and community.

Individualised patient-centred care and a dedicated multidisciplinary team are fundamental in achieving the aim of the unit. These structures are key to the provision of the service. To be able to facilitate this, the multidisciplinary team holds a weekly comprehensive meeting with the patients' involvement. Patients are encouraged to participate in setting their individualised rehabilitation goals with due regard to their specific needs. The multi-disciplinary team collectively assesses and regularly reviews each patient's progress to ensure delivery of a structured and patient-centred plan of care.

Seeing patients achieving their set goals and returning to their functional level of independence is both rewarding and fulfilling. Where discharge home is not possible, the team provides support to the patient and family in deciding on appropriate alternative placement options.

In the first quarter of 2017, nursing quality profile was introduced in every unit as part of clinical quality improvement. The emphasis is on continuous delivery of high standard and good quality patient care that is person-centred, safe, effective and leads to better health and well-being.

In April, a physiotherapy initiative called "Physiotherapy Plus" was introduced in the PARC unit; this is an add-on to the patient's rehabilitation timetable wherein each patient receives a tailored exercise programme which aims to:

- Develop strategies to empower patients to be active
- Increase levels of physical activity for patients
- Entice patients to be active within and outside their bed environment

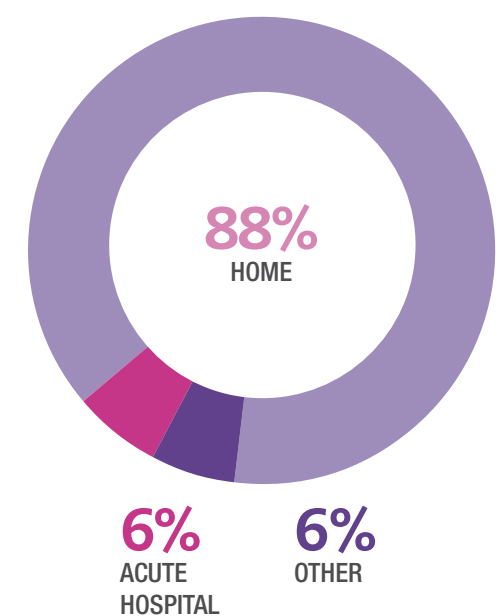
The initiative resulted in patients being more empowered in their progress and encouraged family members' involvement. This also motivated and increased the patient's determination to recover.

A service user experience was conducted twice within the year which yielded a very positive response to the care being provided in the unit.

The success of the PARC unit in its efficient delivery of patient care relies on the ability to work together as a team. Effective teamwork creates a positive impact on a patient's recovery and well-being.

**Cherry Almonicar**  
Clinical Nurse Manager

PARC UNIT  
DISCHARGE DESTINATIONS 2017



# GENERAL REHABILITATION

The General Rehabilitation unit provides rehabilitation services to older adults (65 years and above) with complex needs. There is a multidisciplinary team approach and through team assessments and rehabilitation, the team facilitates patients in achieving their maximum potential in the physical, social and psychological aspects of their wellbeing, ensuring dignity and respect at all times. When a patient's condition improves, the team ensures that they are integrated into their most appropriate environment. In addition, the unit provides short term respite admissions, rehabilitation boosters, maintenance rehabilitation and urgent admission from our Day Hospital.

Last year, an additional respite care bed was added to the existing two respite beds on the unit which facilitate respite care for older adults in the community. The provision of respite care provides a much needed break for carers.

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

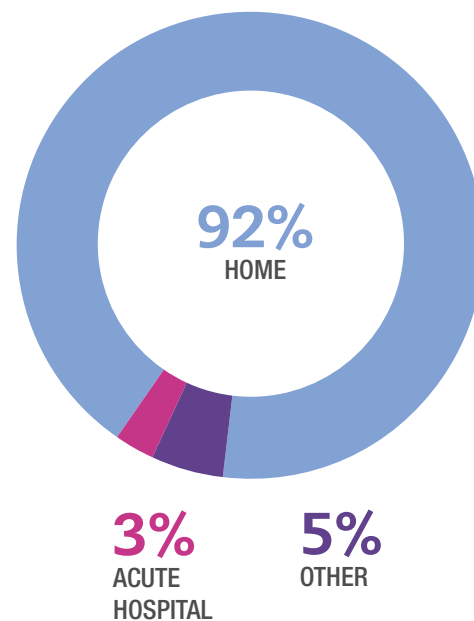
The general rehabilitation team continued to maintain the highest standard of care by:

- Multidisciplinary (MDT) in-house education sessions; relevant topics were chosen and this had a great impact on the delivery of care.
- Exploring the use of powered mobility options for suitable patients.
- Providing nurses with education on various physiotherapy aids and devices to facilitate patients' independence.
- Accessing spasticity services as required
- Contenance Promotion
- Infection Control Prevention

- Health promotion and education given by the MDT to patients in order to meet their specific needs.
- Working closely with undergraduates in Nursing, Occupational Therapy, Physiotherapy, Nutrition and Dietetics, Speech and Language Therapy, and Medical Social Work.

