

RHD

THE ROYAL HOSPITAL DONNYBROOK



2021

ANNUAL REPORT AND ACCOUNTS



Uachtarán na hÉireann
PRESIDENT OF IRELAND

MESSAGE FROM PRESIDENT MICHAEL D. HIGGINS

May I say how delighted I am to acknowledge the exceptional work undertaken by the staff of the Royal Hospital Donnybrook throughout the Coronavirus pandemic.

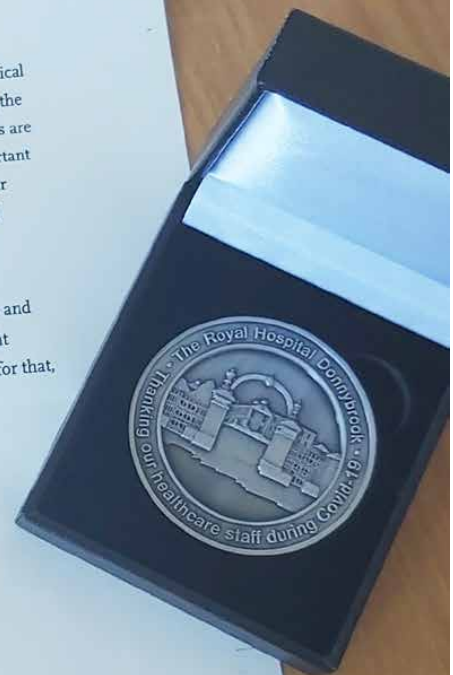
Recent months have brought into sharp focus the vital contribution that our hospital staff make to our society. As a nation facing, together, the challenge of the pandemic we have been so greatly inspired by the remarkable courage, compassion and generosity of all of those who work in our health services.

All of you have embodied the professionalism, courage and dedication which has been so critical to our society in our battle against Covid 19. Whether caring directly for patients, overseeing the day to day operation of the hospital, liaising with anxious family members, ensuring all areas are kept clean to avoid the spread of infection, providing meals for patients, being that all important first point of contact when they arrive at the hospital, or in so many other ways offering your skills and expertise throughout this difficult time you are so deserving of our gratitude and appreciation.

I am delighted therefore, to have the opportunity to express that gratitude directly to each and every one of you. Your commitment, empathy and generosity has provided a shining light throughout a dark and difficult time for our nation. As President of Ireland I thank you for that, and for your continued spirit of solidarity as we journey towards a better future.

Go raibh míle maith agaibh go léir.

Michael D. Higgins
Uachtarán na hÉireann
President of Ireland



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STRUCTURES AND COMMITTEES

Board of Management

Brendan Pigott, Chairman
Conor O'Connor, Vice Chair
Colm Moloney Hon. Treasurer (appointed November 2021)
Caroline O'Shea
Tom Hayes
Cllr. Dermot Lacey (nominated by Dublin City Council)
Cllr. Paddy McCartan (nominated by Dublin City Council)
Dorothy MacCann
David Gunning
Michele McCormack
David Robinson
Oisin Quinn
Ruth Deasy
Alan Gough
Deirdre-Ann Barr

Audit Committee 2021

Alan Gough, Chairman
Conor O'Connor (resigned November 2021)
Eugene Hillery
Orla Murphy
Paul Davis (appointed October 2021)
Colm Moloney (appointed November 2021)

Nominations & Governance Committee 2021

Brendan Pigott, Chairman
Caroline O'Shea
Conor O'Connor
Frank Kennedy
Dorothy MacCann

Remuneration Committee 2021

Brendan Pigott, Chairman
Caroline O'Shea
Conor O'Connor
Colm Moloney (appointed November 2021)

Executive Committee 2021

Brendan Pigott, Chairman
Caroline O'Shea
Conor O'Connor
Tom Hayes
David Gunning
Colm Moloney (appointed November 2021)

Clinical Governance Committee 2021

Deirdre-Ann Barr, Chair
Dr. Lisa Cogan
Dr. Morgan Crowe
Dr. Tim Cassidy
Dr. Paul Carroll
Dr. Donald McShane
Dr. Nichola Boyle
Michele McCormack
Rev. Sonia Gyles
Conor Leonard
Dr. David Robinson
John Lavelle

Estates Committee 2021

Caroline O'Shea, Chair
David Gunning
Conor Leonard
Ghaleb El Farouki (appointed April 2021)

HOSPITAL MANAGEMENT TEAM 2021

Conor Leonard CEO

Lisa Cogan Medical Director

John Lavelle Director of Nursing (appointed March 2021)

Kieran Farrell Head of Finance

Jo Cannon Occupational Therapy Manager

Sharon Lawlor Human Resources Manager

Elaine Ross Physiotherapy Manager

Aoife O'Neill Principal Social Worker

Rosanne Staveley Speech and Language Therapist Manager

Ghaleb El Farouki Development Lead (appointed March 2021)

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

Dr. Diarmuid O'Shea

CONSULTANT PHYSICIAN IN STROKE MEDICINE

Dr. Tim Cassidy

The Royal Hospital Donnybrook is a registered charity

Charities Regulatory Number: 20001605

Revenue Charity Number CHY 982

The Hospital's Annual General Meeting will be held on Thursday 26th May 2022 at 5.30pm in The Royal Hospital Donnybrook Concert Hall, public health requirements permitting. If necessary, the AGM will be held virtually.

