

RHD



THE ROYAL HOSPITAL DONNYBROOK
Annual Report & Accounts



2019



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Structures and Committees

Board of Management

Brendan Pigott, [Chair](#)
Caroline O'Shea, [Vice Chair](#)
Conor O'Connor, [Hon. Treasurer](#)
Rev. Sonia Gyles
Tom Hayes
Cllr. Dermot Lacey
([nominated by Dublin City Council](#))
Cllr. Paddy McCartan
([nominated by Dublin City Council](#))
Dorothy MacCann
David Gunning
Prof. Geraldine McCarthy
Michele McCormack
Oisín Quinn
Ruth Deasy
Alan Gough
Cllr. Frank Kennedy ([resigned May 2019](#))
Robin Simpson ([RIP April 2019](#))

Audit Committee 2019

Alan Gough, [Chair](#)
Katrina Strecker
Conor O'Connor
Eugene Hillery

Nominations and Governance Committee 2019

Brendan Pigott, [Chair](#)
Caroline O'Shea
Cllr. Frank Kennedy
Dorothy MacCann
Conor O'Connor

Remuneration Committee 2019

Brendan Pigott, [Chair](#)
Caroline O'Shea
Conor O'Connor

Executive Committee 2019

Brendan Pigott, [Chair](#)
Caroline O'Shea
Conor O'Connor
Tom Hayes

Clinical Governance Committee 2019

Deirdre-Ann Barr, [Chair](#)
Dr. Lisa Cogan
Dr. Morgan Crowe
Dr. Tim Cassidy
Dr. Paul Carroll
Dr. Donald McShane
Dr. Nichola Boyle
Prof. Geraldine McCarthy
Michele McCormack
Rev. Sonia Gyles
Evonne Healy
Conor Leonard
David Gunning ([Resigned Sep. 2019](#))

Estates Committee 2019

Caroline O'Shea, [Chair](#)
David Gunning
Conor Leonard

Hospital Management Team 2019

Chief Executive Officer (Interim)

Conor Leonard

Medical Director

Dr. Lisa Cogan

Director of Nursing

Evonne Healy

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

(CEO Resigned Sep. 2019)

David Gunning

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

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 continue to recognise the extraordinary work that is carried out in the Hospital on a daily basis and we must commend in particular, the commitment and solidarity that was shown during the year as staff go to extraordinary lengths to ensure that residents and patients continue to receive the high standard of care for which the Hospital is renowned.

There has been significant change in the Hospital Board and Management Team over the last year. In April 2019 we sadly lost our esteemed Chairman, Robin Simpson. Robin was involved with the Hospital for over 25 years and his contribution at Board Meetings and presence around the Hospital will be greatly missed. May he Rest in Peace.

In September David Gunning resigned as CEO following his appointment as Chief Officer of the National Paediatric Hospital Development Board. We wish him well with this appointment and are delighted that he agreed to be re-appointed to the Board of Management where his experience will be greatly appreciated. Our sincere thanks goes to Conor Leonard, our Operations Manager, who has stepped into the role of Interim Chief Executive Officer pending the appointment of a permanent CEO.

During the year, Councillor Dermot Lacey was nominated by Dublin City Council to replace Councillor Frank Kennedy. Frank has very kindly agreed to remain on the Nominations and Governance Committee. Alan Gough, following his appointment as Chair of the Audit Committee, also joined the Board of Management. Tom Hayes joined the Executive Committee and Eugene Hillery joined the Audit Committee.

Although there have been a number of changes on the Hospital Management Team in recent times, we have a very dedicated and experienced team who continue to 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 65% which is a very strong outcome relative to other healthcare facilities.

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 Donnybrook chaired by Oisín 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.

2019 continued to be challenging from a funding perspective both in terms of operational expenditure and capital projects. During the year the Hospital had a number of visits from HIQA inspectors which resulted in some adverse reports. The Board of Management continues to engage with the Health Service Executive to secure funding for operational and capital projects arising from the HIQA reports. 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 and other project funding issues.

Last year's AGM was addressed by Ciara Mellett, Programme Manager Sláintecare on the Principles of Sláintecare. The Hospital will work closely with the HSE to create an integrated system of care, with healthcare professionals working closely together and where care is provided on the basis of need, not ability to pay.

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.

Brendan M. Pigott
Chairman

The RHD at a glance

OVERVIEW



275
No. of last AGM

229
Years in Donnybrook

FUNDING: €20.724M



€14.516M
HSE Block



€6.208M
HSE Fair Deal

DAY HOSPITAL



401
Day Hospital
Patients



4366
Day Hospital
Attendances

OCCUPATIONAL THERAPY



360
Occupational Therapy
Pre-Discharge Home Visits

420
Action Van interventions

PHYSIOTHERAPY



773
New patient assessments

14,900
Patient Treatment Sessions

STAFFING

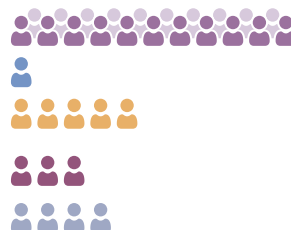
203 Nursing & Support

14 Medical Team

48 Allied Health

33 Management & Support

41 Daily Contractors

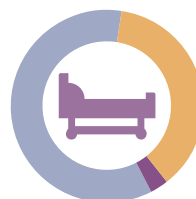


BEDS

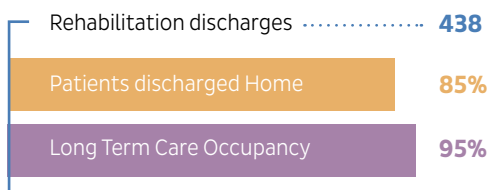
107 Rehabilitation

66 Continuing Care

5 Respite



PERFORMANCE



KEY SUPPORTS

9 Community Employment Team

80 Volunteers

30 Schools

10 Projects Supported by The Friends: €125,000



TRANSPORT

5 Vehicles

2 Ambulance Drivers

9500 Patient Journeys



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 2019 is shown in the chart opposite.

Board Members' Attendance

For Period 01/01/19 to 31/12/19

	BOARD OF MANAGEMENT	EXECUTIVE COMMITTEE	AUDIT COMMITTEE	NOMINATIONS & GOVERNANCE COMMITTEE	REMUNERATION COMMITTEE	CLINICAL GOVERNANCE COMMITTEE	ESTATES COMMITTEE
Brendan Pigott	6\6	5\5	2\2	1\1	1\1		
Caroline O'Shea	6\6	5\5		3\3	1\1		4\4
Conor O'Connor	6\6	5\5	2\3	1\2	1\1		
Dorothy MacCann	6\6			3\3			
Tom Hayes	3\6	2\2					
Geraldine McCarthy	5\6					4\4	
Michelle McCormack	5\6					2\4	
Oisín Quinn	5\6						
Cllr. Paddy McCartan	3\5						
Sonia Gyles	5\6					4\4	
Ruth Deasy	6\6						
Cllr. Dermot Lacey	2\2						
Alan Gough	2\2		1\1				
David Gunning	1\1						
Cllr. Frank Kennedy	1\3			2\2			
Robin Simpson	1\3	1\2		0\2	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 2019. 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 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 Charities Regulator, Charities Governance Code

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 2019 or prior years.

