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Structures and Committees

Board of Management

Robin Simpson, Chairman

Caroline O'Shea, Vice Chair

Brendan Pigott, Hon. Treasurer

Rev. Alastair Graham (retired July 2018)

Rev. Sonia Gyles

Tom Hayes

Miriam Hillery (retired July 2018)

Cllr. Frank Kennedy

(nominated by Dublin City Council)

Cllr. Paddy McCartan

(nominated by Dublin City Council)

Dorothy MacCann

David Gunning (resigned July 2018)

Prof. Geraldine McCarthy

Michele McCormack

Conor O'Connor

Oisin Quinn

Audit Committee 2018

Conor O'Connor, Chairman

Brendan Pigott

Alan Gough

Katrina Strecker

Nominations and Governance Committee 2018

Robin Simpson, Chairman

Caroline O'Shea

Miriam Hillery (retired July 2018)

Cllr. Frank Kennedy

Dorothy MacCann

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

Clinical Governance Committee 2018

Deirdre-Ann Barr, Chair

Dr. Lisa Cogan

Dr. Morgan Crowe

Dr. Tim Cassidy

Dr. Paul Carroll

Dr. Donald McShane

Dr. Nichola Boyle

Miriam Hillery (retired)

Prof. Geraldine McCarthy

Michele McCormack

Rev. Sonia Gyles

David Gunning

Evonne Healy

Estates Committee 2018

Caroline O'Shea, Chair

David Gunning

Conor Leonard

Hospital Management Team 2018

Chief Executive Officer

David Gunning

Medical Director

Dr. Lisa Cogan

Director of Nursing

Evonne Healy

Operations Manager

Conor Leonard

Financial Controller

Colm Moloney

Occupational Therapy Manager

Jo Cannon

Human Resources Manager

Sharon Lawlor

Physiotherapy Manager

Elaine Ross

Principal Medical Social Worker

Aoife O'Neill

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 Thursday 30th May 2019 at 5.30pm in the The Royal Hospital Donnybrook Concert Hall.

Chairman's Statement

On behalf of the Governors and Board of Management I wish to thank most sincerely our hospital management, staff and volunteers for their dedicated service over the past year.

We recognise the exceptional work that is carried out in the hospital on a daily basis but we must commend in particular, the commitment and solidarity that was shown at the time of Storm Emma in March 2018 when staff went to extraordinary lengths to ensure that residents and patients continued to receive the high standard of care for which the hospital is renowned.

There has been significant change in the Hospital Management Team over the last year. Whilst we lost David Gunning as a member of the Board of Management, we were delighted to appoint him as CEO of the hospital. David is a very experienced CEO and he has brought an energy and renewed focus in the management of the hospital. We are hopeful that we can make real progress on achieving our strategic goals in the coming years. Our sincere thanks go to Colm Moloney, our Financial Controller, who fulfilled the role following the resignation of the previous CEO in December 2017 until David's appointment. During the year Evonne Healy took up her role as Director of Nursing and we also welcomed Elaine Ross as Manager of Physiotherapy and Aoife O'Neill as Principal Medical Social Worker. On your behalf I would like to thank Barbara Sheerin who retired after 22 years' service as Manager of Physiotherapy and Bernadette Casey who resigned as Principal Social Worker.

Although there have been a number of changes on the Hospital Management Team in recent times, we now have a very dedicated and experienced team led by David, who ensure that we provide an excellent quality of care to our residents and patients. This is exemplified in the success of the innovative 'flu vaccine programme implemented by the Nursing Department under the leadership of Evonne Healy. This programme facilitated an increase in the take-up of the vaccine by staff to 66% which is a very strong outcome relative to other healthcare facilities.

During the year, Rev. Alastair Graham and Miriam Hillery both retired from the Board of Management

after many years of dedicated work. Miriam also retired from the Nominations and Governance Committee and the Clinical Governance Committee but continues her long association with the hospital through her membership of the Board of the RHD Voluntary Housing Association. I wish to thank them both sincerely for their contribution to the hospital and for their focus on the welfare of our residents and patients. We are very pleased to welcome Ruth Deasy to the Board of Management following her appointment in November 2018.

I would also like to commend the valuable work carried out by the Voluntary Housing Association under the chairmanship of Derek Scally and the Friends of the Royal Hospital chaired by Oisin Quinn. Both organisations are deeply committed to the care of residents and patients; the VHA through the provision of sheltered accommodation and the Friends through their fundraising for the hospital. I wish to thank both organisations for their unstinting work.

2018 continued to be challenging from a funding perspective both in terms of operational expenditure and capital projects. We have escalated our engagement with the HSE to ensure an adequate basis for the allocation of funds to the hospital on an on-going basis and are hopeful of making progress on this issue. The provision of healthcare from our ageing building stock continues to be challenging and whilst the HSE has approved projects to reconfigure part of our residential units and to upgrade our fire safety infrastructure, the projects remain on hold pending funding. Our focus, however, needs to widen to ensure that we meet the healthcare needs for the 21st century in addition to immediate challenges. We need to work towards our strategic objective to evolve into a community based integrated care campus. Your Board will support our management and staff in their efforts to achieve this aim.

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 and I wish to acknowledge the enormous commitment and contribution that volunteerism makes to our health services.

Robin Simpson Chairman

RHD at a glance

Overview

13.5 Acres **587 Total Admissions**

8000 Passenger Journeys - Hospital Bus

160 Art works on display

Beds



107 Rehabilitation **Beds**

Long Stay Beds

Respite Beds

Day Hospital



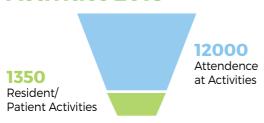


Day Hospital

Patients

Day Hospital **Attendances**

Activities 2018



Funding €18.885m





€5.251.435

Fair Deal Income -**Continuing Care**

€13,634,000

HSE Grant

Resources

120 PCs



289 Staff Employed

41 Contractor Staff (on site any given day)

105 Volunteers

Occupational Therapy



300 Occupational Therapy Pre-Discharge Home Visits

466 Home adaptations/safety improvements for discharged patients

Schools Involvement



28 Schools engaged with RHD

180 School children -Aos Óg Programme and Gaisce -The President's Award

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
- Estates Committee

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

The attendance record of the Board Members at Board meetings and committee meetings during 2018 is shown in the chart opposite.

Board Members' Attendance

For Period 01/01/18 to 31/12/18

	BOARD OF MANAGEMENT	EXECUTIVE	AUDIT	NOMINATIONS & GOVERNANCE COMMITTEE	REMUNERATION	CLINICAL GOVERNANCE COMMITTEE	ESTATES COMMITTEE
Brendan Pigott	5\5	5\5	4\4		1/1		
Caroline O'Shea	5\5	5\5		2\3	1/1		5\5
Cllr. Frank Kennedy	5\5			3\3			
Conor O'Connor	5\5	5\5	4\4				
Dorothy MacCann	5\5			2\3			
Geraldine McCarthy	2\5					4\4	
Michelle McCormack	3\5					3\4	
Oisín Quinn	4\5						
Cllr. Paddy McCartan	4\5						
Robin Simpson	5\5	5\5		3\3	1/1		
Sonia Gyles	5\5					4\4	
Tom Hayes	3\5						
Miriam Hillery	2\2			2\2		1\1	
Alistair Graham	1\2						

Member does not sit on this committee

Governance / continued

An internal evaluation of the Board of Management and the Board committees was undertaken in 2018. 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:

- 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 Policy
 - 5.1.2 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

8. Governance Code

8.1 Code of Practice for Good Governance of Community, Voluntary and Charitable Organisations in Ireland

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 2018 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 Committee.