**Mary Mae Salomon**  
Clinical Nurse Manager

GENERAL REHABILITATION DISCHARGE DESTINATIONS 2017



# SPECIALIST STROKE REHABILITATION

The primary goals of stroke rehabilitation are to encourage and foster functional improvement and neurological recovery. Organised stroke care, processes of care, early timing of rehabilitation and high intensity of rehabilitation therapies are important factors which have been identified as promoting better overall outcomes for individuals with stroke.

Effective stroke rehabilitation programmes are characterised by a multidisciplinary team working cohesively and closely to provide a comprehensive rehabilitation programme for each patient. These programmes vary in terms of the types of therapies offered as well as their intensity and duration.

The stroke unit embraced a number of initiatives in 2017 including:

- Stroke exercise classes for patients, facilitated by the physiotherapy team, three times a week.
- Use of the Graded Repetitive Arm Supplementary Programme (GRASP) to help strengthen a weak/affected arm following a stroke. This programme was facilitated by the occupational therapy and physiotherapy departments.
- Education sessions for stroke patients and family members. The sessions were 30 minutes long and ran twice weekly for six weeks. Each member of the multidisciplinary team presented a stroke related topic to the patients and their relatives/carers.
- Group talking sessions, once a week, organised by the Speech and Language Therapy department.

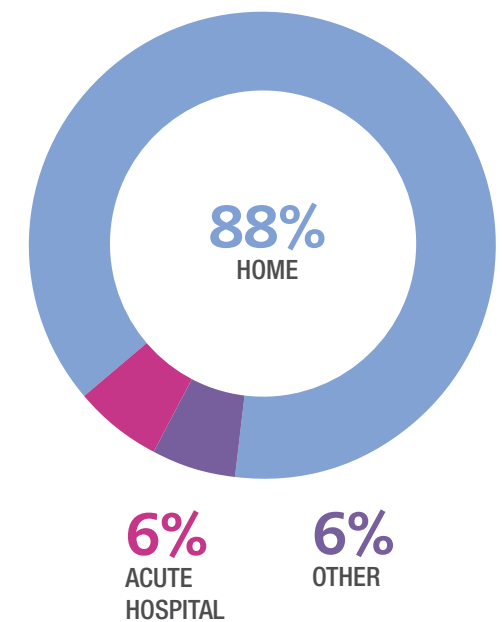
A lack of community support for patients under the age of 65 years of age discharged from hospital post recovery was highlighted by all younger patients admitted to the unit. In September 2017, the Irish Heart Foundation (IHF), in conjunction with the patients discharged from the RHD and

the therapists on the stroke unit, launched the first ever stroke survivor support group for people under 65 years of age in Ireland. It was a tremendous success and the patients have since met and the IHF has organised interactive activities and group sessions for those interested.

A patient satisfaction survey was carried out three times in 2017. Patients were asked to rate their experience overall on a scale from 1 to 10, whereby 10 equalled "I had a very good experience" and 0 equalled "I had a very poor experience". The average rating given by patients was 8.8.

**Ramya Ravikumar**  
Clinical Nurse Manager

STROKE REHABILITATION DISCHARGE DESTINATIONS 2017





## SPECIALIST NEUROREHABILITATION

The Specialist Neurorehabilitation unit provides a specialised neurological service for adults under 65 years of age with varying degrees of disability. The multidisciplinary team, led by a Consultant in Rehabilitation Medicine, caters for patients who have experienced a sudden decrease in their ability to look after themselves following an acute neurological episode, as well as providing a programme for patients with general deconditioning who have a chronic neurological condition.

Our philosophy of rehabilitation is to work with our patients to help restore and maintain the best possible level of functioning which will enable them to achieve their life goals. Our multidisciplinary team works with them, their families and friends to achieve their goals throughout their rehabilitation stay.