On-going compliance with public pay policy is monitored by the Remuneration Committee and a report is provided annually by the Internal Auditor to the 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

Over a 30-year career, I have had the opportunity to work at every level in the Irish Health Services, from front line patient care as an OT, to contributing to national projects. In 2015, I decided to re-join The RHD and I did so because the Hospital's ethos is very special. There are many significant challenges facing us, but overall it is a privilege to work in this special type of service. In September I was appointed to the interim CEO role and it is an honour to now lead the organisation in this capacity.

Patients who are admitted for rehabilitation are given time, support and access to the specialist skills of a range of high-quality, dedicated health care professionals. All the staff in the Hospital work together as a team to enable patients to make the best recovery possible. As there are no private beds and no private consultants, rehabilitation is provided entirely on a public basis. The invaluable charitable support of The Friends of The RHD also means that therapy staff have access to some of the best equipment in the country. We clearly demonstrate that rehabilitative care can be provided irrespective of means and that makes it a very special place to work. Residential care is provided within the Fair Deal framework, but no top-up payments are sought for the therapy or activities components of the care provided.

In many ways, the Hospital embodies the values of Sláintecare, the cross-party national health policy for Ireland. Sláintecare aims to deliver a single-tier health service, with a strong focus on service outside of the acute hospital system. The RHD bridges the gap between acute hospital and services at home. Our rehabilitation patients come from the acute hospitals as early as possible and the vast majority are discharged home, usually within a matter of weeks. Patients can stay for longer if they are continuing to make progress. If they live in the local area they can attend our day hospital and go directly into in-patient rehabilitation if needed, minimising the need for acute hospital admissions.

To further support the Sláintecare agenda, The Royal Hospital Donnybrook wishes to expand our rehabilitation services and add a purpose-built primary care facility onto the campus to serve all of the local population. We also want to provide a purpose-built, residential care facility with accommodation that will fully meet HIQA requirements. Overall, we envisage an integrated healthcare campus in the heart of Dublin, serving the non-acute healthcare needs of the population at every stage of life.

However, while the national narrative is to shift care from acute hospitals to services such as ours, the finance has yet to catch up. The Hospital was hit hard by the recession, resulting in fewer beds and ageing equipment, all housed in an old building in need of serious investment. The required funds have not been forthcoming and in 2019, the Hospital was once again obliged to make significant savings in running costs.

There are pressing regulatory requirements, particularly in respect of long term care facilities and in fire safety systems, giving rise to grave concerns for the Board and the Hospital Management Team. In November, HIQA published a very hard hitting report on the provision of long term care at the Hospital. The primary causes of their dissatisfaction were the environmental aspects, including fire safety. HIQA rightly pointed out the negative impact on the privacy and dignity of residents arising from tight living conditions. The wards were designed for hospital purposes and not for long term residential care. They highlighted the potential for negative interactions between residents that could result.

Whilst the HSE approved some grant funding, that money is unlikely to be available until 2023.

The Hospital has progressed what it can from its own resources and has made significant improvements in fire safety, particularly in HIQA regulated wards – but more is required, much more. It is becoming more and more challenging to ensure that we have the appropriate environment to provide satisfactory levels of care. We are now in the process of seeking the much-needed funding, as quickly as possible from the HSE, to enable these challenges to be addressed.

In their reports my colleagues will outline the wonderful work that their departments continued to provide despite these resource challenges. I will summarise some key moments:

International Visitors

The Hospital hosted a delegation of Japanese university visitors who are working on a multi-centre international collaboration project on the use of robotic devices to enhance the care environment.

Winter Initiative

The RHD re-opened a 10 bed ward for 3 months with HSE funding to assist with acute hospital pressures. The short-term nature presented significant recruitment challenges, but it was opened successfully and provided invaluable assistance to St. Vincent's University Hospital.

Patients who are admitted to The RHD for rehabilitation are given the time, support and access to the specialist skills of a range of high-quality, dedicated health care professionals' care.



Left to right: Conor Leonard - CEO (Interim), Simon Harris - Minister for Health, Caroline O'Shea, Vice Chair, The Royal Hospital Donnybrook

Ministerial visit

In September, the Hospital hosted the first 'roving' meeting of the Department of Health Management team meeting. Board members had a brief opportunity to outline the Hospital strategy directly to the Minister. He toured the Hospital after his visit and we were able to show him some of challenges that we face, including the space restrictions in long term care.

Strategic Plan Implementation

The Hospital continued to negotiate with the HSE regarding the development of a primary care centre on the hospital campus to serve Donnybrook and Ranelagh. Discussions intensified toward the end of the year and it is hoped that details of the development will be finalised in early 2020.

Eric Rankin retirement

At the end of 2019, Eric Rankin, our esteemed Activities Coordinator, retired from the Hospital. At the risk of

embarrassing him greatly, I would like to take this opportunity to highlight his exceptional service. He went above and beyond the call of duty and is truly one of those people who made The Royal the special place that it is. Thank you, Eric.

Covid-19

As this report is being compiled in May 2020, it must be noted that the Covid-19 pandemic has completely changed our world. Normal health care activity has been totally disrupted since early March, at a national level and for this hospital. The entire focus of the management team is on keeping patients, residents and staff as safe as possible from this deadly virus. It is too early to judge the long term implications, but there are likely to be permanent and significant changes to hospital services.

Conor Leonard
CEO (Interim)

Medical Director's Report

The clinical services provided to our patients and residents are multidisciplinary, led by our dedicated Medical Consultants

Rehabilitation Services

In 2019 we continued to deliver specialist multidisciplinary rehabilitation services to our older patients. In total we have capacity of 74 beds in our SPARC and General Rehabilitation units. The majority of our patients have been discharged from St. Vincent's University Hospital following an orthopaedic injury or medical or surgical illness. More frequently patient admission to our Rehabilitation units can be delayed if they have MDRO (Multidrug resistant organism). In line with infection control precautions these patients require an isolation room with separate washing and toileting facility. 242 patients were admitted to SPARC with 66% of these sustaining a fragility fracture. 88% of these patients returned home, often with an increase in their home care package and adaptations to the home environment. In April the HSE funded the opening of 10 Rehabilitation beds in our Phoenix Unit. There were some operational challenges in setting up this unit which were overcome. Unfortunately, funding was temporary and the unit closed in July. Patients who were not discharged were allocated a suitable bed in The RHD where possible.

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.

HIQA has commenced a programme of evaluation of rehabilitation services. This is very much welcomed as we know it will help promote quality improvement in our services provision. We have already met as a multidisciplinary group to review our structures and policies with particular emphasis on risk management, clinical environment and improved documentation.

Residential Services

Our residential service continues to care for many residents who have complex medical and nursing needs, such as 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 a number of advanced care planning discussions have been facilitated. The physical environment in the multi occupancy rooms remains a challenge around privacy and dignity and peer to peer interactions.

Other Clinical Services

The RHD has 5 Respite Beds which allow a carer to take a short break, holiday or a rest. Three of these beds are for older persons with a dedicated male bed assigned to CHO 6.