Chief Executive's Report

I was appointed as CEO of The Royal Hospital Donnybrook in July 2018. Immediately prior to my appointment I had spent 10 months as a member of the Board of Management and during this time had gained some understanding of the hospital and its activities. However it was only after taking on the CEO role that I came to understand the unique nature of RHD and the excellent care it provides to our patients and residents. At the core of RHD is a teamwork approach which sees medical, nursing, health and social care professionals all working together to deliver the highest quality of care. These healthcare professionals are in turn supported by all members of the hospital's staff (including our indirect employees), our Community Employment Scheme members and our volunteers. I want to thank each and every one for making me feel so welcome and for assisting me in taking on the responsibilities of the CEO.

During 2018 our Hospital Management Team underwent significant changes. Evonne Healy was appointed as Director of Nursing, Elaine Ross was appointed as Manager of Physiotherapy and Aoife O'Neill was appointed as Principal Medical Social Worker. I would like to thank Barbara Sheerin who retired as Manager of Physiotherapy after 22 years of service to RHD. I would also like to thank Bernadette Casey who resigned as Principal Medical Social Worker when she took on a new role with an international NGO. It is a great honour for me to lead this RHD management team.

The financial challenges that the hospital has experienced over the last number of years continued in 2018. The principal source of financial difficulty is the continued underfunding of the hospital's Long Term Care service. The funding provided by the HSE for this service in 2018 was approximately €1m less than the costs incurred by the hospital in delivering the service for our 64 residents. Following engagement with the HSE the hospital secured additional funding which allowed it to achieve a near break-even financial position in 2018. As well as the uncertainty that systemic under-funding brings it also has very visible impacts in the obvious need for maintenance and upkeep of the fabric of the hospital, much of which has been deferred since the financial crisis and now becomes even more essential. The hospital

management team continues to engage with the HSE on these matters and I would like to thank the Community Health East division of the HSE for their ongoing support and assistance in addressing these challenges.

At the end of 2018 the Board recommitted to the hospital's ambitious strategy of building a 21st century integrated healthcare campus in Donnybrook. The key elements of this strategy will see the addition of a Primary Care Centre as well as expansion of our rehabilitation facilities in a modern hospital facility. During 2018 a formal letter of intent was secured from the HSE for a 25-year lease on the Primary Care Centre. The hospital continues to engage with GPs who are central to the success of this project. A planning application to allow GPs on the RHD campus was prepared at the end of 2018 and a decision is expected in Q1 2019.

A key focus in early 2018 was on addressing the significant deficiencies identified earlier in the hospital's Fire Safety Infrastructure. Extensive engagement with the HSE resulted in a successful bid of &1.3m for systems upgrades (subject to the availability of funding). The hospital is now awaiting confirmation of that funding which will allow the required works to commence.

The hospital is fully supportive of the increasing HIQA standards for long term residential care, providing for more personal space and protecting the privacy and dignity of residents. These new standards present significant challenges to RHD and they highlight the difficulty of meeting modern healthcare standards in 19th century buildings.

With support and guidance from HSE Estates a plan was developed that involved reconfiguration of our residential care. This plan would provide a more pleasant environment for residents and avoid significant reduction in the number of residents that RHD can accommodate.

Toward the end of 2018 the HSE granted an indicative capital investment of €1.3m (subject to the availability of funding). However, HIQA are concerned that the proposed plan would still leave the hospital reliant on too many multi-occupancy rooms. While compliant

At the core of RHD is a teamwork approach which sees medical, nursing, health and social care professionals all working together to deliver the highest quality of care.

with current legislation, multi-occupancy rooms do not meet the HIQA standards for privacy and dignity of residents. HIQA undertook an unannounced inspection at the end of 2018. While the standard of care provision was generally satisfactory, the environmental aspects including Fire Safety infrastructure were highlighted as areas of concern. The hospital continues to address the matters raised by HIQA.

The hospital strives to deliver the highest standards of care within the obvious constraints of our physical environment. What is becoming abundantly clear is that our old buildings are rapidly reaching the end of their working life. Higher healthcare standards mean that an entirely changed approach to patient and resident accommodation is required.

Since taking on the CEO role it has also struck me how little we have deployed technology to enhance the efficiency and effectiveness of our hospital operations. For the most part the hospital's systems are paper-based and significant amounts of staff time are taken up with writing reports and with manual data entry. This is an area where investment in new ICT systems will free up staff to spend time on patient care thus delivering better outcomes.

One important step in the right direction was achieved in 2018 when the hospital secured HSE funding of €250k to upgrade the core network infrastructure of the hospital and to replace ageing PCs. Ninety new PCs have been rolled out and the tenders for network equipment are in progress with the Office of Government Procurement. It is expected that this first step will be completed in 2019.

Another significant step for the Hospital in 2018 was the creation of our first social media presence with RHD becoming active on Twitter. @RoyalDonnybrook is very active and wonderfully portrays the range of activities undertaken across all aspects of the hospital. Many thanks and well done to our Twitter Team!

Cooperation with other hospitals is extremely important for RHD as our patients' pathways traverse various healthcare providers. Another highlight in 2018 was the positive response and speedy action of RHD to assist St. Vincent's University Hospital (SVUH)

in opening an 11-bed Transition Care Unit. This action allowed SVUH to undertake preparatory works needed for the Holles St. hospital relocation to the SVUH site. SVUH provided the nursing staff and equipment, while RHD provided a vacant ward, medical cover, allied health staff and all logistical support. The service operated very successfully for the four months that funding allowed.

While the professionalism of our staff is there to see every day it was brought into focus with the arrival of Storm Emma in early March. Over 40 staff stayed in the hospital for three days, including nursing, catering, cleaning and management, all to ensure that patients and residents received the care they required. It was an incredible team effort and I would like to thank each and every person involved for the commitment and dedication to duty that was displayed.

Since I took on the role of CEO we have made it a priority to significantly increase and enhance our internal communication and engagement with staff. We have held a number of Town Hall Meetings open to all staff members where we talk about our progress in delivering our services and the challenges we face. I personally get great encouragement from the high levels of interest and engagement that our staff demonstrates by attending and actively participating in these communications sessions.

The demands on Ireland's healthcare system in 2019 and beyond are set to grow significantly driven by overall population growth and specifically by the growth in the number of people aged 65 and above. 'Slaintecare' is the national programme designed to meet the changing needs of the Irish population. Given RHD's 275 year history and the significant contribution that we make today to the lives of our patients and residents we look forward to being part of the implementation of this ambitious national programme. I would like to convey my thanks to Colm Moloney, RHD's Financial Controller, who took on the CEO responsibilities prior to my appointment. I particularly value his support and advice to me since I have taken on the CEO role.

David Gunning

Chief Executive Officer

Medical Director's Report

The Royal Hospital Donnybrook continues to provide holistic and comprehensive medical services to all our patient groups.

Rehabilitation Services

A key strategic objective is to expand the specialist multidisciplinary services we provide to our older patients. In total we have capacity of 74 beds in our SPARC, PARC and General Rehabilitation Wards. The majority of our patients have been discharged from St. Vincent's University Hospital following an orthopaedic injury or medical or surgical illness. Over 100 patients were admitted following surgery in 2018. In February Dr. Nichola Boyle, Consultant Geriatrician with the Integrated Care Team for Community Health Organisation (CHO) 6 and St. Vincent's became the supervising consultant of 10 rehabilitation beds in our General Rehabilitation unit. This is a really positive step for the hospital as it will improve the patient flow to and from the community.