CHAIRMAN'S STATEMENT

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

Critical to our operation is the provision of an open, communicative and transparent culture among our employees, together with strong leadership and teamwork, throughout the Hospital. Our team are daily challenged to perform to the best of their ability, and at the crux of our efforts is a focus on everyone being treated fairly and respectfully during the course of their daily work. The Board is committed to enhancing competencies, and maximising individual potential, through continuous training, development, and support, to help our people remain focussed on delivering care with excellence.

The Hospital is continually developing best practices and systems to enhance the quality of life for every person in our care. We have developed our quality and governance systems and processes to ensure their safety, wellbeing, and enjoyment. We continue to recognise the extraordinary work that Hospital Staff carry out on a daily basis and we commend in particular, the commitment and exceptional dedication that was shown during the year as 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 were a number of changes to the Hospital Board and Committees during the last year. Due to business commitments Caroline O'Shea vacated the role of Vice Chair and was replaced by Conor O'Connor who, in turn, was replaced by Colm Moloney who joined the Board as Honorary Treasurer in November 2021. Mr Moloney, who retired from the Hospital in 2020, was previously Financial Controller and acted as Interim CEO from December 2017 to July 2018. We welcome Colm to the Board and know that his extensive experience in dealing with stakeholders will be greatly appreciated. The Audit Committee was strengthened by the appointment of Paul Davis to the team.

There have also been a number of changes to the Management Team over the last year. As reported in last year's report the Hospital's Director of Nursing, Evonne Healy, decided to return to Tallaght University Hospital and was replaced by John Lavelle who was Assistant Director of Nursing at Our Lady's Hospice & Care Services Harold's Cross.

Although there have been a number of changes on the Hospital Management Team, 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 exceptional efforts by the Team during this pandemic.

I would like to mention the valuable work carried out by RHD Housing under the chairmanship of Derek Scally. Both bodies continue to work together for the development and implementation of a strategy to enhance services and facilities for respective users.

I would also like to commend the Friends of The Royal Hospital Donnybrook chaired by Oisín Quinn. During the year the Friends provided sponsorship for a Marquee and the Covid-19 Visiting Coordinator which enabled compassionate and critical visits to residents; for these supports the Hospital is extremely grateful.

As stated in previous years both organisations are deeply committed to the care of residents and patients and I wish to thank both organisations for their unstinting work.

2021 continued to be challenging from a funding perspective both in terms of operational expenditure and capital projects in particular the additional expenditure required to meet the

Covid-19 standards. During 2020 the HSE provided a capital grant of €1.6m that enabled key Fire Safety issues to be addressed and enabled the Hospital to meet HIQA and Dublin Fire Brigade standards. The related work was completed in May 2021.

As reported in previous years the Hospital has a long strategic aim of having an integrated Primary Care Centre (PCC) on the Campus which would complement our in-patient services. In July 2020, an agreement was signed with private developers to provide land for the construction of a PCC, subject to certain conditions, including successful planning permission. Planning permission was applied for by the developer in 2021 and at the time of writing this report the Hospital is awaiting on An Bord Pleanála to issue its decision. Should permission be granted it is anticipated that construction will commence on the site in the latter half of 2022.

During the year the Hospital had a number of visits from HIQA inspectors and the Board of Management continues to engage with the Health Services Executive to secure funding for capital projects and to ensure an adequate long-term allocation of operational funding for the hospital.

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, other longer-term projects remain on hold pending funding. Our focus, however, needs to ensure that we continue to meet the healthcare needs for the 21st century, in addition to immediate challenges. We will continue 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

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 13 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. All Board and Committee Members sign an annual Conflict of Interests letter and must declare any conflict of interest or loyalty at the commencement of any meeting.

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 2021 is shown in the chart hereunder.