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

Schwartz

By December 2019 we had delivered 15 Schwartz Rounds in The RHD. These Rounds are an evidence-based forum where all staff, clinical and non-clinical, come together to discuss the emotional aspects of working in healthcare. The aim of introducing the initiative to the Hospital is to improve staff wellbeing and ultimately have a positive impact on patient care.

Dr. Lisa Cogan
Medical Director



A key strategic objective is to expand the specialist multidisciplinary services we provide to our older patients.



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 and expertise, contribute to the vision and strategic development of the Hospital and also have a key part to play in ensuring nursing input to the hospital managerial decision making process.

Each unit nursing team is led by a Clinical Nurse Manager and, as well as staff nurses, the team comprises care assistants, household staff and the 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.

2019 started off with sadness for the nursing and household staff and indeed all staff of The RHD with the passing of colleagues Helen Saju and Linda Byrne in January. Both ladies worked here for many years and are fondly remembered always by their relatives, colleagues and many friends in The RHD. Ar dheis Dé go raibh a n-anamacha.

January 2019 also brought challenges as nurses from RHD took part in national industrial action which included a number of 'strike' days. However, services were minimally disrupted and I wish to acknowledge and thank all staff for their assistance, especially the nursing staff for the professional and compassionate manner in which events were conducted.

Continuous quality improvement is embedded in our values here in The RHD. Quality initiatives stem from analysis of trends highlighted by our clinical governance framework. Initiatives undertaken in 2019 included Hi-5 Medication Administration and recognising and celebrating International Patient Safety Awareness Day. Plans for 2020 include reviewing what is currently audited and to focus on new areas. 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. This year we have responded to analysis of fall reviews by implementing a Multidisciplinary Falls Review Group who have

redesigned documentation and processes for use in falls prevention.

I was also delighted to oversee an enhanced 'flu vaccination for staff initiative which covered winter 'flu season of 2018-2019. By creating a lively and stimulating atmosphere, gathering and displaying 'flu myth busting information, the availability of staff peer to peer vaccinators and HMT modelling leadership behaviours, the uptake of the vaccination more than doubled and we exceeded the HSE target of greater than sixty percent of staff.

Listening to the voice of patients and residents is our most powerful tool in improving all that we do here in The RHD. For 2019 we undertook whole hospital patient surveys throughout the year instead of unit specific and the feedback we receive continues to be consistently of a high standard. Any comments or suggestions for improvements are relayed to and actioned by ward managers. This year also saw us undertake surveys of our residents using a template supplied by HIQA. Some distinct themes related to long term residential care have emerged from these which also reflect the difficulties in our environment as highlighted by HIQA during their recent inspections.

2019 saw the departure of our long serving Activities Coordinator, Eric Rankin, who retired after many years of exceptional and devoted service. I wish to personally thank Eric and wish him many happy years of retirement. Once again, we thank 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.

Evonne Healy
Director of Nursing



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.



SPARC

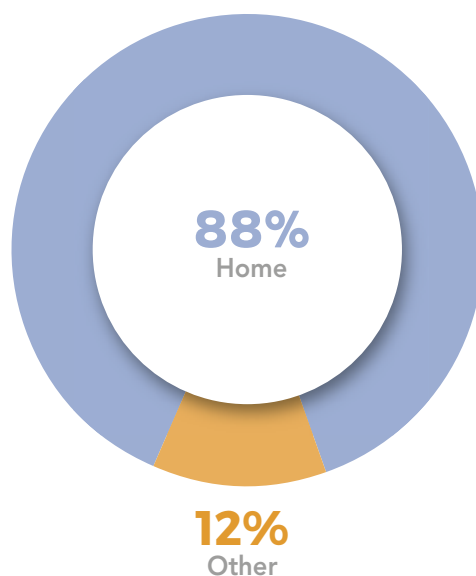
Short-term Post-Acute Rehabilitative Care

The Short term Post-Acute Rehabilitative Care (SPARC) programme in The Royal Hospital Donnybrook is part of the 107 rehabilitation beds that aims to promote seamless transfer of the patient's care from the referring hospital in a safe and timely manner, enabling patients to regain optimal functional level of independence.

The SPARC service is provided in Larches (27 male and female patients) and Willows (15 female patients) wards which is characterised by a combination of comprehensive geriatric assessment, a committed multidisciplinary team (MDT) and a patient-centred approach resulting in a structured and individual care and treatment plan. The amalgamation of these units in 2020 is a promising and exciting step which will allow more timely access to short term rehabilitation beds. This will also provide opportunity for patient quality initiatives to be rolled out across the two units.

The primary source of referrals is St. Vincent's University Hospital (SVUH), which accounted for 91% of admissions in 2019, the remainder coming from home or other hospitals. In October 2019, our medical team further enhanced the Hospital's close working relationship with SVUH through the development of a new referral pathway from the OPRAH (Older Person's Rapid Assessment Hub) service in SVUH Emergency Department. This facilitates direct admission of suitable patients from their emergency department, preventing unnecessary stays in an acute care setting. SPARC had a total of 242 admissions in 2019. The programme caters predominately for patients with an orthopaedic injury or procedure. Two-thirds of patients admitted in 2019 had sustained a fracture, including 97 hip fractures. All patients with a fragility fracture receive a falls and bone health assessment. This is in addition to Multidisciplinary Team (MDT) input to assist the patient to regain their function and confidence following their injury.

SPARC Unit Discharge Destinations 2019





As we head on to Year 2020, SPARC service will continue to endeavour in improving our ability to embrace challenges and new developments taking on board the varying and changing needs of our patients.

Service Initiatives:

In August 2019 a Hip Fracture Multidisciplinary Group was formed in the Hospital. The goals of this group are to:

- improve speed of access to rehabilitation for patients with a hip fracture
- provide an opportunity for quality improvement projects and research
- further strengthen links with our orthopaedic colleagues in SVUH

A joint medical and nursing group was also formed in last quarter 2019. Together with the Nursing Quality Manager, this service improvement focuses on reviewing unit-specific systems in place to assist medical and nursing staff on the daily running of the service. Some of these are:

- review of the current medication kardex with a view to highlighting antibiotic and high risk medications usage
- looking into a joint multidisciplinary (MDT) admission pack

Our colleagues from allied health service have also introduced several initiatives which focus on patient's functional and mental improvement:

Physiotherapy Initiatives:

- **Rainbow Route:** A walking programme that aims to increase the physical activity of the patients while in the Hospital. The route consisted of a visual display of seven colours, totalling 70 meters in length along the corridor wall. Participants were encouraged to walk this route outside of their therapy time.
- **Rehab Hub:** An exercise programme where patients were encouraged to use the dedicated area in the unit where they can do their exercises either themselves or with staff supervision. This focused on hip rehabilitation and general strength exercises.
- **Dance Club:** Suitable patients participated on this initiative where music is played and they moved according to the rhythm to improve their confidence and mobility. This also increased patient's social interaction.

- **Education Session:** A weekly ward based education for nursing and caring staff in relation to hip precautions and different weight bearing status.