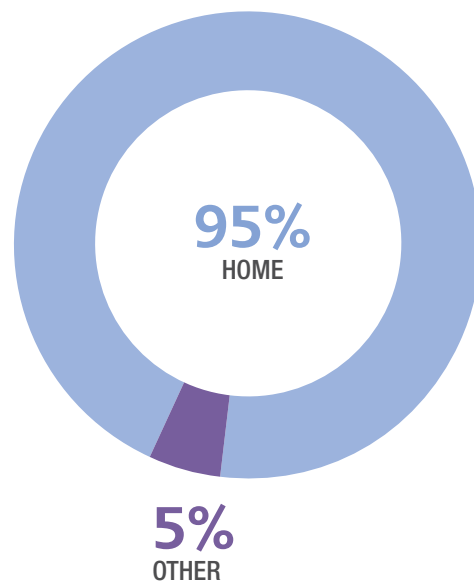
The “Living well with MS” (multiple sclerosis) programme continued throughout 2017, providing individuals with MS access to therapy specific to their symptoms as well as providing practical advice and access to the services they need in order to successfully manage their disabilities.

During the year, the team forged links with the MS Society, invited a research group from UCD to talk about a care planning day for carers/families of patients with MS. In November 2017, the team visited the Springfield Centre in Co. Westmeath. This centre combines work, education, and leisure pursuits with assessment, rehabilitation, and care needs for its service users with physical and sensory

disabilities. We took this opportunity to share information and strengthen links as this centre has become one of our referral sources, along with St. Vincent’s University Hospital, the National Rehabilitation Hospital, and the community. Our aim is to develop a better understanding of what our patients need, and enhance our rehabilitation services to enable people with disabilities and their families/carers to maintain their independence within their own communities.

**Elaine Foley**  
Clinical Nurse Manager

SPECIALIST NEUROREHABILITATION  
DISCHARGE DESTINATIONS 2017



## DAY HOSPITAL

The Day Hospital facilitates up to 25 clients per day, 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 the RHD patients and their families/care givers following discharge from the RHD inpatient rehabilitation units. Clinical areas of expertise in the Day Hospital are falls prevention, Parkinson’s disease treatment and assessment and treatment of cognitive/memory impairment.

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. Attendance levels during 2017 remained high and an increase in the demand for the Day Hospital services was recorded.

**Maura Fitzgerald**  
Clinical Nurse Manager

“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.”

## RESIDENTIAL CARE

Led by the Clinical Nurse Managers, the residential care wards in the Cedars, Oaks and Rowans units continue to deliver a high standard of individualised, holistic, person-centred care to our residents maintaining dignity and respect in the care process.

This care is provided by our multidisciplinary team comprising nursing, medical, and health and social care staff. Our nursing care is measurable and quality assured by assessment and audit in conjunction with our Nurse Quality Manager and our Tissue Viability and Risk Manager.

The service is measured against the Health Information Quality Authority's (HIQA) National Standards for Residential Care Settings for Older People in Ireland. The most recent HIQA inspection took place in May 2017.

The Rowans unit, previously called Phoenix, was extensively refurbished in 2017 to bring it in line with the HIQA standards. Each resident was involved in the planning and decoration for their room. They were consulted and their preferences in terms of decor/colour scheme for the room were considered. To showcase the residents' talents, some of their art works are on display in their rooms.

Our residents are invited to participate in the Residents' Council meetings which take place every two months. The Residents' Council empowers residents to speak out with their views and represent their wishes and influence decisions regarding their care environment and associated care needs.

Family Forum meetings are facilitated at ward level where family members and residents meet with the staff and exchange information regarding the designated centre, the facilities and services available, complaints, suggestions and upcoming events.

We also provide quality End of Life Care and maintain links with the Hospice Community and

Palliative Teams. Our Hospital Chaplain provides invaluable support to each resident and their family during their time with us.

The multidisciplinary team has worked tirelessly to provide the best quality care possible for our residents with the support of Pastoral Care and the Volunteers, providing for the spiritual, emotional and social needs of the residents.

Currently, there are different activities provided for each resident tailored to their needs, a multisensory session is in place for the minimally-responsive residents and some meaningful activities were provided by the volunteers to suit the individual needs of each resident. A new hairdressing service provides the residents with greater choice as to where they get their hair done, if they wish to visit 'the Salon' downstairs or remain on the ward.

**Anne Dooley**  
Clinical Nurse Manager, Cedars

**Dileta Zibaite**  
Clinical Nurse Manager, Oaks

**Sheila Ballebar**  
Clinical Nurse Manager, Rowans



You have a great staff team here and they work very hard

- Resident's Feedback



## PHYSIOTHERAPY

While many of us face challenges in managing the delivery of a high quality clinical service within the Irish health system, 2017 saw an energised Physiotherapy Department committed to ensuring that physiotherapy within the hospital is based upon the latest research, evidence based practice and continual professional development.