Board Members' Attendance

For period 01/01/21 to 31/12/21

	BRENDAN PIGOTT	CAROLINE O'SHEA	CONOR O'CONNOR	DOROTHY MACCANN	TOM HAYES	MICHELE MCCORMACK	OISIN QUINN	CLLR. PADDY MC CARTAN	RUTH DEASY	CLLR. DERMOT LACEY	ALAN GOUGH	DAVID GUNNING	DAVID ROBINSON	DEIRDRE-ANN BARR	COLM MOLONEY
BOARD OF MANAGEMENT															
25/02/2021	P	P	P	P	x	P	P	P	P	P	P	P	x	P	
29/04/2021	P	P	P	P	P	x	P	P	P	P	P	P	x	P	
24/06/2021	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
30/09/2021	P	P	P	P	P	P	x	P	P	P	P	P	x	P	
25/11/2021	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
EXECUTIVE COMMITTEE															
28/01/2021	P	P	P		P							P			
25/03/2021	P	P	P		x							P			
27/05/2021	P	P	P		x							P			
28/10/2021	P	P	P		x							P			
15/12/2021	P	P	P		x							P			P
AUDIT COMMITTEE															
19/01/2021			P								P				
20/04/2021			P								P				
26/10/2021			P								P				
NOMINATIONS & GOVERNANCE COMMITTEE															
03/02/2021	P	P	P	P											
07/04/2021	P	P	P	x											
26/10/2021	P	P	P	P											
REMUNERATION COMMITTEE															
25/02/2021	P	P	P												
CLINICAL GOVERNANCE COMMITTEE															
11/03/2021						P							P	P	
17/06/2021						P							P	P	
16/09/2021						x							P	P	
09/12/2021						x							P	P	
STRATEGIC ESTATES COMMITTEE															
05/02/2021		P										P			
16/04/2021		P										P			
21/04/2021		P										P			
11/06/2021		P										P			
21/09/2021		P										P			
08/10/2021		P										P			

Member does not sit on this committee

GOVERNANCE / continued

An externally facilitated evaluation of the Board of Management and Board Committees was undertaken in 2021. Recommendations arising from this review 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
 - 4.5 SIPO Obligations
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 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 Arrangement (SLA) – Introduction
- 7.2 SA 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 2021 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

What a year. It started with an outbreak of Covid-19 in one rehabilitation area, which spread quickly to four wards, including two residential units. Nearly 40% of patients/residents and over 100 staff and contractors subsequently became infected. Staffing became very stretched and contingency plans were activated, resulting in '9 to 5' staff helping on the wards. Medical and physiotherapy services were actively extended over a seven-day basis and additional weekly deliveries of Oxygen were required, as we aimed to care for as many patients and residents without transferring them to acute hospital.

We are immensely grateful that we were prioritised by the HSE for the first round of vaccinations in the early days of January. That provided a tremendous boost to morale, albeit those infected had to wait until a later date.

When the outbreak was finally over in March, we had lost five patients and residents due to Covid-19. That was one more death that we had in the same period the year before, prior to the pandemic arriving in Ireland. All during that outbreak, just one single patient was transferred back to an acute hospital. Many of those who were impacted by Covid were left frailer and weaker than before, but over time, they made the best recovery possible through the care and attention that the hospital could provide.

That such an outcome was achieved, with all the limitations of our old building and its multi-occupancy wards, is an absolute testament to the care that The Royal Hospital Donnybrook provides. Key contributors were the high-quality nursing care, backed by on-site availability of consultant-led medical teams, supported by seven-day respiratory care from chartered physiotherapists, with the continuous support of other health professionals

on-site and essential input from St. Vincent's University Hospital. When this period of history is reviewed, the service that this hospital provided will stand as an exemplar of the type of care that should be available to the frailest, most vulnerable members of our society.

I would particularly like to pay tribute to the incredible work and dedication of staff in outbreak areas, many of whom had to work in Personal Protective Equipment (PPE) day in, day out. I would like to thank departmental managers for their leadership. I thank the extensive number of staff who took on new and unexpected roles, such as serial testers for Covid-19 testing of colleagues, or our invaluable 'Covid tracking' team, who performed 'contact tracing' and monitored constantly changing guidelines, to ensure colleagues returned to work as early as possible. In particular, I would like to acknowledge the leadership of Jo Cannon (OT manager), Sharon Lawlor (HR Manager) and Nora Hynes (RN) in taking on these additional roles. It was a very stressful time for everyone. I can say without hesitation that the dedication and care demonstrated by staff during that time was truly humbling.

The vast majority of staff who contracted Covid-19 recovered quickly, but there remain a very small number who are now suffering from long covid. We wish them all a speedy recovery.

Covid continued to be a challenge throughout the year, but thankfully there were no further outbreaks, albeit admissions in some services were severely restricted. Essential fire safety works continued and were completed in May. We are delighted that these significant safety risks have now been addressed and we thank the HSE for the financial support.

As always, there were personnel changes. I would like to warmly welcome our new Director of Nursing, Mr. John Lavelle, who joined us in March. John outlines many other changes in his department in his report. Together, these represent a very significant 'change of the guard' at the Hospital. I wish all those concerned every success in their new roles.