Dr. Tim Cassidy, Stroke Physician is the Clinical Lead for our 18 bed Specialist Stroke Rehabilitation unit. Adults of all ages who have had a stroke are accepted to this Unit. Patients are referred from The Mater Misericordiae University Hospital and St. Vincent's University Hospital. Dr. Paul Carroll, Consultant in Rehabilitation Medicine leads the Maples Neurodisability Unit. This service is for younger adults under 65 and provides therapeutic multidisciplinary assessments of patients with Multiple Sclerosis. It also provides a slow stream rehabilitation programme to patients with an acquired brain injury or complex neurological disability.

Residential Services

Our residential service continues to manage residents, many of whom have complex medical and nursing needs including tracheostomies, percutaneous feeding tubes and who require oxygen and non-invasive ventilation. Where possible all medical complications are managed in house and with the support of our End of Life working group. Several advanced care planning discussions have been facilitated.

Other Clinical Services

RHD has 5 Respite Beds. 3 of these beds are for older persons with a dedicated male bed assigned to CHO 6. All admissions to Respite are scheduled through our admissions officer and allow the carer to take a short break, holiday or a rest.

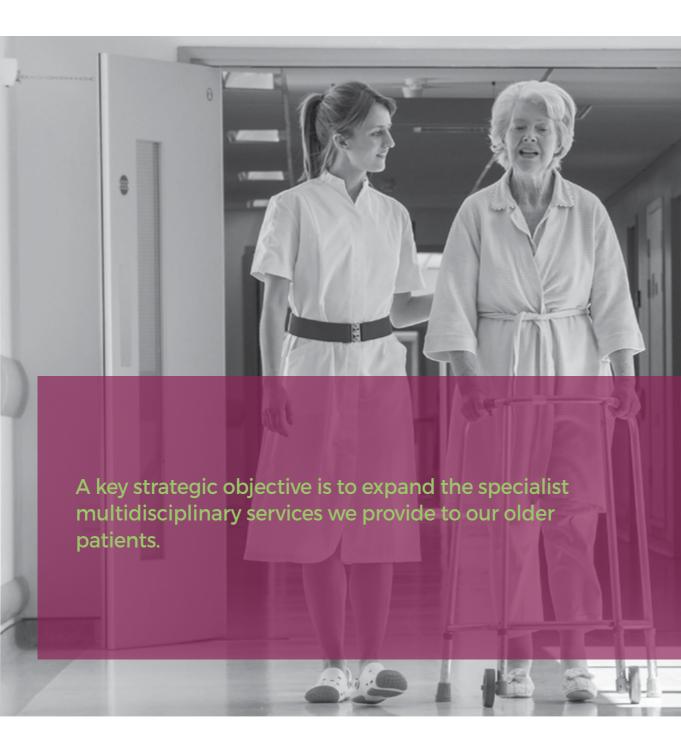
In June 2018 RHD opened an 11 bed Transitional Care Unit. This was in collaboration with St. Vincent's University Hospital and The Royal Hospital Donnybrook supported by the HSE and was a first of its kind for the hospital. Patients admitted to this unit were awaiting home supports or nursing home placement. Medical Governance was provided by The Royal Hospital Donnybrook. Patients received some Physiotherapy and Occupational therapy input to enhance their seating positioning and movement where feasible. SVUH were responsible for Nursing Governance. The Unit closed in October.

Our day hospital programme continues to provide time limited (6-10 weeks) rehabilitation to community based older patients. This service maximises patient independence mobility and supports them at home. The principal diagnosis of patients accessing our day hospital services are Stroke, Parkinson's disease and Osteoporosis related fracture.

Schwartz

In 2018 we introduced Schwartz rounds to The Royal Hospital Donnybrook. These Rounds are an evidence-based forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional aspects of working in healthcare. The aim in introducing the initiative to this hospital is to improve staff wellbeing which will ultimately have a positive impact on patient care.

Dr. Lisa Cogan Medical Director



Director of Nursing Report

Registered nurses provide nursing care to patients and residents underpinned by the core nursing values of Compassion, Care and Commitment.

The role of the Director of Nursing is to provide nursing leadership, expertise, contribute to the strategic development of the hospital and also play a key part in ensuring nursing input to the hospital managerial decision making process and definition and development of its overall vision and strategic direction.

Each unit nursing team is led by a Clinical Nurse Manager and staff nurses. The team comprises care assistants, household staff and a ward clerk. The team works collaboratively with colleagues from other disciplines in multidisciplinary teams to provide person centred services to people with complex healthcare needs.

It was my pleasure to commence as Director of Nursing on March 5th 2018 and I wish to thank all staff, volunteers and Board members for their warm welcome. I would also like to thank Patricia O'Reilly for her contribution as Interim Director of Nursing and also for her immense support since I took up the position.

Continuous quality improvement is embedded in our values here in The Royal Hospital Donnybrook. Quality initiatives that have been rolled out this year include intentional rounding and an updated enhanced medication administration and storage audit programme. These initiatives have stemmed from analysis of trends highlighted by our clinical governance framework. In addition, our nursing documentation is undergoing a review and should be rolled out soon. Led by our Risk Manager, we continue to actively manage both clinical and non-clinical risk 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 audit. This year we have adopted the HSE's Pressure Ulcer and Falls Practical Guide for Review. This is a practical guide that aligns to the six steps described in the HSE Incident

Management Framework 2018 thus enabling easier assessments of incidents and assisting in identifying causative factors.

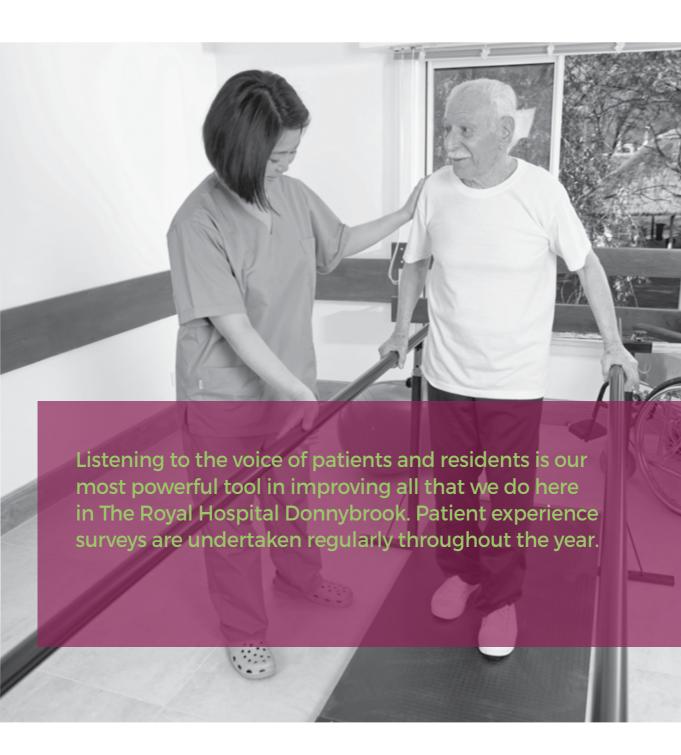
Listening to the voice of patients and residents is our most powerful tool in improving all that we do here in The Royal Hospital Donnybrook. Patient experience surveys are undertaken regularly throughout the year. Previously patients were surveyed in one ward or unit at a time, resulting in a difficulty in spotting trends or improvements. For 2019 we will be undertaking whole hospital patient surveys regularly throughout the year. In addition, the CEO and Board have tasked me with undertaking a Food Improvement Initiative following feedback from residents and patients and I am hopeful this will show results soon.