Within the rehabilitation sections of the hospital, best practice in physiotherapy is being adhered to by using outcome measures that are recommended by the National Clinical Hip Fracture Database.

There has been a concerted effort across the department to augment treatment beyond one to one physiotherapy sessions through the provision of regular physiotherapy led group exercise classes. These new initiatives have been introduced in the following areas of the hospital:

**STROKE UNIT:** A Graded Repetitive Arm Supplementary Programme (GRASP) has been introduced twice a week, the aim being to improve hand and arm function for people living with stroke. This is a joint initiative working alongside our Occupational Therapy colleagues.

**NEUROREHABILITATION:** Research is ongoing into the area of respiratory assessment and monitoring of patients with progressive neurological diseases such as Multiple Sclerosis. Links have been made with Beaumont Hospital Neuro Respiratory Clinic with a view to establishing protocols in the treatment of these patients with respiratory needs.

**PARC (Post Acute Rehabilitative Care):** A pilot scheme was introduced to promote appropriate ward based guided physical activity outside the patients' scheduled physiotherapy time. Nursing and care staff on the ward and family members were involved in this initiative and feedback from the patients was very positive.

**SPARC (Short-term Post Acute Rehabilitative Care):** A weekly ward based exercise class with a focus on hip rehabilitation, balance training and general

strength exercises is facilitated on the ward by the physiotherapy team.

**DAY HOSPITAL:** A pilot Parkinson's neuro fitness class incorporating large amplitude exercise and circuit training proved very successful. Dance and Tai Chi classes have also been introduced in the Day Hospital, based on emerging evidence on the efficacy of dance and Tai Chi on balance and mobility.

**STROKE UNIT:** A dedicated stroke exercise class running three times a week commenced in 2017. Thirty six patients attended, their ages spanned from 18 – 95 years. Feedback from all the patients was overwhelmingly positive as they felt the benefits of increased physical activity, social interaction and peer support. In addition, we all enjoyed the upbeat sound of music emanating from the department at the end of the day.

Continual professional development has been at the forefront of our minds with impending State Registration for all the Republic of Ireland's physiotherapists in 2018. We continued to be proactive in our attendance at courses, which included:

- The Stroke Forum in the UK
- The Irish Association of Rehabilitation Medicine
- The Irish Stroke Conference
- The National Clinical Audit Hip Fracture Symposium

Once a month, we hold a journal club to critique relevant contemporary articles in order to inform best clinical practice.

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

**Barbara Sheerin**  
Physiotherapy Manager

## OCCUPATIONAL THERAPY

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. Occupational Therapists focus on identifying and eliminating environmental barriers to independence and participation in daily activities by adapting the environment, modifying the task and teaching new skills.

### OCCUPATIONAL THERAPY INITIATIVES IN 2017

#### External Rotation agreed with St. Vincent's University Hospital

We are delighted to have been able to secure, as part of the Basic Grade Occupational Therapist rotation, an external rotation to St. Vincent's University Hospital. This commenced at the end of October 2017. This is a wonderful opportunity to share learning and work collaboratively across the two hospital sites.

#### Task – Specific Upper Limb Training for Neurological Impairment

In June 2017, a Senior Occupational Therapist presented this work at the UK Stroke Forum in Belfast. The main element of this project follows the principles of motor learning and the therapist systematically provides knowledge of results and progresses task difficulty to keep participants challenged, motivated and engaged. On several standardised outcome measures, the results of this therapeutic input has been shown to be statistically significant for hand function.

#### Jog Your Memory Group - Cognitive Rehabilitation

A Memory Rehabilitation Group has been set up that:

- Provides patients with information on how memory works
- Explores and simplifies strategies to assist memory in everyday life
- Provides education on how a healthy lifestyle can influence memory and improve confidence

We have seen positive results on a patient self rating scale of their ability to use memory strategies. This work was presented at the Older Persons Advisory Group Forum last November in Harold's Cross Hospice.

#### Multidisciplinary Group Based Therapeutic Programme - Fatigue Management for People with Multiple Sclerosis (MS)

Up to 80% of patients diagnosed with MS report fatigue as one of their most significant symptoms. A group based Fatigue Management Programme comprising of cognitive behavioural strategies alongside energy effectiveness techniques continues in our neurorehabilitation service. The programme aims to normalise the experience of fatigue for patients and teaches them ways to use available energy more effectively. Statistically, significant outcomes have resulted from this work and patient feedback has been hugely positive.