Occupational Therapy Initiatives:

- **Breakfast Club:** A weekly breakfast group where patients who were ready for discharge made their own breakfast with the occupational therapist's supervision. This enhanced patient's confidence and readiness for home.
- **Cognition Corner:** Several brain games were made available for the patients which challenged their cognitive abilities.

The year did not come without its challenges. Maintaining a safe nursing-patient ratio has been crucial in providing high quality of care and optimising patient's level of independence. The teams collective work in recognising patient's individual needs is fundamental to timely discharge planning.

We could not be more grateful for the commitment and dedication of the whole multidisciplinary team of consultant, medical doctors, nurses, physiotherapist, occupational therapist, medical social worker, and healthcare assistants for their immense support. We would also like to extend our sincerest thank you to the wonderful kitchen staff who make the dining room experience for our patients an enjoyable one.

As we head on to Year 2020, SPARC service will continue to endeavour in improving our ability to embrace challenges and new developments, taking on board the varying and changing needs of our patients.

Cherry Almonicar
Clinical Nurse Manager 2 Willows – SPARC

Johnny Abraham
Clinical Nurse Manager 2 Larches - SPARC

Caitriona Tiernan
Medical Officer - SPARC

General Rehabilitation

The General Rehabilitation Unit is a 35 bed unit located on the first floor of the Hospital. A physiotherapy gym is located within the unit which is vital for inpatient therapy. The service is for adults 65 years and above, with complex needs who have the potential to benefit from a period of rehabilitation. A multidisciplinary team, which composes medical, nursing, physiotherapy, occupational therapy, medical social work, speech and language therapy, dietician and psychology staff delivers the rehabilitation. The aim is to help patients achieve their maximum potential in physical, social and psychological aspects of their wellbeing, whilst ensuring that their dignity and respect is upheld, at all times. The team coordinates with patient's next of kin and community services to facilitate safe discharge home.

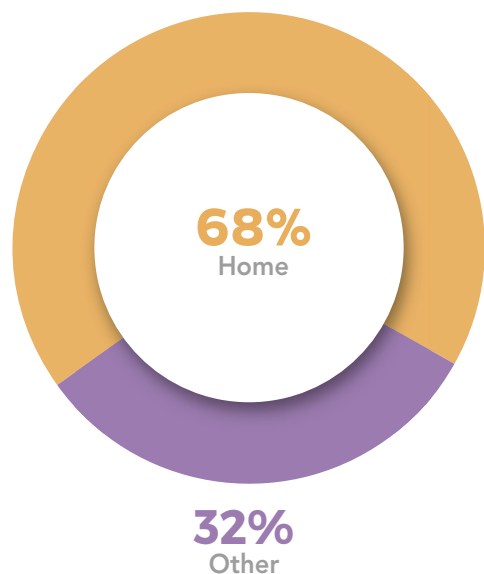
The unit also provides short-term admissions for a rehabilitation boost, or for occasional urgent respite admissions of patients attending our Day Hospital. Three beds are allocated for respite stays (including one male bed for CHO6 area) for patients referred by local Public Health Nurses (PHN). Respite is a vital community service that facilitates breaks for the main family carer.

In 2019, significant developments took place and the multidisciplinary team continued to maintain the highest standard of care. Key activities included:

- Continued in-service education and MDT attending training and seminars relevant to rehabilitation.
- Observing protected mealtimes in the unit as this has a great impact on patient's recovery.
- Regular nursing quality audits are undertaken, results are noted and recommendations are systematically implemented.
- Teaching of undergraduate Nursing, Occupational Therapy, Physiotherapy, Dietetics, Speech and Language Therapy and Medical Social Work students.
- Delayed Transfer of Care meetings are attended regularly by key MDT to facilitate discharge.
- Patient's satisfaction survey results and feedback are highlighted to Multidisciplinary Team to improve care.

Mary Mae Salomon
Clinical Nurse Manager

General Rehabilitation Discharge Destinations 2019



Specialist Stroke Rehabilitation

The Stroke Rehabilitation service provides rehabilitation for eighteen patients aged 18 years and over who are medically stable and fit for discharge from acute hospital, but who need further rehabilitation. The majority of patients are admitted from St. Vincent's University Hospital, with some coming from the Mater Misericordiae University Hospital. In recent years there has been a notable rise in the number of younger patients being referred, with the youngest patient being in their mid-thirties.

Multidisciplinary care is provided on a team basis to optimise rehabilitation potential. A particular emphasis is placed on issues affecting mobility and activities of daily living. The key goal is independence through functional recovery, with the aim of maximising the possibility of a seamless transition from rehabilitation to the home environment.

Dr. Tim Cassidy continues to lead the unit, calling upon a team of medical, nursing, physiotherapists, occupational therapists, medical social workers, dietitians and our clinical psychologist. The service strives to provide individualised, patient-centred care.

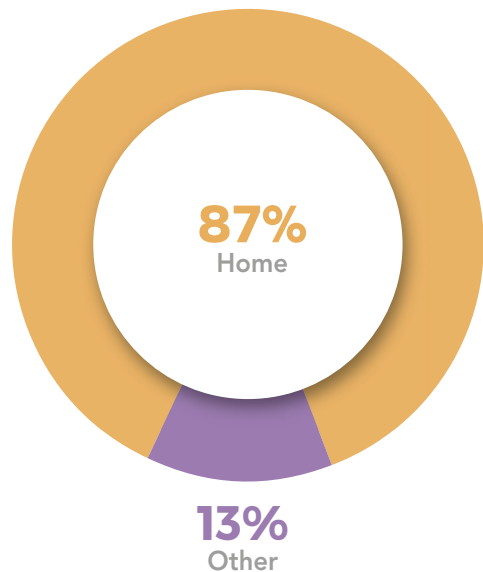
Goal-setting is a routine part of rehabilitation. This maximises patient involvement and also enables the team to take account of individual preferences. The team regularly reviews patient progress and adjusts the plan and the goals, so that it remains patient-centred at all times. Education is a vital part of the service, as patients have multiple concerns, including prevention of further illness. Every three months, the MDT gives a presentation for patients about various aspects of stroke. Other initiatives include the development of an aphasia-friendly stroke handbook and a weekend leave feedback form. These were presented at various stroke forums and have resulted in interest from other organisations.

It is equally important that the team develop their professional skills and contribute to the body of knowledge regarding stroke recovery. There were excellent levels of participation in national and international conferences during 2019 involving presentations by team members on their work in The RHD. In particular, the new 'Andango' assisted walking device donated by The Friends of The Royal Hospital Donnybrook greatly assisted patients with rehabilitation and resulted in educational presentations and a new research initiative.

Nothing is more powerful than the patient voice and the physiotherapy department produced a short video which show-cased the benefits of the rehabilitative care provided by The RHD. This will be disseminated widely in 2020. The potential for an out-reach and/or out-patient service was investigated by the physiotherapy department and it is hoped to address these needs in the coming year.

Ramya Ravikumar
Clinical Nurse Manager

Stroke Rehabilitation Discharge Destinations 2019



Specialist Neurorehabilitation

The Specialist Neurological rehabilitation service at The Royal Hospital Donnybrook aims to provide the best possible recovery and the most independent lifestyle for people under 65 years following a traumatic brain injury, stroke, multiple sclerosis and other complex neurological conditions.