Once again we have welcomed our team of 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 also fortunate to have the involvement of transition year students on social placements to the hospital. Without this support the recreational activities team would not be able to continue to provide a range of social and recreational activities and events throughout the year.

Our Pastoral Care Chaplain 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.

The Health Information and Quality Authority (HIQA) carried out an inspection of our residential units in December 2018. The inspection was conducted under the two dimensions of Capacity and Capability of the Service and Quality and Safety of the Service. The inspection was unannounced and took place over one day. A draft report was issued in late December. We will continue to engage with both HIQA and the HSF.

Evonne Healy
Director of Nursing



SPARC

Short-term Post-Acute Rehabilitative Care

SPARC is a 27 bed unit providing inpatient rehabilitation for patients over 65 years, who are medically stable and fit for discharge from acute care. It is a consultant Geriatrician led multidisciplinary team (MDT) who deliver individualised care to the patient. The aim of rehabilitation is to maximise the patient's fulfillment and independence in his /her environment.

St. Vincent's University Hospital (SVUH) is the primary source of referral to the SPARC unit. All patients receive a pre-admission assessment by a medical and nursing team to assess their suitability for rehabilitation. In September 2018, CEO's from SVUH and The Royal Hospital Donnybrook initiated a project to improve the pathway of the patient journey from SVUH to The RHD. This project is ongoing with favourable outcomes.

The MDT meets twice weekly to review the individualised rehabilitation programme for each patient. All patients receive medical, nursing, physiotherapy and occupational therapy input and they are referred to medical social work, speech and language therapy, dietician, tissue viability, pastoral care etc. according to their clinical needs. At the time of admission a person-centred individualised care plan is developed for each patient.

The philosophy of the SPARC unit is to provide the highest quality of evidence-based care to every patient at all times. This is achieved by 24/7 dedicated care from nurses and health care assistants along with other MDT members. This quality is measured with different audits conducted periodically. In November 2018 an 'Intentional Round' was commenced with a view to reducing the number of falls, pressure sores and improved pain management. This quality initiative is ongoing and has received very positive feedback from patients.

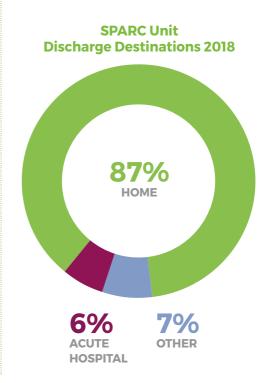
Discharge planning is started at the patient's pre-assessment. To facilitate a safe discharge, the home environment is assessed by occupational therapy with the patient and if needed, with the input from medical social work, a home care package is applied for. The Royal Hospital Donnybrook 'Action Van' service installs specialised equipment and makes minor adaptations at home if required. When a patient is discharged a detailed MDT summary of the patients

care is sent to their General Practitioner and Public Health Nurse.

The success of the SPARC unit rests on the commitment and teamwork of all our staff at all times. The appointment of a Clinical Nurse Manager (CNM) 1 to the unit enhanced the care delivered to the patients.

I would like to take this opportunity to thank Noreen Frawley CNM2 for her 7 year service and wish her a very happy retirement.

Johncy Abraham Clinical Nurse Manager



PARC

Post-Acute Rehabilitative Care

The primary goal of the Post-Acute Rehabilitative Care (PARC) unit is the provision of a rehabilitation service for female patients over 65 years following an acute hospital stay where the main focus of care is to optimise and maximise the patient's functional level of independence. It is one of the five consultant-led rehabilitation facilities in The Royal Hospital Donnybrook where the anticipated length of stay is from 3 to 6 months. The PARC unit also aims to improve patient outcomes and experiences. These goals are achieved through the provision of a patient-centred approach and structured care plan. This is achieved through collaboration with the multidisciplinary team resulting in the delivery of safe, structured, effective and individualised patient care.

2018 has been a very engaging year for both patients and staff. There was emphasis on continuing education for nursing staff and carers, including:

- National Frailty Education Programme
- Frailty and Fragility Awareness
- Phlebotomy and Cannulation
- Wound Management

Our colleagues provided joint physio-occupational therapy initiatives such as:

Ready Steady Home: This is a unit development where the goal is to improve ease of transition from a hospital setting to home by delivering a therapy setting in the community. The group therapy involved a small number of patients travelling to the nearby village where community mobility training was assessed.

Health Promotion: Willows World Cup was one of the activities which ran concurrent with the 2018 World Cup that challenged the patient's mental and physical well-being. Cognitive and physical tasks were given in relation to the country that each patient represented. This resulted in a notable increase in patient engagement and activity levels in the ward.

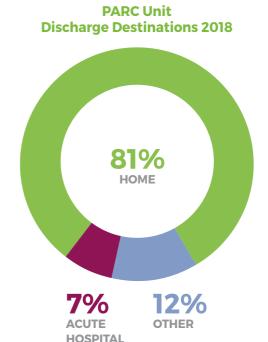
Introduction of Clinical Frailty Scale (CFS):

A CFS is a practical and efficient tool for assessing frailty. This was introduced by the ward physiotherapist where admission and discharge scores were compared. The initial scores helped determine the level of therapy required for each patient on admission.

Hydrotherapy Sessions: This is the newest and the most welcomed initiative that the unit has trialled so far. It was initiated by the ward physiotherapist. Hydrotherapy sessions were provided to suitable patients in an off-site pool at Enable Ireland, Sandymount. Patient suitability is key and priority was given to patients with altered weight-bearing status and limited functional activity. This project is one that can be further explored and developed to benefit other units with similar patient needs.

Our commitment to providing the highest quality of care and ensuring patient safety are at the forefront of everything that we do in PARC Unit. This is clearly reflected not just in the monthly nursing quality profile audit but also in the patient satisfaction survey conducted within the year. As a multidisciplinary team, we look forward to 2019 as we continue to promote quality care in a safe and comfortable environment.

Cherry Almonicar Clinical Nurse Manager



General Rehabilitation

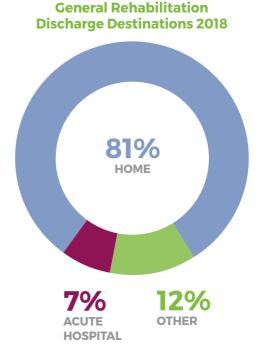
The General Rehabilitation unit is a 35 bed unit which aims to maximise patient independence, improve health, facilitate transfer to community or extended care, support family and friends and provide education to patients and relatives in the context of health promotion. Older adults over 65 years with complex needs are admitted who require a period of rehabilitation delivered by a multidisciplinary team.

The unit also provides short term admissions for rehabilitation boosters and occasional urgent admissions for patients attending The Royal Hospital Donnybrook Day Hospital. Three beds are allocated for respite stays (including one male bed for CHO6 area).