#### Action Van Service

This is a collaborative approach to patient safety and facilitating discharges home from hospital. It is an Occupational Therapy led HSE funded service, hosted and managed by The Royal Hospital Donnybrook. The Occupational Therapy services within the four participating hospitals (St. Vincent's University Hospital, St. Columcille's Hospital, St. Michael's Hospital and The Royal Hospital Donnybrook) complete an assessment of each appropriate patient's home environment and prescribe the installation of essential equipment or minor adaptations to the home environment facilitating a safer and rapid discharge. In 2017, 332 hospital discharges and a total of 466 referrals have been facilitated by the Action Van service.

#### Bioness Integrated Therapy System

We are delighted to be the first hospital in Ireland to use this system. This new technology allows Occupational Therapists to use a whole new treatment modality for the interactive treatment of visual and cognitive impairments.

Occupational Therapists focus on identifying and eliminating environmental barriers to independence and participation in daily activities by adapting the environment, modifying the task and teaching new skills.

Feedback from Occupational Therapists has been extremely positive and it has opened up a whole new treatment modality for engaging patients.

### FUTURE PLANS

- Training of two Occupational Therapists in carrying out LSVT – Parkinson's disease Therapy which will enhance the service in the Day Hospital.
- Joint bid with Physiotherapy for an Andago Mobile Gait Trainer. This could potentially look at facilitated movement during functional tasks earlier in a patient's rehabilitation

**Jo Cannon**  
Occupational Therapy Manager





## SPEECH AND LANGUAGE THERAPY

The Speech and Language Therapy (SLT) department has continued to enhance its knowledge base and develop its clinical skills throughout 2017. The SLT department completed two clinical audits in relation to: Standards of Documentation – 100% compliance with the National Hospital's Office Standards was achieved. A Dysphagia Meal Time Audit has been completed and results demonstrate good compliance with the Irish National Consistency Descriptors.

The SLT department has successfully agreed a partnership with St. Vincent's University Hospital to jointly run Videofluoroscopy Clinics for RHD patients. This is a very exciting development and will result in quicker assessment and diagnosis of swallowing difficulties for our patients and also build on our therapists' clinical skills.

Speech and Language Therapists attended a workshop in the use of Cedar's Information Processing and Comprehension (Auditory) Profile (CIPCAP) – Part 2, which is a diagnostic cognitive linguistic test for Speech and Language Therapists working in acquired brain injury.

A Senior Speech Therapist has completed a supervision course run by the Association of Speech and Language Therapy in Ireland and is putting this training into practice and developing competency checklists for basic grade therapists. Consultation with the multidisciplinary teams within the hospital continued in 2017 aiming to enhance communication access for all patients and residents.

The acquisition of new standardised assessment in 2017 further enhanced the cognitive linguistic testing and treatment of our stroke patient profile in the RHD.

We look forward to planning further service developments in the forthcoming year whilst focusing on quality improvement initiatives within the Speech and Language Therapy Department.

**Jo Cannon**  
Designated Line Manager for  
Speech and Language Therapy

## 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

The Podiatrist provides appropriate treatment, advice, education and correction of biomechanical disorders thus helping the patient to rehabilitate

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

Podiatry 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

**Jo Cannon**  
Designated Line Manager for Podiatry

## NUTRITION & DIETETICS

The role of the dietitian in the rehabilitation 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.
- To prevent recurrence in at risk groups, e.g., secondary stroke prevention.

During 2017, dietetic referrals from the rehabilitation wards across the hospital increased by 21% when compared to dietetic referrals from the same wards in 2016. Referrals were prioritised based on clinical need and nutritionally assessed in chronological order. The majority of the referrals were for nutrition support, e.g., enteral tube feeding, weight loss, poor appetite and high Malnutrition Universal Screening Tool (MUST) score. Other referrals included dietary advice in relation to unstable blood glucose levels, ileostomy/colostomy dietary advice, advice re various kidney disease dietary issues, weight reduction advice, and cholesterol lowering dietary advice.

During 2017 the dietitians continued:

- To keep outcome measure data on all patients who were nutritionally assessed and advised.
- To develop dietetic resources to help with patient and family education; in 2017 the dietitians designed a new weight reducing diet sheet to help patients lose weight.
- To give nutrition education talks to Multiple Sclerosis patients and to medical students.