The Maples Neurorehabilitation unit is a 12 bed unit under the direction of a rehabilitation consultant, working between The Royal Hospital Donnybrook, The National Rehabilitation Hospital and St. Vincent's University Hospital. Referrals are accepted from acute services as well as community teams.

Our rehabilitation programmes consist of a three week needs assessment for neurological disorders, from six weeks to three months inpatient rehabilitation programme for patients referred to us from acute services, and a six week programme designed specifically for patients with multiple sclerosis called "Living well with MS". This programme provides education on fatigue management, healthy eating and mindfulness along with therapy input.

Through comprehensive assessment and provision of a wide range of therapies our multidisciplinary team strive to ensure the most optimal outcome for each individual patient, allowing them to resume a fulfilling lifestyle. Each patient is assessed individually, leading to the development of a rehabilitation plan specific to the individual's particular needs by our team of health professionals. As bone health is often underestimated in multiple sclerosis and other neuro-degenerative conditions, we consulted with the DEXA department in St. Vincent's University Hospital. Our aim was to highlight the difficulty these patients had in accessing DEXA scans, and to structure a pathway for this vulnerable group of young people in terms of managing their reducing physical ability and bone health.

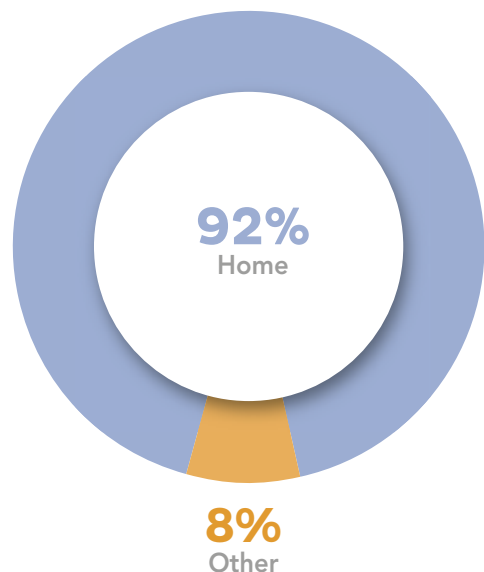
During 2019, the Maples neurorehabilitation team continued to work with the HSE, Department of Health and the National Rehabilitation Hospital, in establishing a Managed Clinical Rehabilitation Network Demonstrator Project. This is an ongoing project which aims to model and evaluate the effectiveness of a managed clinical rehabilitation network described in the Implementation Framework for the National Strategy and Policy for the provision of neurorehabilitation services in Ireland and to develop a continuum of neurorehabilitation services across the geographic scope of CHO6 and 7 and relevant referring acute hospitals from Ireland East and Dublin Midlands Hospital Group.

The Maples unit also continues to provide two respite beds, to provide a much-needed relief service for families caring for younger adults with complex disabilities.

Feedback from our patients is highly valued as we are constantly looking at ways to improve on the service we provide. Patient satisfaction surveys are carried out several times a year and we encourage and facilitate patients to tell us their views.

Elaine Foley, CNM2
Clinical Nurse Manager

Specialist Neurorehabilitation Discharge Destinations 2019



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 aiming to reduce 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
- Speech and Language Therapy
- Medical Social Work and Podiatry by referral

401 new clients attended the Day Hospital in 2019. There were 4366 attendances when clients received input from the MDT, usually receiving input from more than one discipline. The Day Hospital was open for 247 days.

The MDT has continued to develop their special interest in treating Parkinsonian movement disorders in 2019. Mr. Paul Diamond, our Senior Occupational Therapist has completed his Research Masters documenting the results of the "LSVT BIG", a Parkinson's' treatment approach, in conjunction with University College Dublin. A need was identified for more effective intervention follow-up with Parkinson's LSVT patients. The MDT initiated an LSVT BIG refresher group programme to address this need and 9 refresher classes were held. Outcome measures reflected the efficacy of this intervention. We were delighted that our initiative was chosen by the National HSCP for publication in their '*Unscheduled Care HSCP Conference*' booklet.

Many of our patients have diabetes and the nursing team support client's self-management of this condition. The Day Hospital also provides individual physiotherapy interventions, with lower limb strengthening and differentiated balance classes held daily with patients, according to their individual ability.

The Day Hospital had a five month waiting list, which grew by 35 in 2019. This demand has been consistent over the year, although referral numbers vary month on month. There is a daily slot for a comprehensive

geriatric assessment of a new patient, as well as a review of an existing vulnerable patient. Due to the patient profile, cancellations are not uncommon. We had 71 cancellations in 2019, of which we were able to fill 36 of these places at short notice.

The Day Hospital provides a free, wheelchair accessible bus for those unable to make their own transport arrangements. We actively manage transport to minimise the time spent by patients on the bus, as long journeys can be tiring. Transport can be a particular challenge for patients from outside the catchment area.

There was much positive feedback collected from the patient survey following the BIG Parkinson's group classes.

Maura Fitzgerald
Clinical Nurse Manager

Residential Care

Our residential care is planned by our multidisciplinary team. The RHD provides long term residential care in collaboration with our colleagues in the multidisciplinary team, to ensure we provide person-centred services to our residents, many of whom have complex healthcare requirements. Our care is holistic, measured to each individual, and provided with dignity and respect.

We continuously strive to improve the quality of our service with quality initiatives, some of which this year included 'Intentional Rounding', quality audits including medication administration, safe storage and personal emergency evacuation plans. There are weekly fire scenario evacuation drills at ward level and regular hospital-wide fire drills. We also review and audit our documentation quarterly.

We meet monthly to review incidents from our wards under the guidance of our Risk Manager and strive to prevent and minimize future incidents from our learning at these reviews. We also carry out monthly health and safety checks within our areas of work.

Our services are benchmarked against HIQA standards for residential care and the Hospice Friendly Hospitals standards for community hospitals to ensure high quality personal care through life and at end of life for the resident and their families. Last year following feedback from an unannounced HIQA inspection we generated a specific Annual Report for long term residential care and this will be annual hereafter. This report will detail all initiatives that were undertaken and also our goals and plans for the forthcoming year.

The HIQA report highlighted the environment challenges that we face by providing residential care in a hospital environment. Our hospital wards were simply not designed for long term care. The lack of space compromises privacy and dignity. The Board is examining the possibility of providing a different care environment. HIQA also highlighted fire safety issues and extensive work was undertaken by the Hospital, from its own resources, to address the issues in the residential care wards.

We have an 'End of Life' group and staff trained in palliative care. We can also access the advice and input of the Community Palliative Care team if required. Our residents have taken part in regular anonymised surveys in order to maintain and improve the service we provide in areas of care, environment and social living.

Some of our residents enjoy getting out (weather permitting), and some of our younger residents enjoy going to town, attending external groups or meeting family away from the hospital environment. Other residents enjoy the input provided by our Activities Team and volunteer service which can include one to one participation or group activities. We are delighted to have the Transition year students input also and our residents enjoy the interactions with the younger generation. The hospital coffee shop provides a venue for social meetings and a hairdressing service is enjoyed by both male and female residents. Many residents take part in the weekly religious services and our hospital chaplain provides individualised support.