Another key challenge was the restrictions on admissions imposed by HIQA, the residential care regulator. They suspended all admissions until we improved two of the 10 multi-occupancy rooms. These had to both be vacated during works, further reducing resident numbers. HIQA complemented us on the outcome but, whilst allowing admissions, decided not to restore resident numbers to previous levels, until the remaining 8 rooms are improved. We are now permitted 50 residents, down from 66 just two years ago. This presents the Hospital with significant financial challenges. While it is hoped to restore bed numbers by 2023 with HSE support, the coming year will be extremely challenging as a result.

Thankfully the hospital escaped the cyberattack that crippled many national services, but a subsequent review of our own systems highlighted vulnerabilities which must be addressed. Foremost amongst these is a replacement phone system, which is due for delivery in 2022. Once installed, the old, vulnerable phone software will be eliminated.

Work continued on our strategic plan. The Board remotely reviewed the overall strategy in November and reaffirmed their commitment to creating an entirely public, Integrated Care Campus on the RHD site, comprising rehabilitation, primary care, supported housing and residential care (subject to an appropriate environment and funding). The entirely voluntary work of the Board and its sub-committees in maintaining the ethos of the

Hospital and in steering us to a new future is greatly appreciated.

As ever, the Friends made a huge contribution, foremost being the provision of a new accessible bus for patient and resident transport. They also agreed to support a trial music therapy project and created 'Friends Scholars', a scholarship fund for staff undertaking post-graduate education with research relevant to RHD services. That will be hugely important in attracting and retaining key staff. I would like to extend our sincere thanks for their ongoing support.

Conor Leonard
CEO



MEDICAL DIRECTOR'S REPORT

It gives me great pleasure to provide you with my report for 2021. 2021 was an extraordinary year in all our lives and especially in The Royal Hospital Donnybrook. On 4th January we had our first positive Covid case in a patient who had been transferred to our SPARC Unit, from St Vincent's for orthopaedic rehabilitation. She developed severe respiratory symptoms deteriorated and died within days. There were eight further positives on the unit some of whom became very sick but thankfully all recovered. The outbreak spread within the Hospital. In total, we had five Covid related deaths. Their End of Life Care was managed compassionately here with anticipatory prescribing of medications. Family were supported in the use of PPE to visit their loved ones, in all cases.

Covid brought many changes to how we delivered healthcare in The Royal in 2021. In an effort to protect each other we moved to virtual meetings where possible. During our outbreak in January, medical staff drew up treatment protocols for management of COVID patients. This was in consultation with our Infectious Disease colleagues in St Vincent's who advised us on clinical management as well as infection control practices during our outbreak. St Vincent's laboratory facilitated us with rapid turnaround PCR testing of patients and residents. In collaboration with our physiotherapy colleagues a respiratory Covid protocol was introduced. Hospital wide there was a fantastic response from our staff to support each other. Our Allied Health colleagues stepped in to assist with the care of residents and patients in wards that were short of nursing and care staff. Thankfully in the second week in January 2021 all eligible residents and patients received their first Pfizer vaccination. This was a joyous occasion.

Admissions to our Rehabilitation Services were seriously restricted in 2021. Following our outbreak in January we reopened our SPARC, General Rehabilitation Rehab and Stroke services in May. All new patients were isolated in a single room and had a repeat PCR test before moving out to a ward area. The flow of patients admitted was limited by our very low number of single rooms. Our valuable Day Hospital Services also reopened in May. In September, given the low numbers of Covid cases in St Vincent's and high vaccination rates, we were able to recommence direct admissions with no isolation period. The profile of patients who are being referred and accepted to our Rehabilitation services are frailer. They have been in the acute hospital longer and are needing prolonged and intense rehabilitation. A wait for necessary home support services (due to lack of community staff) can delay their discharge from The Royal Hospital Donnybrook.



In spite of all the challenges that Covid presented in 2021 a number of clinical initiatives were progressed. A mobile on-site X Ray service for frailer patients was introduced and we continue to work closely with (OPRAH) Older Person Rapid Assessment Hub in St Vincent's. This provides access to urgent specialist opinion and investigations avoiding hospitalisation for many

of our patients and residents. The appointment of a Rehabilitation Coordinator has been a great support in rebuilding our clinical activity.

Dr. Lisa Cogan
Medical Director

DIRECTOR OF NURSING REPORT

The role of the Director of Nursing is to provide leadership for our nursing staff and support staff and to support the implementation of the Hospital strategy. The role encompasses leading the nursing team and demonstrating compassion through effective relationships based on empathy, respect and dignity. Also key are driving the delivery of excellent clinical standards of care, maintaining a proactive culture, demonstrating clinical effectiveness and ensuring continuous quality improvement.

I would like to start with remembering our friend and colleague Daphne Iratagotia, Clinical Nurse Manager, who sadly passed away this year. Daphne holds a special place in the heart of all those in RHD and is sadly missed.