- To work as part of the Nutrition Steering Group, involving the multidisciplinary team and the catering provider, to ensure patients meet their nutritional requirements with the menus that are provided.
- To facilitate dietetic students from the Dublin Institute of Technology, Kevin Street and Trinity College Dublin on their Practice Placement B. Students from the Clinical Nutrition and Dietetic Masters course in UCD were taken for placement into the RHD for the first time in 2017.
- To work on their professional, work based, self-directed and formal continued professional development, in line with CORU (regulating Health and Social Care Professionals) requirements.

As a department we look forward to 2018 and to developing the Nutrition and Dietetic service further in the hospital in order to improve patient care.

**Zoe McDonald**  
Senior Dietitian

## MEDICAL SOCIAL WORK

The Medical Social Work (MSW) team provides a social work service on referral from all areas of the hospital including the Day Hospital and Residential Care wards.

Medical Social Workers engage with the patients and 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 carers. We link in with the public, community, statutory and voluntary services to maximise patient independence and quality of life. The social workers provide a person-centred approach to care planning which involves managing and coordinating referrals to appropriate support services, funding for home supports, discharge planning to the patient's home or care facility, processing applications for the Nursing Homes Support Scheme (Fair Deal) and Home Care Packages. We work with the multidisciplinary team on many psycho-social issues, including therapeutic support, promoting the patients' rights, autonomy, self-determination, preventing social isolation and empowering patients to engage in social activities.

The hospital has zero tolerance of any form of abuse of vulnerable persons. The social work team actively manages and coordinates the response to concerns raised by patients, family, staff, visitors and volunteers. This is done in collaboration with HSE Safeguarding Team. All concerns of abuse are reported in accordance with *Safeguarding of Vulnerable Persons at Risk of Abuse Policy, 2014, HSE*. The social work team has been proactive in sharing their expertise with other disciplines, and supporting staff, to ensure that all patients and residents are protected against any form of abuse.

All social workers are registered with CORU - regulating Health and Social Care Professionals - and engage in continued professional development as a registration requirement. In 2017, the MSW team developed a new centralised referral system

for social work services along with a new referral form, and case allocation process. This system identifies and prioritises patients and residents in receiving support.

The lack of carers available to the carer agencies in supporting patients to return home, the lack of appropriate accommodation in the community and homelessness were all major challenges for Medical Social Workers throughout the year in planning discharges.

The Residents' Council meetings continue to be facilitated by the principal medical social worker. These meetings are held quarterly where residents are supported to advocate for changes and improvements.

Through new initiatives in 2018, our aim is to continue providing a high quality professional Medical Social Work service to all our patients, residents and their families.

**Bernadette Casey**  
Principal Medical Social Worker

## PSYCHOLOGY

A Senior Clinical Psychologist, employed in a half time post (2.5 days), provides psychological support to patients and residents across all areas of the hospital. This service also provides a clinical service to patients' and residents' families and carers during admission to 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, disability and injury, and to facilitate adjustment to resulting changes in ability, relationships and identity. The majority of referrals received by the department in 2017 were from the neurorehabilitation and stroke units and the remainder were from Residential Care, 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.

**Complex 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, and supporting staff to deliver person-centred care to meet the patient's complex needs.

**Complex cognitive presentations** and questions regarding decision making ability and 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 Assisted Decision Making (Capacity) Act 2015).

**Support vulnerable persons** at risk of abuse, and to support care staff, and the multidisciplinary team, to develop and implement safeguarding plans.

During 2017, Psychology continued to provide patient education sessions on the psychological aspects of Stroke and Multiple Sclerosis, as part of multidisciplinary programmes on the neurorehabilitation wards.

**Bernadette Casey**  
Designated Line Manager for Psychology

## PATIENT/RESIDENT FEEDBACK



### SPARC:

*"Thank you for the care and attention I received."*

*"Lovely atmosphere, friendly accepting atmosphere."*

*"Yes – this is my second time here as a patient and each time I have enjoyed the relaxed atmosphere and the very helpful nursing staff and carers."*

### PARC:

*"It is clear that the caring ethos is core in the RHD and it is well and truly above the norm."*

*"You have an outstanding team and they are a shining example to the medical and nursing profession."*

*"Breakfast is too late and makes meals very close together."*

*"An occasional fried or poached egg instead of always scrambled egg."*

### GENERAL REHABILITATION:

*"It is such a happy occasion to take Dad home a well confident happy man, thanks to all for your wonderful care".*

### SPECIALIST STROKE REHABILITATION:

*"Carers are excellent, wonderful staff; they bend over backwards for you. "*

*"Two meals offered but similar in terms of cooking style therefore limited choice, almost the same kind of cooking every afternoon."*