We offer our resident's families the opportunity to attend family meetings with the multidisciplinary team members involved in their care. These meetings are very positive, allowing families input into the care, safety and improvement of the services we provide to their loved one.

Our Residents' Council meetings empower residents to inform us of their own individual views and wishes. Our residents can influence decisions regarding their environment and associated care needs within the wards and the Hospital in general via these meetings.

Our CEO provides 'Town Hall' meetings to residents and staff to ensure we are all informed of hospital developments and strategic planning. Residents are very grateful to be able to 'have a say' in what matters to them within the hospital environment and future plans. Staff feel more included within the organisation when informed of plans for the future and decision making.

Anne Dooley
Clinical Nurse Manager, Rowans

Dileta Pauziene
Clinical Nurse Manager, Oaks

Sheila Ballebar
Clinical Nurse Manager, Cedars

Occupational Therapy

Occupational Therapy (OT) is the use of assessment and treatment to develop, recover or maintain the daily living and work skills of people with physical, mental or cognitive disorders. 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 2019

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 has been shown to be statistically significant for hand function. The group has grown throughout 2019 and is now run twice a week in the OT department.

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 continued in the Neuro-disability Service. The programme was run in 2019 and aimed to normalise the experience of fatigue for patients and help them learn ways to use their available energy more effectively. Patient feedback has remained hugely positive in this area.

Practice Education in association with Trinity College Dublin

The Royal Hospital Donnybrook is one of five Dublin clinical sites that have a part-time designated Tutor for Trinity College Dublin (TCD) Occupational Therapy practice education. The Royal Hospital Donnybrook offers clinical placements for occupational therapy students from all four years of the degree course. The placement length varies from 2 weeks in Year 1 to a 12 week placement in Year 4.

In 2019 we facilitated 12 students from TCD. During this time they work with a designated therapist and take on a small case load depending on their stage of training. Students can also make a contribution to departmental or group projects. In addition we have facilitated site visits from a number of students from Singapore who are completing a module of their degree in Dublin supported by TCD.

Action Van Service

This is a collaborative approach to patient safety and facilitating discharges home from hospital. Established by The Royal, it is an Occupational Therapy led HSE funded service, hosted and managed by The Royal Hospital Donnybrook OT Department. 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 2019, 355 hospital discharges were achieved and a total of 466 referrals have been facilitated

Continuous Professional Development

The OT Department represented The RHD at several conferences including posters at the Irish Geriatric Society Conference and platform presentations at the Northern Ireland Stroke Forum. One presentation was a collaborative piece of work between OT and physiotherapy called 'Ready Steady Home'.

A monthly in-service programme was completed within the OT Department in 2019 and we introduced formal recording of CPD using new CORU recommendations and documentation. Training was completed in the areas of specialised seating and cognitive rehabilitation.

Thank you to all our wonderful colleagues for your help and support over the past year. We look forward to the challenges ahead in 2020 and continuing to support our patients, residents and colleagues throughout the year ahead.

Jo Cannon
Occupational Therapy Manager

Physiotherapy

Our Physiotherapy vision is to
"To advocate, enable and empower our patients to achieve their optimal wellbeing;
To provide excellence in clinical care, through education, training and innovation;
To deliver a holistic patient-centred approach through collaborative teamwork within our integrated care campus".

We had another busy year clinically in 2019 with the provision of approximately 773 new inpatient consultations. We treated approximately 10,536 Inpatient and 4,366 Day Hospital returns. We further applied smarter working principals to optimise service delivery, with the introduction of a new physiotherapy prioritisation system.

Continuous Professional Development and Physiotherapy Initiatives in 2019

We established a local Research & Development committee to support CPD and Quality Improvements. We have had 21 presentations (18 posters and 3 oral presentations) at local, national and international conferences in 2019. These initiatives were carried out in Stroke, Neurorehabilitation, Orthopedics and the Day Hospital. We presented projects investigating the Andago ® device use (an over-ground mobility device donated by The Friends of The Royal Hospital Donnybrook in 2018) at four conferences this year. We also introduced various physical activity promotion initiatives for all patients and staff in conjunction with our colleagues in 2019, leading to The Hospital Wellness Group receiving an Irish Heart Foundation National "Active At Work" Award.

We also developed strong links with the Irish Society of Chartered Physiotherapists (ISCP) with their National Clinical Interest group in Neurology and Gerontology meetings and lectures being run in our hospital. Various gerontology and neurology talks to physiotherapists were given nationally.

We further have embedded a new local Supervision and CPD Standard Operation Policy, which creates a supervision, personal development plan and CPD structure, thus promoting compliance with CORU Physiotherapy Registration Board Code of Professional Conduct and Ethics. We continue to provide physiotherapy student placements for Trinity College Dublin. We were also able to facilitate students from Singapore Institute of Technology, this academic year.

Publications

Three articles were published in the ISCP national magazine 'Firsthand', firstly on the Andago ® machine, secondly on our World Physiotherapy Day event and thirdly on our Health and Wellbeing promotional day. The HSE "National Steps to Health Challenge" also published in their booklet, about our local strong staff engagement in this campaign. The Irish Independent published a very positive piece about our ward physical activity promotion routes. We also contributed to writing a physiotherapy book chapter in the upcoming "The Rehabilitation of the Older Person" book due to be published this year.

Service user days and feedback

We received over 164 Service User Feedback Questionnaire responses in 2019, with an overall majority reporting an exceptional physiotherapy service. Patients found physiotherapy staff friendly and approachable. Physiotherapy also ran two service user days, where we received invaluable feedback from service users who had attended the Day Hospital, Willows, Stroke and Maples units.

Funding

The Friends of The Royal Hospital Donnybrook have given us great support over the years and have further committed to fund modernisation of our Physiotherapy gyms this year. This exciting project will provide an environment of hope, enablement and potential. It will give us a higher profile as a rehabilitation hospital, as we prepare for changing strategic plans and service users' needs. This initiative will go a long way to creating our future Physiotherapy vision.

We look forward to the challenges of 2020 and continue to deliver an effective person-centred and goal-orientated Physiotherapy service to all our patients and residents. We aim to continue our strong links with all our colleagues. We appreciate so much of the work and support from the Hospital Board, the Hospital Management Team, The Friends, all Physiotherapy staff and each of our colleagues.

Elaine Ross
Physiotherapy Manager

The Friends of The Royal Hospital Donnybrook have further committed to fund modernisation of our Physiotherapy gyms this year. This exciting project will provide an environment of hope, enablement and potential.



Speech & Language Therapy

The Speech and Language Therapy Department's Service Development Plan for 2019 focused on the areas of Clinical Service, Education and Research and Quality Improvements.

1. Clinical Service

The SLT Department expanded their service in the Day Hospital and long term residential care settings. To facilitate same, department members availed of further training in the area of SLT's working in Idiopathic Parkinson's Disease in completing 'LSVT Loud' training. The SLT Department also organised a visit from the Virtual Dementia Tour Bus which provided hospital staff with a greater understanding of the difficulties a person living with dementia may experience. The SLT Department continued to provide therapy services across all rehabilitation wards within the Hospital.