2021 has seen significant changes to the leadership of the Nursing Department. I commenced as the Director of Nursing in March. Marie Smith commenced as Assistant Director of Nursing (Rehabilitation Services) and Reshmi Kachappilly commenced as Assistant Director of Nursing (Residential and Day Services). This has brought about immense change into the running of the Nursing Department. It would be remiss of me to not mention my predecessors Patricia O'Reilly and Evonne Healy who have both moved on to pastures new since the last Annual Report. I wish to thank them for their support and dedication to the Nursing Department in RHD.

In light of the COVID-19 pandemic, a number of roles had to be reviewed and created in the hospital. The hospital appointed its first dedicated Infection Prevention and Control Nurse. This is a significant and substantial role in the hospital and has already contributed to the health and safety of patients, staff and residents. The Infection Prevention and Control (IPC) Nurse has introduced IPC link nurses

to each of the residential units. This is to improve standards in the units, to educate staff and to support teams on all matters IPC. It is planned to expand this quality improvement initiative to the residential units in 2022.

Secondly, the new role of Catering Supervisor was required to support, manage and improve all aspects of ward-level day-to-day catering. The role entails interacting between our catering contractor, the household staff on wards who serve meals and our patients and residents, to improve overall food delivery standards. The work of the current post holder has already been acknowledged by the Environmental Health Officer and HIQA Inspectors, both commenting on the improvements that have been achieved.

Acknowledging the importance of feedback to guide our services, a structured review of patient and resident feedback was undertaken. A number of surveys were being carried out in many areas and it was a difficult task to action so many across so many areas. Going forward, the rehabilitation services will undergo one survey in Q1 each year and residential services will undergo a survey in Q3 each year. This mechanism of feedback will underpin our continuous quality improvement. The residential service survey has just been completed and we

await the full report. Preliminary results appear to highlight the longstanding issues of environment and dissatisfaction with food.

Unfortunately, our care Volunteer Service was unable to recommence in 2021. This service is very much missed by the patients, residents and staff. In December a temporary Volunteer Coordinator was appointed and is due to commence in January 2022. The Volunteer Service is to be fully reconfigured with the aim of achieving the "Investing in Volunteers Quality Standard" from Volunteer Ireland. I wrote to all volunteers who had worked with us up to COVID, advising them of my plans for the Volunteer Service into the future and to ascertain if they were in a position to continue to work with us after such a long break period. Overall, there was a very positive response and I look forward to welcoming most of them back. I would like to take this opportunity to thank all the volunteers that are no longer in a position to continue with us, many of whom have given years of dedicated and caring service to the hospital. The Activity Department was also expanded in 2021 to cater for the increased demand on activities for residents in light of COVID. This has been a huge success and very much to the benefit of the residents.

Having been closed for a period of time, the Day Hospital reopened its doors in early summer 2021. The majority of day services across the health service had ceased during COVID. This essential service was very much missed and staff were very keen to have it reopen. A multidisciplinary team approach was taken and all disciplines worked closely together to reopen. This also provided an opportunity to review the day to day working of the service and to enhance the service going forward. Following the retirement of Maura Fitzgerald CNM1, the CNM2 post was reinstated in the Day Hospital after being absent for many years. I wish to thank Maura for her many years of dedicated service to the Day Hospital and wish her the very best in her retirement.

As RHD emerges from this pandemic we are settling into a new normal and striving to create an even better care experience for our patients and staff. I will finish with thanking everyone for their continued dedication and support and I look forward to the next chapter for RHD.

John Lavelle
Director of Nursing



INFECTION PREVENTION & CONTROL NURSING ANNUAL REPORT

Infections are one of the greatest threats to the health of patients, healthcare professionals and the general public. Infection Prevention and Control (IP&C) is a scientific strategy and a practical solution for preventing infection-related harm to patients and healthcare workers according to the World Health Organisation (WHO). It is vital to have effective infection prevention and control practice to underpin the delivery of safe, quality, and holistic care.

RHD's Infection Prevention and Control Nurse (IPCN) position was established in April 2021 and is a key part of the Multi-Disciplinary Team (MDT). The IPCN is committed to providing patient care in an environment that prioritises excellence, respect, compassion, and caring. The IPCN establishes and maintains positive working relationships with the goal of providing high-quality care, by engaging closely with the Quality, Risk and Nursing departments. It also helps to organize the hospital's infection and prevention control programme by collaborating closely with these departments to develop, execute, and maintain successful ways to identify, prevent, and control infections acquired in the hospital or brought in from the community. For example, residents/patients are educated on hand hygiene and the wearing of masks, especially during a pandemic. If a patient with Multi Drug Resistant Organisms (MDROs) is being discharged home, the IPCN meets with them and discuss the precautions they must take.

The IPCN also plays a role in providing appropriate information and other supporting interventions to patients, families, and/or caregivers in order to

improve their knowledge, skill, and confidence in managing their condition in terms of infection prevention.

As an IPCN at The Royal Hospital Donnybrook, I look forward to the challenges of 2022 as we strive to deliver infection-free service to all our patients, residents, staff, visitors and other stakeholders. We are keen to develop our IPC team even further to improve patient care and safety. I would like to take this opportunity to thank all my colleagues and the management team for their continued support.