The rehabilitation team continued to maintain the highest standard of care to patients through:

- In service training during the year the interdisciplinary team facilitated education sessions relevant to rehabilitation to nursing staff
- Patient satisfaction survey results and feedback are highlighted to the Multidisciplinary Team to improve care.
- Ensuring best practice is maintained with regard to seating within the unit. Where appropriate, patients are granted the opportunity to explore powered mobility options.
- Observing protected mealtimes in the unit this has a great impact on patient recovery with their illness.
- Linking with the National Rehabilitation Hospital regarding care pathway for amputee patients.
- Working continuously with undergraduate Nursing, Occupational Therapy, Physiotherapy, Dietetics, Speech and Language Therapy and Medical Social Work.

Mary Mae Salomon Clinical Nurse Manager



Specialist Stroke Rehabilitation

The Stroke Rehabilitation unit delivers rehabilitation for patients following a stroke who are medically stable and fit for discharge from acute hospital care.

The Stroke unit is an 18 bed integrated specialist unit providing care for stroke patients under and over 65 years of age, both male and female. The majority of our rehabilitation patients have been referred from St. Vincent's University Hospital and the Mater Misericordiae University Hospital.

Rehabilitation is provided as part of a multidisciplinary team approach with emphasis on identifying problems affecting activity of daily living and mobility. The main goal is the promotion of independence and functional recovery to enable a safe and smooth transition from hospital to living at home.

The unit is led by Dr. Tim Cassidy, Consultant Geriatrician and stroke specialist, together with a dedicated team of medical staff including nurses, physiotherapists, occupational therapists, speech and language therapists, medical social workers, dietitians and clinical psychologist. The aim of the unit is individualised patient centred care.

Goal-setting has become a routine part of rehabilitation and many multidisciplinary approaches to clinical care. In 2018, we focused on reviewing assessments and structure of patient centred goal setting to maintain a high quality of care. To maximise patient involvement in setting individual goals a new patient goals assessment structure was introduced. This structure includes:

- obtaining patients' rehabilitation goals and preferences shortly after admission
- a new sticker system and reviewing goals regularly during multidisciplinary meetings

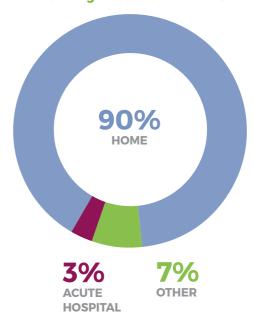
The multidisciplinary team review each patient's progress to ensure delivery of a structured and patient centred plan of care. Stroke education is an essential part of the rehabilitation programme in the Stroke unit. Educating newly diagnosed stroke patients and answering their questions is vital in the prevention of further illness and complications after a stroke as well as in the recovery phase. Patient education sessions

were maintained during the year and run by different team members.

A patient satisfaction survey was carried out in 2018. Patients were asked to rate their overall experience on a scale from 1 to 10, whereby 10 referred to the statement "I had a very good experience" and 0 referred to the statement "I had a very poor experience". The average rating given by patients was 8.0.

Eliska Chytilova Clinical Nurse Manager

Stroke Rehabilitation Discharge Destinations 2018



Specialist Neurorehabilitation

Specialist Neurorehabilitation services in The Royal Hospital Donnybrook are provided in the Maples unit. Delivered by a dedicated multidisciplinary team and led by a Rehabilitation Consultant, this 12 bed unit provides a Neurorehabilitation programme for young adults with complex neurological, medical and physical disabilities. Referrals are primarily from St. Vincent's University Hospital, the National Rehabilitation Hospital and community teams.

Our rehabilitation team is committed to providing patient focused rehabilitation based on communication, collaboration and co-operation in order to achieve the highest outcomes for all who access our service. Our focus is on maximising recovery from the physical, cognitive and psychological impairments caused by a variety of neurological conditions, enabling a safe return home or to a prior level of function as quickly as recovery allows. Our therapists provide treatment techniques using the most up to date evidence-based practice. These treatments are based upon each patient's medical diagnoses and physical capabilities. Personalised treatment plans begin immediately upon admission to our unit with assessments and evaluations which take each patient's current diagnosis and past medical history into consideration. Realistic and attainable goals are established with the patient and their families in order to achieve the best possible outcome.

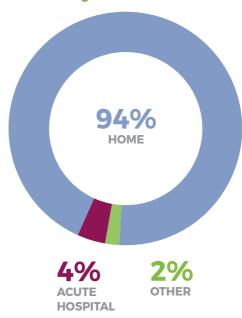
Our "Living Well with MS" programme continues to provide education and therapy specific to people living with multiple sclerosis in the community. The 6 week inpatient programme allows the team to focus on individual patient needs, promoting independence and safety by teaching compensatory strategies, especially in the area of fatigue management.

Over the past few months the Maples team has been collaborating with our colleagues in the National Rehabilitation Hospital and Disability and Planning, HSE, on a proposal to define a referral pathway between ourselves and the National Rehabilitation Hospital. The aim is to increase the flow of patients through rehabilitation services leading to earlier access to specialist rehabilitation services for those waiting in acute hospitals. This is in line with the National Rehabilitation Strategy, and will continue to be

explored in 2019. We will also continue to strengthen links with our community colleagues with whom we work closely in facilitating the safe discharges of our patients back into their communities.

Elaine Foley Clinical Nurse Manager





Day Hospital

The Day Hospital facilitates up to 25 clients per day, and is providing an essential community service that enables people to stay safely in their own homes while reducing acute hospital admissions. We also provide medical, nursing and therapeutic interventions for people living in the community who have ongoing health and rehabilitation needs.

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

- Occupational Therapy
- Physiotherapy
- Nursing
- Medical Social Work by referral
- Podiatry by referral

Over 400 clients attended the Day Hospital in 2018. There were 5246 attendances when clients received input from the MDT, usually receiving input from more than one discipline. The Day Hospital was open for 241 days.

Our Occupational and Speech therapists have received special training in Lee Silverman Voice Treatment (LSVT) and have continued to develop our special interest in treating Parkinsonian movement disorders in 2018. Paul Diamond our Occupational Therapist has completed his Research Masters documenting the results of the success of the LSVT treatment programme in conjunction with University College Dublin.

Many of our patients have Diabetes and this is carefully monitored by our nursing staff.

In addition to individual Physiotherapy treatments, lower limb strengthening and differentiated balance classes are held daily. Patients are allocated to the class depending on a standardised balance score. High and low level balance programmes are carried out over the 6 week treatment programme with their outcome measures recorded to monitor improvement in balance, in an effort to decrease falls incidence in the home.

The Day Hospital teams were trained in the Entry point electronic MDT system and the trial took place over 3 months.

The Day Hospital has a four month waiting list. This has been consistent over the year but referral numbers vary month on month. We have a new admission every day with assessment on the admission day by the whole multidisciplinary team.

We had 31 cancellations in 2018 and while, we were able to fill 11 of these places at short notice a further 20 were unfortunately added to our waiting list.

A patient, originally on General Rehabilitation with The Royal Hospital Donnybrook was referred to the Day Hospital for on-going rehabilitation. In appreciation, the patient with the assistance of her family and our Care Assistant took part in the Dublin Ladies Mini Marathon 2018 and raised €2500 in sponsorship to purchase much needed equipment for the Day Hospital.