*"It's like a little family here and it's lovely."*

*"They haven't time to talk as they are very busy due to cutbacks."*

### SPECIALIST NEUROREHABILITATION:

*"I have received excellent care here. Everything works well here and everyone gives 100% of their time."*

*"I highly recommend the hospital at all levels."*

*"I was treated with dignity and professionalism by each and every one of your staff."*



## SUMMARY FINANCIAL INFORMATION

Year ended 31 December 2017

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](http://www.rhd.ie) or by phoning the Corporate & Clinical Affairs Office at (01) 406 6629. Hard copies will be available at the hospital's AGM on Tuesday 29th May 2018.





# PROFIT AND LOSS ACCOUNT

For the Financial Year ended 31 December 2017

	2017 €	2016 €
<b>Income</b>		
Charitable activities	21,291,974	20,619,184
Voluntary Income	197,287	145,642
<b>Total income and endowments</b>	<u>21,489,261</u>	<u>20,764,826</u>
<b>Expenditure</b>		
Charitable activities	21,301,157	20,554,836
Other expenditure	429,712	158,459
<b>Total Expenditure</b>	<u>21,730,869</u>	<u>20,713,295</u>
<b>Net (expenditure)/income</b>	(241,608)	51,531
Transfer of previously donated unrestricted funds to the Friends of The Royal Hospital Donnybrook	<u>(4,001,147)</u>	-
<b>Excess of (expenditure)/income</b>	<u>(4,242,755)</u>	<u>51,531</u>

On behalf of the Board of Management

Robin Simpson  
Brendan Pigott

# BALANCE SHEET

As at 31 December 2017

	2017 €	2016 €
<b>Fixed assets</b>		
Financial assets - quoted investments	-	252,136
<b>Current assets</b>		
Allocations due - Revenue	1,727,914	1,736,831
Receivables and prepayments	264,960	220,213
Cash and cash equivalents	885,927	4,873,876
	<u>2,878,801</u>	<u>6,830,920</u>
<b>Creditors falling due within one year</b>		
Payables and accrued expenses	(2,142,245)	(2,152,104)
Patient Funds	(478,905)	(430,546)
	<u>(2,621,150)</u>	<u>(2,582,650)</u>
<b>Net current assets</b>	257,651	4,248,270
<b>Creditors falling due after one year</b>	-	-
<b>Total net assets</b>	<u>257,651</u>	<u>4,500,406</u>
<b>Capital and reserves</b>		
Unrestricted funds	181,563	4,415,134
Restricted funds	76,088	85,272
	<u>257,651</u>	<u>4,500,406</u>

On behalf of the Board of Management

Robin Simpson  
Brendan Pigott

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

- |   |                                    |
|---|------------------------------------|
| 1. Belvedere College                    | 15. Newpark Comprehensive School   |
| 2. Catholic University School           | 16. Oatlands College               |
| 3. De la Salle                          | 17. St. Louis High School          |
| 4. Dominican College Sion Hill          | 18. St. Conleth’s College          |
| 5. East Glendalough School, Co. Wicklow | 19. St. Andrew’s College           |
| 6. Firhouse Community College           | 20. Scoil Mhuire, Co. Clare        |
| 7. Gonzaga College                      | 21. Sandford Park School           |
| 8. Gaelcholaiste Na Mara, Co. Wicklow   | 22. Santa Sabina Dominican College |
| 9. Holy Child Killiney                  | 23. Synge Street CBS               |
| 10. Loreto Secondary School, Bray       | 24. Stratford College              |
| 11. Our Lady of Mercy College, Beaumont | 25. The Teresian School            |
| 12. C.B.C. Monkstown                    | 26. Terenure College               |
| 13. Mount Anville Secondary School      | 27. Wesley College                 |
| 14. Muckross Park College               |                                    |