Anumol Gopinathan
Infection Prevention & Control Nursing

SPARC

The Short term Post-Acute Rehabilitative Care (SPARC) unit provides inpatient rehabilitation for patients over 65 years, with the aim of regaining optimal functional level of independence. The service is provided in 42 beds across two wards and 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.

St. Vincent's University Hospital (SVUH) is the primary source of referrals. The newly appointed Rehab Co-ordinator role in July has improved existing care pathways, triaging patients from various SVUH services including EDITH (Emergency Department In The Home), OPRAH (Older Persons Rapid Assessment Hub - ED), Caritas Unit (Transitional Care), Day Hospital, In-patient wards & out-patients, including their Bone & Joint Clinic. As a result, the patient is being transferred in a timely manner and essential handover and communication processes have improved.

Changes in work practices, such as the constant donning and doffing of essential Personal Protective Equipment (PPE), continuously wearing masks and ensuring a two-meter distance with colleagues, even at break times, did not stop the staff from providing the best care possible to patients. Ongoing education and support from newly appointed Infection Control Nurse helped staff to tackle day-to-day challenges. Despite the challenges the team strived to continuously provide the best care possible. Maintaining a safe nursing-patient ratio is crucial and unfortunately staffing shortages has resulted in fewer beds being used. This reduction was offset by an increased focus on service coordination and reduced length of stay.

Several initiatives which focus on patient's functional and mental improvement were introduced by the MDT health and social care professionals including:

Ready Steady Home	Practice of practical tasks for being at home e.g. shopping in a supermarket
Early Risers	Ward-based exercise programme to start the day
Ward Walk Group	Peer supported indoor walking challenge
Fit2Function	Bending, stretching, reaching through day to day activities like cooking
Balance Class	Reducing the risks of falls
Cognition Corner	Exercise resources for the mind available at ward level

The collective work of the MDT in recognising patient's individual needs is fundamental, particularly timely, comprehensive discharge planning. That enables the vast majority of patients to achieve their desired goal: to get back home.

We could not be more grateful for the commitment and dedication of the whole multidisciplinary team: consultant, medical doctors, nurses, physiotherapists, occupational therapists, medical social workers and healthcare assistants for their dedicated work. We would also like to extend our sincerest thank-you to our cleaning staff and catering staff and indeed all those who do not directly provide the care for our patients, but whose contribution is equally important.

Rodel Rodriguez (Clinical Nurse Manager 2)
Marie Smith (Assistant Director of Nursing)

GENERAL REHABILITATION

The General Rehabilitation Unit is a 30 bed unit and it provides services to adults 65 years of age and above with complex needs who require a period of rehabilitation. The aim is to help patients achieve their maximum potential in physical, social and psychological aspects of their wellbeing.

The primary source of referrals for admission is St. Vincent University Hospital. Patients are referred from different services such as EDITH (frailty outreach care ED in the home), OPRAH (Older Persons Rapid Assessment Hub - ED), SVUH Caritas Unit (Transitional Care), SVUH Caritas Day Hospital, SVUH inpatients ward & Outpatients, including Bone & Joint Clinic. The unit also provides short-term admissions for a rehabilitation boost and for respite admissions of patients attending our Day Hospital. Respite is a vital community service that facilitates breaks for the main family carer.

The service is delivered by a multidisciplinary team of medical staff, nursing, physiotherapy, occupational therapy, social work, speech and language therapy, dietetics and psychology. Once patients are assessed by the MDT (multidisciplinary team), person-centred care plans and treatment is developed with involvement of patients. Furthermore, a comprehensive discharge plan is developed through a process of exploring options for the patient's care post-discharge. This may include support from family members, HSE and other healthcare providers and voluntary services/agencies where appropriate.

In 2021 multidisciplinary team continued to maintain the highest standard of care.

Key activities included:

- Education sessions: ward-based education for nursing and caring staff in relation to Infection prevention and control, Hand hygiene, management of Oxygen therapy, FEDS

knowledge and skills (Feeding, Eating, Drinking & Swallowing)

- Audits such as documentation audit, seating audit and manual handling audit were undertaken, results were noted and recommendations were implemented.
- Cognition Weekly Quiz: Several brain games were made available for the patients which challenged their cognitive abilities
- Ward Walk Group provided jointly by physiotherapy and occupational therapy
- Physiotherapy department provided a weekend chest physio service for patients with respiratory symptoms.

The General Rehabilitation Unit would like to take the opportunity to thank to all staff members for their commitment and dedication in striving to provide the best care for our patients.

As we move forward to Year 2022, General rehabilitation service will continue to make an effort in improving the ability to embrace challenges and new developments, while responding to the changing needs of our patients.