Maura Fitzgerald Clinical Nurse Manager

Residential Care

Our residential care is planned by our multidisciplinary team comprising nursing, medical, and health and social care staff. The core staff of Cedars, Oaks and Rowans deliver individualised, holistic, person centred quality care to all our residents in a dignified and respectful manner. Our household teams, managed by our Assistant Director of Nursing Patricia O'Reilly and Nurse Manager Daphne Iratagotia provide excellent service at mealtimes to our residents.

Our nursing care is regularly audited for quality assurance by our education co-ordinator and our incident manager evaluates any identified risks with the multidisciplinary team at our monthly meetings. Feedback from these audits and meetings help us to encourage staff to improve the service we provide. We also offer our residents and their family the opportunity to attend family meetings with the multidisciplinary team members involved in their care

The Health Information Quality Authority's (HIQA) National Standards for Residential Care Settings for Older People in Ireland provide the benchmark for our standards. We had an unannounced HIQA inspection in December 2018.

Our Residents' Council meetings empower residents to inform us of their views and wishes. Our residents can influence decisions regarding their environment and associated care needs. Linking to this our Family Forum meetings which are held at ward level allow family members to meet with staff and exchange information and ideas regarding the designated centre environment. Discussions also usually take place about any external factors which impact on residents such as transport and outings.

A hairdressing service is available on site for our residents and many enjoy relaxing each week by having their hair done.

Our Hospital Chaplain provides invaluable support to our residents and their families during their time with us. At End of Life we provide high quality individualised care to our residents and their families. Staff are trained to provide this care and we maintain links with the community Palliative Teams where we can seek quidance if needed.

Our Volunteers provide an invaluable service enhancing the quality of life for our residents by providing music, activities and assisting residents to get out and about if needed or desired and a multisensory session is in place for the minimally-responsive residents. This service is guided by our Volunteer Coordinator so the service offered to each individual is tailored to their needs

In 2018 our new Director of Nursing commenced and has been motivating and encouraging the staff in their work. We have had many initiatives and ideas, such as starting up a choir, staff wellbeing day, looking at what each staff group work involves, nurses day and the 'flu vaccine targets for staff and many more. We also have a new Chief Executive Officer who has held 'Town Hall' meetings with us to keep staff informed of hospital developments so we all feel part of the hospital team.

Our residents are surveyed intermittently about the service we provide for them. Generally our residents are happy and appreciative of our care. One area which we need to improve on would appear to be our food which has received some negative comments on occasion. We hold regular catering meetings and residents comments are noted and discussed as we endeavor to improve on any areas not meeting expectations. Otherwise our residents and their families have informed us they are very appreciative of the good care they receive.

Anne Dooley

Clinical Nurse Manager, Cedars

Dileta Pauziene

Clinical Nurse Manager, Oaks

Sheila Ballebar

Clinical Nurse Manager, Rowans

Physiotherapy

Firstly, I would like to take this opportunity to wish former Physiotherapy Manager, Barbara Sheerin a happy retirement. We thank her for her 22 years of excellent service.

Physiotherapy is always committed to providing excellent care centred upon evidence based clinical practice, research, innovation and continual professional development. We welcomed all staff achieving CORU state registration last September, ensuring compliance with standards of safe and appropriate physiotherapy care. Many exciting developments occurred in collaboration with our colleagues in 2018. We were delighted to be part of the inaugural 'Staff Well Being Day' and 'Step into our World' events. Two articles detailing these innovations were published in the Irish Society of Chartered Physiotherapists national newsletter 'Firsthand'. All staff attended formal courses and conferences nationally and internationally, including the UK, IHF and NI Stroke Forums, ACPIN International Rehab Conference, The Irish Association of Rehabilitation Medicine, The National Clinical Audit Hip Fracture Symposium, Fragility Fracture Network Congress and the 7th Irish Hip Fracture Meeting.

The criteria and patient discharge pathways for the Graded Repetitive Arm Supplementary Programme (GRASP) in stroke were updated, improving access to this programme for other service users in conjunction with OT. Allied Health Professionals stroke forum meetings and further team goal planning initiatives were implemented. Physiotherapy was also national representative for developing a Working Age Stroke Support Facebook Group for younger stroke individuals.

We implemented new respiratory treatment techniques in Maples neuro-rehabilitation service. A Neuro-Respiratory Inter-professional Forum across various hospitals was created and led to study days and a Workshop on Neuro-Respiratory Dysfunction. The Spasticity Management Clinic continues to provide an invaluable service with the addition of new aphasia friendly forms, in conjunction with Speech and Language Therapy.

Physiotherapy partook in the first SPARC deep dive between the team and hospital management.

Physiotherapy and OT developed patient information booklets following total hip replacement, hemiarthroplasty and hip fracture. A three month pilot on PARC, entitled 'Ready Steady Home' coordinated by Physiotherapy and OT, led to positive feedback and improvement in hospital to home transition. 'The Willows World Cup', a wellbeing initiative between OT and Physiotherapy, was well received leading to an increase in patient physical activity and engagement. Personalisation of mobility aids (Pimp my Zimmer Frame) on PARC improved compliance with walking aid use. The general rehabilitation gym was awarded 2nd place in the National HSE Christmas tree competition for their creative 'mobile-tree' entry constructed entirely from mobility aids. Microsoft access, a programme currently used in the Day Hospital has led to improved handover of patient records. The Andago ® device an adjunct to walking, kindly sponsored by The Friends of the Royal Hospital Donnybrook, has been a huge success.

In conclusion, I would like to thank the Hospital Management Team, the Board, The Friends of The Royal Hospital Donnybrook and all hospital staff for their ongoing support of the Physiotherapy Department. Thank you to everyone in Physiotherapy for their continuing commitment and enthusiasm. 2019 brings a year of change for the Department with many initiatives on the horizon.

Elaine Ross Physiotherapy Manager

Occupational Therapy

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 2018

External Rotation with St. Vincent's University Hospital

We continued in 2018 to work collaboratively with St. Vincent's University Hospital to have an external rotation as part of the Basic Grade Occupational Therapist Rotations. We have completed two cycles of rotation and feedback has been extremely positive and a wonderful opportunity to share learning and work collaboratively across the two hospital sites.

Task - Specific Upper Limb Training for Neurological Impairment

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 have been shown to be statistically significant for hand function. The group has grown throughout 2018 and therapist's skills have also developed.

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 the Neuro-disability Service. The programme aims to normalise the experience of fatigue for patients and learn 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 Hospitals in South Dublin 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 2018, 345 hospital discharges were achieved and a total of 466 referrals have been facilitated.

Continuous Professional Development

A joint two day training course was held in the OT Department for all the Basic Grade OT's from The Royal Hospital Donnybrook and St Vincent's University Hospital. The training focused on the physical rehabilitation of neurological conditions and increased the skills, confidence and collaborative working amongst both sites.

Two staff members increased their knowledge in the area of vocational rehabilitation as we now have a significant number of younger stroke patients coming to the RHD looking to return to work.

Braintree cognitive rehabilitation course and LSVT Big for Parkinson's Disease training was also completed in 2018

Funding

The Friends of The Royal Hospital Donnybrook have given great support to the OT Department. They have funded the addition of six high specification wheelchairs for use with patients early on in rehabilitation and in continuing care area of the hospital. We appreciate so much the work of the Friends.

A joint bid with physiotherapy for an Andago ® Mobile Gait Trainer was also successful and has been successfully used with patients in the hospital.

We look forward to the challenges of 2019 and continuing to support our patients, residents and colleagues throughout the year ahead.