## LIST OF GOVERNORS

- |                                |                        |                                |
|--------------------------------|------------------------|--------------------------------|
| Mrs. Yvonne Acheson            | Mr. David P. Clarkin   | Mrs. Flo Fennell               |
| Mrs. Iris Agnew                | Mr. Stephen Cloonan    | The Hon. Ms. Justice           |
| Mr. Brian Aherne               | Judge Patrick Clyne    | Mary Finlay Geoghegan          |
| Mrs. J. Ansell                 | Mr. Charles Coase      | Mr. Vincent Finn               |
| Ms. Fiona Ashe                 | Mr. Anthony E. Collins | Mr. Mark Fitzgerald            |
| Ms. Tania Banotti              | Mr. Mark Collins       | Mr. Michael Forde              |
| Ms. Deirdre-Ann Barr           | Ms. Anne Connolly      | Mrs. Sylvia Fry                |
| Mr. Roy Barrett                | Mr. Alan Cooke         | Dr. Graham Fry                 |
| Mr. Charles Barry              | Mr. Liam Cosgrave      | Mr. Pascal Fuller              |
| Ms. Myra Barry                 | Ms. Joan Costello      | Mr. Jim Gahan                  |
| Mrs. Barbara Baynham           | The Hon. Ms. Justice   | Mr. Colm J. Galligan           |
| Mr. Walter Beatty              | Caroline Costello      | Mr. Cecil Geelan               |
| Mr. Keith Blackmore            | Mrs. Catherine Coveney | Ms. Ita Gibney                 |
| Mr. R. Blakeney                | Ms. Lucinda Creighton  | Ms. Jill Gibson                |
| Dr. Alec Blayney               | Judge Timothy Crowley  | Mr. David Gibson Brabazon      |
| Ms. Lainey Blayney             | Mr. Vincent Crowley    | Mrs. Catherine Gibson Brabazon |
| Dr. Paul Brady                 | Mr. Frank Cunneen      | The Honourable Mr. Justice     |
| Prof. Niamh Brennan            | Mr. Declan Cunningham  | Paul Gilligan                  |
| Mrs. Loretta Brennan-Glucksman | Mr. James Darlington   | Mr. Eamonn Glancy              |
| Mr. James Breslin              | Mr. Sean Davin         | Mr. Peter Gleeson              |
| Dr. Brian D. Briscoe           | Mr. Joseph Davy        | Mr. Michael Gleeson            |
| Dr. David Brophy               | Mr. Michael Dawson     | Mr. Pat Glennon                |
| Mr. Frank Buckley              | Mr. John de Vere White | Mr. E. R. A. Glover            |
| Mr. David Burnett              | Mr. Hubert Dennison    | Mr. George Good                |
| Mr. Alex Burns                 | Dr. Audrey Dillon      | Mr. Billy Gorman               |
| Mr. Douglas Burns              | Ms. Connie Dowling     | Mr. Alan Gough                 |
| Mrs. Joyce Byrne               | Mr. Mark Doyle         | Mr. Hugh Governey              |
| Mr. Paddy Byrne                | Mr. Derek Earl         | Miss D. Graham                 |
| Ms. Daire Byrne                | Mrs. Audrey Emerson    | Rev. Alastair Graham           |
| Ms. Margaret Cagney            | Mr. Derek England      | Mr. Alan Graham                |
| Mrs. Ruth Carnegie             | Mr. Rodney Evans       | Dr. Marie Elaine Grant         |
| Mr. David Carrigy              | Mr. Patrick Ewen       | Mr. Randal N. Gray             |
| Mr. Harry Carroll              | Ms. Denise Fanagan     | Mr. Gerald Griffin             |
| Mr. J. D. Carroll              | Ms. Kaye Fanning       | Mr. Niall Gunne                |
| Mr. John Carroll               | Mr. Paul Fanning       | Rev. Sonia Gyles               |
| Dr. Marguerite Carter          | Prof. Ronan Fanning    | Miss Ruth Handy                |
|                                |                        | Mr. Tom Hayes                  |

## LIST OF GOVERNORS / continued

Mrs. Eithne Healy  
 Mr. Ivan J. Healy  
 Dr. Carmencita Hederman  
 Mr. William P. Hederman  
 Mrs. Miriam Hillery  
 Dr. Claire Hogan  
 Mr. John Hogan  
 Mr. Laurence J. Holmes  
 Judge Seamus Hughes  
 Ms. Kathleen Hunt  
 Dr. Una Hunt  
 Mrs. Ruth Hurson  
 Ms. Gemma Hussey  
 Ms. Noella Hynes  
 The Hon. Ms. Justice Mary Irvine  
 Ms. Paula Jennings  
 Mrs. Olive Jones  
 Mr. Padraic Jordan  
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 The Hon. Mr. Justice Nicholas Kearns  
 Dr. Donal J. Kelly  
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 Mr. Peter F. Kelly  
 Mr. Patrick Kelly  
 Mr. Niall Kelly  
 Miss Rosaleen Kennedy  
 Cllr. Frank Kennedy  
 Mr. David Kennedy  
 Mr. Charles Kenny  
 Mr. Conor Kenny  
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 Dr. David Kevans  
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