2. Education and Research

SLT attended a number of courses throughout the year to further enhance their skill set. Included amongst these were the completion of practical training in Fiberoptic Endoscopic Examination of Swallowing (FEES) in the Mater Misericordiae Hospital, attendance at the Irish Association of Speech and Language Therapists' Biennial Conference, and the British Aphasiology Society Clinical Symposium. This training was welcomed by SLT in exploring development of our service.

Members of the SLT Department conducted research projects in the areas of stroke rehabilitation and cognitive communication difficulties which were accepted as poster presentations at the UK Stroke Forum ("*Lost Waiting: Experiences of young stroke survivors with communication difficulties on their journey in returning to work*") and "*Mind the Gap: Speech and Language Therapists' perspectives versus screening practices in post stroke cognitive communication disorders*") and were invited to present at the Stroke Study Day in St. Vincent's University Hospital ("*Development and introduction of a patient-centred stroke rehabilitation handbook onto a stroke rehabilitation unit*") and the Irish Gerontological Society Conference ("*Admissions to a stroke unit in an Irish rehabilitation hospital: A review from speech and language therapy*")

SLT contributed to the development of SLTs in training by providing clinical placements for students undertaking both Undergraduate and Masters programmes from UL and TCD.

3. Quality Improvements

SLT played an integral role in quality improvement within the Stroke Rehabilitation Unit in 2019. SLT developed aphasia friendly Life Goals documentation for completion with service users. In addition, a patient-centred stroke handbook was devised in conjunction with MDT members and designed in a format accessible to all patients admitted to the unit.

2019 saw SLT's ongoing active contributions to a number of working groups throughout the Hospital including the Nutritional Steering Group and The RHD End of Life Working Group. SLT continued to facilitate Schwartz Rounds and were founding members of the The RHD HSCP Research Group.

SLT continue to implement regular audits of meals and fluids presented to patients and residents with feeding, eating, drinking and swallowing difficulties to ensure that those provided are of the correct consistency and consequently reducing possible clinical risk. Overall, marked improvements were noted across this area. The latter half of 2019 also saw the SLT department play a key role in the implementation of the International Dysphagia Diet Standardisation Initiative (IDDSI) throughout the Hospital.

As a department we strive to ensure accurate documentation. This continues to be a key focus with further audits planned for 2020.

Marie Haughey and Claire Gavaghan
Senior Speech and Language Therapists

Psychology

There is a Senior Clinical Psychologist employed 2.5 days per week at The Royal Hospital Donnybrook. 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 Occupational Therapy (OT) and Speech and Language Therapy (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 behaviours that challenge or incident reviews as required.

The present psychologist keeps abreast of new developments in the field of neuro-psychology by attending conferences and engaging in external supervision.

Throughout the year the psychologist contributed to the Stroke Education Sessions and ran Mindfulness and Stress Management classes with O.T. The psychologist was also an active member of the new Hospital Health and Wellness Group. This included being a team leader in the Steps to Wellness Challenge and holding lunchtime mindful meditation sessions for staff.

Dr Anya Murphy
Senior Clinical Psychologist

Podiatry

Podiatry is a healthcare profession that is involved with the diagnosis and treatment of diseases and disorders of the lower limb and foot. In The Royal Hospital Donnybrook, Podiatry aims at achieving the following goals:

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

Podiatry provides foot care in the following ways: advice and education, removal of corns and 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. Podiatry plays a significant role in preventing minor lesions progressing to more serious systemic conditions, promoting and maintaining mobility, providing comfort - all greatly enhancing the patient's quality of life in the Hospital.

Brid Waldron
Podiatrist

Nutrition & Dietetics

Our vision for the Dietetic Department is that : “All patients in The Royal Hospital Donnybrook (RHD) enjoy the life-enhancing benefits of good nutrition, in health and in disease”.

The Dietetic Department always aims to establish and encourage good nutritional practice and standards, as an integral part of the health care provided to all our patients, thus leading to improved functional status, prevention of nutrition related complications and the promotion of rehabilitation benefits. We use our knowledge of food, nutrition, and science to promote health, prevent disease and aid in the management of all illnesses. We assess the nutritional status of patients, calculate individual nutritional requirements, design a plan of care to meet these nutritional requirements and educate patients, healthcare professionals, and families on therapeutic and health promoting diets and/or nutritional support. We strive to use evidence-based practice and clinical guidelines to develop effective therapies and new treatments. We further aim to collaboratively work with the catering department to ensure appropriate patient menus. We also work closely with all members of the multidisciplinary team to provide optimum patient care and ensure nutrition is included as a priority in patient care.

At present, the Dietetic Department provides an inpatient service only. There is a wide range of co-morbidities, which require dietetic intervention in addition to the primary reason for admission. Referrals are prioritised based on clinical need and seen in chronological order. In 2019 we saw 168 new referrals from across all inpatient services. The key highlights and developments this year included:

- All staff became FODMAP (Fermentable Oligo, Di, Mono-saccharides and Polyols) trained Dietitians from Monash University Australia. The low FODMAP diet has been designed to help reduce the gastrointestinal symptoms present in people with irritable bowel syndrome (IBS). A FODMAP trained Dietitian can help you successfully identify problematic FODMAP groups, and other food triggers that contribute to IBS symptoms, overall improving the management of people with IBS here in the hospital.

- A Dietetic hip fracture pathway was developed in 2019 so that all patients admitted to The RHD who had a hip fracture will receive appropriate nutritional intervention in line with the ESPEN guidelines on Nutrition and Hydration in Geriatrics 2018. This pathway is enabling us to improve the access of dietetic intervention to all hip fracture patients.
- We led in designing 4 diet sheets in line with the International Dysphagia Diet Standardisation initiative for modified diets i.e. level 4 (pureed), level 5 (minced moist), level 6 (soft and bite sized) and level 7 (regular easy to chew). These diet sheets are available for use in the Hospital and nationally via the Older Persons and Dementia special interest group of the Irish Nutrition and Dietetic Institute (INDI).
- Audits on aspects of food provision helped improve food quality and choice of food for patients and residents.
- We continue to provide student placements for the Masters in Clinical Nutrition and Dietetics course from University College Dublin.
- We further have embedded a new local supervision and CPD Standard Operation Policy, which creates a Supervision, Personal development plan and CPD structure, thus promoting compliance with CORU Dietitians Registration Board Code of Professional Conduct and Ethics.
- We continue to have a proactive role in the Hospital Nutrition Steering group where we aim to promote good nutrition and health to all patients and residents.

We look forward to the challenges of 2020 and to continuing to support our patients, residents and colleagues throughout the year ahead. As a Department we look forward to developing the Nutrition and Dietetic service further in The RHD, in order to improve patient care. We would like to take this opportunity to thank all our colleagues, the board and hospital management team for all their commitment and help this year.

Zoe McDonald
Senior Dietician

Elaine Ross
Designated Line Manager for Nutrition & Dietetics

Medical Social Work

The Medical Social Work (MSW) department provides, where required, psychosocial and practical support to patients/residents and their families during their stay. This can include emotional support regarding life changes/events, thinking about/planning for the future, assistance accessing services, advice on entitlements, addressing concerns about an individual's welfare or safety. Central to our philosophy is to uphold the rights of each individual and to aim to maximise his/her potential for independence and self-determination.