Jo Cannon

Occupational Therapy Manager



Speech and Language Therapy

The Speech and Language Therapy Department (SLT) has continued to enhance its knowledge base and develop its clinical skills throughout 2018. We have successfully recruited to all positions within the Department and we very much welcome the new therapists to the hospital.

In relation to quality improvement, two audits have been completed in 2018: 1) Dysphagia Meal Time Audit and 2) Fluid Thickening Audit. The results have been reviewed and plans around training and education are being put into place for the coming year.

In 2018, a Senior Speech and Language Therapist became a facilitator for the Hospital's Schwartz Round Forum which is a supportive initiative for staff working within the hospital. The Department also secured funding in 2018 for training two Speech Therapists in the LSVT – Loud. This is a treatment for motor speech disorders with a speciality in Parkinson's disease.

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

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

Podiatry provides foot care in the following ways: advice and education, removal of corns and calluses, removal of ingrown toe nails, diagnosis of various skin diseases and their appropriate treatment, advice and correction of biomechanical disorders, thus helping the patient to rehabilitate faster. As Diabetes Type 2 is increasing amongst the elderly population, podiatry

provides an important role in educating the patient about foot care and encouraging regular visits to the Podiatric clinic.

In The Royal Hospital Donnybrook, podiatry is delivered to the hospital on a rotational system. All new admissions are attended to as soon as possible and urgent cases are given priority. A restructuring of the service has allowed for greater facilitation of patient care and enhanced response times for new admissions / urgent assessment.

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

In the rehabilitation setting, there is a wide range of co-morbidities which require dietetic intervention in addition to the primary reason for admission. These co-morbidities include: malnutrition and malnutrition risk, swallowing and feeding difficulties, cardiovascular disease, newly diagnosed or unstable diabetes, renal disease, pressure wounds, gastrointestinal diseases/ disorders and obesity. Dietary management of co-morbidities is often required before other therapies can optimise improvement of functional and psychological status.

Dietitians provide specialised assessment and individualised nutrition care plans for rehabilitation patients. Nutrition care plans involve consultation with other rehabilitation team members, liaison with food services, provision of therapeutic diets, oral and enteral nutrition support and individualised dietetic counselling. Dietitians are also specialists in nutrition education and goal setting for clients and their families/carers.

During 2018 the Dietetics Department continued to receive referrals from services across the hospital. Referrals to the dietetic service in 2018 were up almost 10% on 2017 figures. Referrals were prioritised based on clinical need and nutritionally assessed in chronological order.

A protected meal time (PMT) audit was carried out by the Dietetics Department and the SLT Department early in 2018. The hospital was compliant with some aspects of PMT and the aspects that needed improvement were highlighted to the appropriate staff. A food quality audit was also carried out on the stroke unit in November 2018. Recommendations from this audit will be carried out in conjunction with the nutrition steering group and Catering Department in 2019.

A patient leaflet regarding information of what is on the menus was developed in conjunction with the catering manager and chef during 2018. This is now available for all patients admitted to hospital in their welcome packs.

The Dietetics Department provided student training in 2018 for students from Dublin Institute of Technology and Trinity College Dublin and two students from the

UCD Masters in Clinical Nutrition and Dietetics course for 2 weeks. Two UCD Masters in Clinical Nutrition and Dietetics students also did their thesis here in the hospital. The objectives of their projects included

- To determine if food provision in the hospital was adhering to national standards and to assess if patients were meeting their nutritional requirements through the hospital menu.
- To determine if the catering company was providing an accurate nutritional analysis of food provision and
- To assess food waste. Recommendations from the projects will be worked on by the nutrition steering group and the Catering Department in 2019

The dietitians took part in the staff wellness day by providing information on healthy eating via the food pyramid with particular emphasis on portion sizes.

Dietetic outcome measure data was kept on all patients nutritionally assessed during 2018. This data highlighted the positive benefits most patients get out of a nutritional assessment and intervention in the rehab and residential care setting.

The dietitians continued to keep their CPD requirements up to date in 2018 by attending some formal education courses e.g. Nutritional management of renal disease (stage 1– 3), student placement training and a probiotics in action course. The dietitians also kept their CORU CPD portfolios up to date.

As a Department we look forward to 2019 and to developing the Nutrition and Dietetic service further in The Royal Hospital Donnybrook in order to improve patient care.

Zoe McDonald Senior Dietitian

Medical Social Work

During 2018 the Social Work team developed a Vision, Mission and Values Statement which outlines the team's commitment to the provision of person centred support and advocacy to the people we work with. Our goal is to empower service users to enhance their quality of life through access to relevant services and therapeutic support. Despite many changes in staffing and a number of vacant posts, the team continued to provide this service to patients and residents throughout the hospital using a centralised referral and prioritisation system.

During 2018 we continued to experience the impact of overstretched support services on patients' ability to move home or to alternative accommodation at a time when they were ready. However, as a team we remained committed to strive to facilitate this where it was the wish of the patient. In 2019 we will continue to advocate for patient's rights and work to enhance communication and pathways to better facilitate this transition for patients.

Social Work Team members were also involved in a number of new and ongoing initiatives including:

- Coordination and facilitation of monthly Schwartz rounds. Schwartz rounds have allowed staff to come together, to share their story/experience and reflect on how these experiences impact on them.
- Introduction of a Citizens Advice Service on site. This service is open to patients, residents, family members and staff. This has commenced as a bi-monthly initiative and the frequency of the service will be reviewed in 2019, in line with demand.
- Provision of patient education sessions in the areas of Stroke and MS Neurorehabilitation.
- Exploratory surveys with carers of patients with MS to ascertain if there is interest in carer education and support sessions being provided.
- Development of an information leaflet on the Medical Social Work (MSW) service for patients.

- Participation in the End of Life committee and facilitation of CEOL reviews. A CEOL (compassionate end of life) review allows staff to remember the person who has died, reflect on the care they provided and review the effectiveness of processes.
- MSW student placement.
- GDPR In conjunction with a GDPR consultant, the team has documented the different forms of information currently held on patients and residents. We will continue to work with the consultant and hospital management to ensure that patients and residents are clear on how their information will be retained securely and disposed of appropriately, in line with Data Protection legislation and national policy.
- Development of training to enhance person centred care and communication.
- Supporting the roll out of the Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures.

The Social Work team looks forward to contributing to excellence in care throughout the hospital in 2019.

Aoife O'Neill

Principal Medical Social Worker

Psychology

A new Senior Clinical Psychologist, working 2.5 days per week, commenced in March 2018. The present psychologist works primarily with the Specialist Stroke and Neurorehabilitation teams but referrals from the wider hospital are also accepted. The service includes neuropsychological assessment (e.g. memory, attention, executive functioning) and assessment of mood, personality and behavioural changes as required. The psychologist works collaboratively with OT and SLT in assessment of complex presentation so intervention can be tailored to the needs of the patient.

Clinical psychological intervention takes place at an individual, group and team level to ensure the psychological needs of the patient are addressed during admission. The majority of therapeutic work addresses anxiety, depression and emotional lability and provides support around adjustment to significant changes in a person's ability and functioning. In the event of personality changes, support in the development of insight and coping strategies is provided as well as psycho-educational support for family members as the need arises.

Team work includes working with individuals and staff around behaviour that challenges and care planning to optimise a patient's psychological wellbeing. Psychological expertise is provided to the management team in response to challenging behaviours and incident reviews as required.