Mary Mae Salomon (Clinical Nurse Manager 2)
Marie Smith (Assistant Director of Nursing)

SPECIALIST STROKE REHABILITATION

Stroke rehabilitation helps an individual to relearn skills that are suddenly lost when part of their brain is damaged. The service in RHD has 18 beds and provides rehabilitation for patients aged 18 and over, who are medically stable and fit for discharge from an acute hospital. St Vincent's University Hospital and Mater Misericordia University Hospital are the main referring hospitals.



The key goal is to optimise the rehabilitation potential with the aim of increasing the chance of flawless transition from rehabilitation to the home environment. Equally important is protecting the individual from developing a new medical problem, such as pneumonia, infections or injury due to falls.

Dr Tim Cassidy leads a team of medical, nursing, physiotherapy, occupational therapy, social worker, dietetic, speech and language therapists and clinical psychology staff. The service makes every effort to provide individualised, patient-centred care.

Development of a new "Arm Gym" has had a very good impact on the patient's rehabilitation programme. The team established a Goal-setting group, a stroke database team and Stroke

handbook group. These working groups are meeting regularly to develop these.

There was a brilliant level of participation at national and international fora including presentation by staff members on their work in RHD. Staff and the patients virtually attended the "World Stroke Week", organised by the Irish Heart Foundation. This was very effective and supportive to the stroke survivors.

We are also introducing a "Plain English" project to the stroke service, to enhance communication between staff, patients and families.

Beena Saju
Clinical Nurse Manager 2

SPECIALIST NEUROREHABILITATION

The specialist neurological rehabilitation service led by Rehabilitation Consultant Dr Paul Carroll, aims to provide the skills, function and confidence to live life as independently as possible for people under 65 years, following a traumatic brain injury, stroke, multiple sclerosis and other complex neurological conditions.

During this last year, the multidisciplinary team had to adapt and refocus the service, as appropriate referrals from the acute hospitals were reduced and admissions from the community continued to be suspended due to Covid-19. Referrals were triaged and where possible we provided an outreach service. Our aim was to reach those in the community who were unable to access hospital services but who required specialist input to maintain their independence at home. The team delivered advice, exercise programmes and education via telehealth. Under public health guidelines, we piloted an interdisciplinary outpatient clinic and continued to see some patients in our spasticity clinic.

The team had time during the year to identify the service challenges and potential opportunities to implement change. We set up a weekly huddle to ensure improved communication, and have

agreed to a rotating co-ordinator role, who will act as a link between the referring hospital and the MDT. We look forward to collaborating with newly established connections in both the acute and rehabilitation hospitals in the CH06 area.

In line with the national clinical programme for rehabilitation and neurology this service continued to participate in the national pilot of the Managed Clinical Rehab Network. Though the events of the last two years have slowed progression with this project, we are committed to working closely with our colleagues in similar rehabilitation settings, to effectively reduce the length of time in accessing appropriate rehabilitation.

Elaine Foley
Clinical Nurse Manager 2



DAY HOSPITAL

Consultants

Dr Lisa Cogan, Dr Morgan Crowe, Dr Graham Hughes, Dr Tim Cassidy, Dr JJ Barry.

The Day hospital usually operates Monday to Friday, providing multidisciplinary care to older adults requiring rehabilitation to improve their physical, cognitive and/or social function. It aims to prevent admissions or readmissions to acute hospital through early intervention and it supports patients recently discharged from RHD and SVUH. We try to empower older adults to continue to live successfully and safely in their homes and to provide a responsive rehabilitation service, in partnership with SVUH, when issues arise in the community

All community day services were suspended during Covid-19, due to the emphasis on protecting older persons by having them cocoon at home. During this time, priority patients were offered a limited service in their own home, which was very valuable.

When we were eventually able to start reopening, the opportunity was taken to refocus the service, to maximise its effectiveness. Particular attention was paid to targeting those who would benefit most from the service available.

Performance Highlights in 2021

1. Waiting list reduced from 180 in May '21, to 30 in Dec '21
2. Patient duration of attendance (length of stay) reduced by 50% from pre-covid model
3. 40% reduction in 'Did Not Attend' rate
4. Addition of emergency rehabilitation pathway in partnership with SVUH, to avoid acute hospital attendance/admission
5. Group classes introduced for certain conditions e.g. Parkinson's Disease
6. Virtual nursing consultations held to facilitate independent community living of the patients after discharge from the service, to ensure continuity of care.

7. More Home visits undertaken.

Quality improvement projects ongoing in DH

1. Presented a Model of Comprehensive assessment for older person booklet
2. Team focus on Key Performance Indicators
3. Streamline referrals process, to reduce the long waiting list
4. Streamline admissions process, with more flexible admission.
5. Virtual Clinic for all 'Review' Cases,

Objectives/Clinical Priorities for 2022

- Rebuild services and re-design, with more dynamic models of care
- Expand the current community rehabilitation pathway using ICT, in partnership with key sources of referrals, such as SVUH orthopaedics
- Explore potential of continuing outreach services, in partnership with community services.