During 2019 the MSW team returned to our full complement of posts. We no longer required a central referral system, allowing each team member to focus primarily on their designated areas within the Hospital. The ongoing exceptions to this are the Day Hospital and residential areas. As we have no designated MSW cover for these areas, service is provided through a central referral system.

In addition to casework with individual patients and residents, MSW team members have been involved in many additional initiatives during 2019 including

- Coordination and facilitation of Schwartz rounds.
- Coordination of the Citizens Advice Service. This service, introduced by a member of the MSW team in 2018, continues to provide a valuable service to patients, residents, family members and staff.
- Patient education sessions in Stroke and MS Neurorehabilitation
- End of Life Care. The End of Life Care committee is chaired by a MSW team member. She also, along with other committee members, facilitates CEOL reviews following the death of a resident/patient. A CEOL (compassionate end of life) review allows staff to remember the person who has died, reflect on the care they provided and identify any areas for change. These issues can be fed back to the Committee to be addressed.
- Establishing a Designated Officer (DO) Group. This group consists of all Safeguarding Designated Officers in the hospital. The purpose of the DO Group is to provide a support and review structure to ensure that the national and hospital policy and process for safeguarding are adhered to. This group meets monthly and is currently chaired

by the Principal Medical Social Worker (PMSW). The Designated Officer Group reports to the hospital Safeguarding Steering Group at quarterly meetings.

- Re-establishment of the Safeguarding Steering Group. This group, chaired by the PMSW, provides strategic oversight for all aspects of safeguarding work across the organisation and ensures policies and procedures are up to date and effective in protecting patients/residents.
- MSW student placements. We were delighted to facilitate student placements from UCD and TCD and received very positive feedback from these students.
- Person Centred Communication training developed and delivered by PMSW. 80 staff have participated to date. Feedback from participants has been very positive.
- Facilitation of the Residents Council which meets on a quarterly basis. The structure and effectiveness of the Council was discussed and it was agreed to review this in 2020 to enhance inclusivity, increase impact at unit level and input into the hospital governance structure.
- Delivery of information sessions for Medical Students
- Continuous professional development.

The Medical Social Work team looks forward to continued contribution to excellence in care in the Hospital in 2020.

Aoife O'Neill
Principal Medical Social Worker

Patient Feedback

What our patients/residents say...

"The experience and good humour of the team sustains a feeling of pleasantness in staff/patient interactions."

"The kindness of the people are good - I couldn't give enough praise."

"When you're at home and you have to come back to hospital it's a pain - but it's not a pain to come back here!"

"Very homely and happy place."

"My hospital care has been mostly positive & professional."

"All the staff have been very helpful & caring during my stay."

"Very homely and friendly."

"My care is excellent. I am very impressed with hand hygiene with all the staff. They are very careful about patient safety."

"In my opinion the care we receive is Gold star, second to none."

What we can improve....

"If it were possible I would like a single room for privacy"

"Most certainly meal times are too close resulting in loss of appetite and no interest in food."

"The outdoor space, especially in the spring / summer is good for relaxation, sense of space and to see changing seasons. In the winter it is sometimes difficult to find space to chat with relatives / friends. Perhaps more seating in "nooks" on the ground and first floors would be of benefit."

Summary

Financial Information

Year ended 31 December 2019

The full set of audited accounts, with accompanying notes and the Independent Auditors' Report, will be available after the AGM on the hospital's website **www.rhd.ie** or by phoning the Corporate & Patient Services Office at (01) 406 6629. Hard copies will be available at the hospital's AGM.



Profit & Loss Account

For the Financial Year ended 31 December 2019

	2019	2018
	€	€
Income		
Charitable activities	22,854,231	22,020,072
Voluntary Income	616,112	59,336
Total income and endowments	<u>23,470,343</u>	<u>22,079,408</u>
Expenditure		
Charitable activities	22,786,544	22,040,762
Other expenditure	143,355	15,169
Total Expenditure	<u>22,929,899</u>	<u>22,055,931</u>
Net income for the year	<u>540,444</u>	<u>23,477</u>

On behalf of the Board of Management

Brendan Pigott

Conor O'Connor

Balance Sheet

As at 31 December 2019


	2019	2018
	€	€
Current assets		
Allocations due - Revenue	1,936,818	1,710,940
Receivables and prepayments	297,598	365,685
Cash and cash equivalents - Patient Funds	382,403	481,201
- Hospital Funds	1,046,332	478,147
	<u>3,663,151</u>	<u>3,035,973</u>
Creditors falling due within one year		
Payables and accrued expenses	(2,459,176)	(2,273,644)
Patient Funds	(382,403)	(481,201)
	<u>(2,841,579)</u>	<u>(2,754,845)</u>
Net current assets	821,572	281,128
Creditors falling due after one year	-	-
Total net assets	<u>821,572</u>	<u>281,128</u>
Capital and reserves		
Unrestricted funds	698,486	225,729
Restricted funds	123,086	55,399
	<u>821,572</u>	<u>281,128</u>

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. Blackrock College
 2. Catholic University School
 3. Dominican College Sion Hill
 4. Firhouse Community College
 5. Gonzaga College
 6. Gaelcholaiste Na Mara, Arklow, Co. Wicklow
 7. Gorey Community College
 8. Holy Child Killiney
 9. Mount Anville Secondary School
 10. Muckross Park College
 11. Blackrock College
 12. Le Chéile
 13. Loreto College Beaufort
 14. Loreto College Foxrock
 15. Loreto Abbey Dalkey
 16. Colaíste Isoagain
 17. St Andrews College
 18. St. Dominic's College Cabra
 19. Alexandra College
 20. Our Lady of Mercy College Beaumont
 21. Ballinteer Community School
 22. Newpark comprehensive school
 23. St. Louis High School
 24. St Mary's College
 25. St. Conleth's College
 26. St. Andrew's College
 27. St Joseph's College Lucan
 28. St Killians German School
 29. The Institute of Education Dublin
 30. Rosemount Secondary School Dublin
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Ms. Laine Blayney	Mr. Frank Cunneen	Mr. Jim Gahan
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Mr. Frank Buckley	Mr. John de Vere White	Ms. Catherine Gibson Brabazon
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Mr. David Carrigy	Mr. Derek England	Mr. Alan Gough
Mr. Harry Carroll	Mr. Rodney Evans	Mr. Hugh Governey
Mr. J. D. Carroll	Mr. Patrick Ewen	Miss D. Graham
Mr. John Carroll	Ms. Alison Fanagan	
Dr. Marguerite Carter		

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Mr. Michael G. O'Connor
Mr. Conor O'Connor
Mr. Tom O'Connor
Judge John O'Connor
Mrs. Susan O'Connor
Mr. John O'Donnell
Dr. Annemarie O'Dwyer
Mr. Marc O'Dwyer
Dr. Alan O'Grady
Dr. Ann O'Grady-Walsh
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Mr. Desmond O'Halloran
Ms. Maire O'Higgins
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