The Royal Hospital Donnybrook psychologist keeps abreast of new developments attending the international conference "Psychological Therapies in Acquired Brain Injury" in University College London in Sept 2018 and monthly co-facilitated peer supervision with colleagues in the National Rehabilitation Hospital and Acquired Brain Injury Ireland.

Our psychologist regularly contributes to the Stroke Education Sessions run on a rotational basis throughout the year. In September this year, Mindfulness and Stress management classes were provided by OT and Psychology open to Stroke and Neurorehabilitation patients. This was received well by patients and will continue in 2019.

Aoife O'Neill
Designated Line Manager for Psychology



Patient/Resident Feedback

What our patients/residents say...

"Each and every member of your staff has been very kind caring and supportive of me during my stay, not forgetting the wonderful volunteers"

"I came to in to the Royal crawling with a frame, 8 weeks later I am able to walk with a stick – quite adequately. This didn't just happen; it was the product of many factors, viz. dedicated nursing, careful and caring minders, good ambience, personal comforts, first class nutrition and comfortable accommodation"

"To have a team of experts assessing my needs and helping me with strategies to manage my progressive disability has been phenomenal"

"I have been pleasantly surprised with every aspect of this wonderful hospital since being admitted. I would hope people who have not had any experience of this place should know how wonderful doctors, therapists, nurses, carers and kitchen staff are"

What we can improve....

"Breakfast and lunch too close – personally would like breakfast earlier."

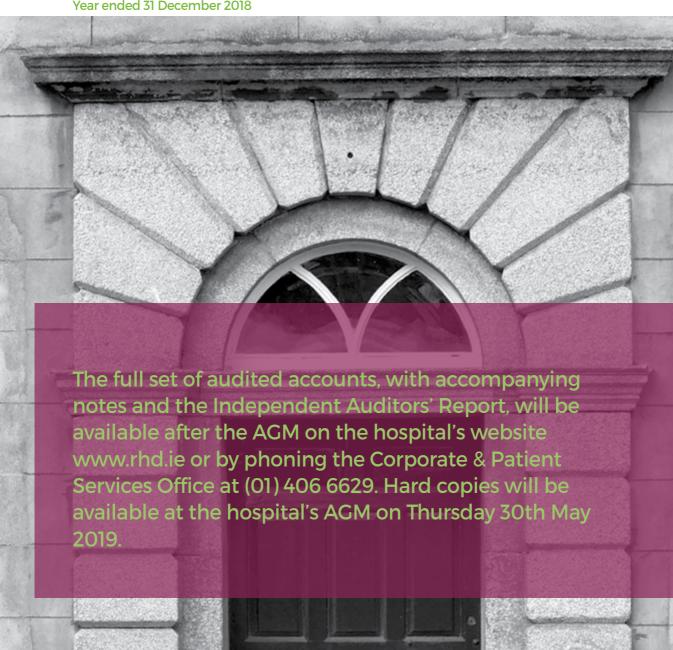
"Patients do not have enough privacy for personal care in the bedrooms"

"To get more information when you arrive"

"Yes, I would like staff to be more aware of some of the problems faced by sight and hearing loss"

Summary Financial Information

Year ended 31 December 2018



Profit & Loss Account

For the Financial Year ended 31 December 2018

2018		2017
€		€
22,020,072		21,291,974
59,336		197,287
22,079,408		21,489,261
22,040,762		21,301,157
15,169		429,712
22,055,931		21,730,869
23,477		(241,608)
-		(4,001,147)
23,477		(4,242,755)
	€ 22,020,072 59,336 22,079,408 22,040,762 15,169 22,055,931 23,477	€ 22,020,072 59,336 22,079,408 22,040,762 15,169 22,055,931 23,477

On behalf of the Board of Management

Brendan Pigott Conor O'Connor

Balance Sheet

As at 31 December 2018

	2018	2017
	€	€
Fixed assets	-	C
Financial assets - quoted investments	-	
4		
Current assets		
Allocations due - Revenue	1,710,940	1,727,914
Receivables and prepayments	365,685	264,960
Cash and cash equivalents - Patient Funds	481,201	478,905
- Hospital Funds	478,147	407,022
	3,035,973	2,878,801
Creditors falling due within one year		
Payables and accrued expenses	(2,273,644)	(2,142,245)
Patient Funds	(481,201)	(478,905)
	(2,754,845)	(2,621,150)
	(=// 0 1/0 10/	(=/0=:/:00/
Net current assets	281,128	257,651
Creditors falling due after one year	_	_
	204.420	057.754
Total net assets	281,128	257,651
Capital and reconver		
Capital and reserves	205 720	404 5/2
Unrestricted funds	225,729	181,563
Restricted funds	55,399	76,088
	281,128	257,651

On behalf of the Board of Management

Brendan Pigott

Conor O'Connor

Schools Involved in the Aos Óg Programme and GAISCE - The President's Award

- 1. Catholic University School
- 2. De la Salle
- 3. Dominican College Sion Hill
- 4. East Glendalough School, Co. Wicklow
- 5. Firhouse Community College
- 6. Gonzaga College
- 7. Gaelcholaiste Na Mara, Arklow, Co. Wicklow
- Holv Child Killinev
- 9. Mount Anville Secondary School
- Muckross Park College
- Blackrock College
- 12. Le Chéile
- 13. Colaiste Isoagain
- 14. St. Aidan's, Tallagh

- St. Dominick's Cabra
- 16. Woodbrook College
- 17. Colaiste Eoin
- 18. Alexandra College
- 19. Marian College
- 20. Ballinteer Community School
- 21. Newpark Comprehensive School
- 22. Oatlands College
- 23. St. Louis High School
- 24. St. Conleth's College
- 25. St. Andrew's College
- 26. Sandford Park School
- 27. Terenure College
- 28. Wesley College

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Mrs. Yvonne Acheson

Mr. Brian Aherne

Mrs. J. Ansell

Ms. Fiona Ashe

Ms. Tania Banotti

Ms. Deirdre Ann Barr

Mr. Roy Barrett

Mr. Charles Barry

Ms. Myra Barry

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Mr. Walter Beatty

Mr. Keith Blackmore

Mr. R. Blakeney

Dr. Alec Blayney

Ms. Lainey Blayney

Dr. Paul Brady

Prof. Niamh Brennan

Mrs. Loretta Brennan-Glucksman

Mr. James Breslin

Dr. Brian D. Briscoe

Dr. David Brophy

Mr. Frank Buckley

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Mr. Douglas Burns

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Mr. Paddy Byrne

Ms. Daire Byrne

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Mr. David Carrigy

Mr. Harry Carroll

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Mr. J. D. Carroll

Mr. John Carroll

Dr. Marguerite Carter

Mr. David P. Clarkin

Mr. Stephen Cloonan

Judge Patrick Clyne

Mr. Charles Coase

Mr. Anthony E. Collins

Mr. Mark Collins

Ms. Anne Connolly

Mr. Alan Cooke

Mr. Liam Cosgrave

Ms. Joan Costello

The Hon. Ms. Justice

Caroline Costello

Mrs. Catherine Coveney

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Judge Timothy Crowley

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Ms. Denise Fanagan

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Mr. Paul Fanning

Mr. Ross A. Fanning

Prof. Ronan Fanning

Mrs. Flo Fennell

The Hon. Ms. Justice

Mary Finlay Geoghegan

Mr. Vincent Finn

Mr. Mark Fitzgerald

Mr. Michael Forde

Mrs. Sylvia Fry

Dr. Graham Fry

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