Anamica Pal
Clinical Nurse Manager 2

RESIDENTIAL CARE – DESIGNATED CENTRE

The designated centre provides care for a maximum of 50 residents in three units. Every effort is made to ensure that the physical, psycho-social, spiritual and cultural needs of residents are met. They are surrounded by a dedicated and compassionate team who are committed to provide person-centred service. The delivery of optimal holistic patient care is achieved through the co-ordination of a multi-disciplinary team directly led by our Medical Director. It is a fundamental principle that no single individual or discipline possesses the range of skills necessary to comprehensively meet and address the myriad of needs for those residents requiring care. Our policies and procedures are designed to ensure that the residents receive the highest standard of care.

Services are benchmarked against HIQA standards. Last year HIQA conducted two inspections. The design and layout of four-bedded rooms was lacking space, which compromised residents' privacy and dignity. Two rooms were fully refurbished to meet the required standards. Subject to HSE funding, the remaining 8 rooms will have similar upgrades in 2022.

The Resident Forum is a quarterly meeting organised by the Social Work team 'to have a say' in what matters to them. Annual surveys are conducted to assess satisfaction in relation to the areas of care, environment and social living. In August we also facilitated a Patient Advocacy Service team visit to interact with our residents and to introduce their free, independent and confidential advocacy services.

Our committed activity team enhances the care and social activities delivered in the centre, adding

to the quality of life. We encourage our residents and their friends and families to get involved as it gives them an opportunity to develop and maintain their relationships. Although events were limited in 2021, residents still managed to enjoy small inclusive ward events and celebrations such as lunch in the sunshine during summer months, Halloween and Christmas, with appropriate decorations, festive food and music.

All residents have access to Pastoral Care to meet their spiritual/ religious needs. Residents who are approaching the End of Life (EoL) receive high-quality care with the support of their family, friends and other people who are important to them. We have support from our colleagues in the Community Palliative Care teams if specialist services are needed.



COVID 19 Pandemic

As the Covid 19 pandemic entered its second year, our staff and residents were delighted to receive vaccines. Though we had to face an outbreak, we managed the situation as safely as possible. As we gradually came out from the lockdown phase, our residents and staff are now used to the 'new normal' such as face coverings, social distancing and virtual visiting.

Staff Learning and Development

The Hospital Management Team support a culture of continuous learning and provide ongoing education and training to all the staff. Our enthusiastic nursing team continually seek to improve the nursing practices and outcomes. Last year we introduced a few Quality Improvement Projects such as 'Link Nurses' Programme or the 'Pressure Ulcer to Zero Campaign' to empower and support our staff through meaningful training and development.

We look forward to continuing to deliver the best care for our residents to live their lives to the fullest, by providing a safe and comfortable living space at RHD.

Anne Dooley, Clinical Nurse Manager 2

Sheila Ballebar, Clinical Nurse Manager 2

Monika Wolff, Activity Coordinator

**Reshmi Kachappilly, Assistant Director of Nursing
(Person in Charge)**

OCCUPATIONAL THERAPY DEPARTMENT

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 2021

Arm Gym

This is a Quality Initiative aimed at increasing hours of upper limb (UL) rehabilitation in our stroke rehabilitation unit. It is a dedicated therapy area that contains three levels of upper limb activities for mild, moderate and severe dysfunction. This initiative was presented at the UK Stroke Forum in December 2021.

Ready Steady Home

Appropriate patients are taken out into the community to see how they can function safely mobilising outdoors, within shops or on public transport. Patient feedback has been exceptional and data collection is ongoing. We hope to present this project at a National Conference.

Fit2Function Group

Occupational Therapy and Physiotherapy group looking at transferring physical exercises such as squats, stretches and safe balance into everyday tasks such as being able to bend down/squat to put items into the oven. This project was presented by Physiotherapy at ISCP Conference 2021 and will also be presented by Occupational Therapy at the National OT Conference.

Practice Education in association with Trinity College Dublin

RHD is one of only five Dublin clinical sites that have a part-time designated Tutor for Trinity College Dublin (TCD) OT education. We offer clinical placements for

OT students from all four years of the degree course. In 2021 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.

Action Van Service

This service is an exemplar of a collaborative, integrated approach to increasing patient safety and facilitating discharges home from hospital. Managed by the RHD Occupational Therapy department, this HSE-funded service serves four OT departments in the hospitals in South Dublin and two community areas. Each can prescribe the installation of essential equipment or minor adaptations to the home environment, which are then provided quickly by the 'Action Van'. This facilitates a safer and faster discharge. In 2021 there were 352 referrals to this very busy, unique service.

Jo Cannon

Occupational Therapy Manager



PHYSIOTHERAPY

Our Physiotherapy Vision is “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”.



2021 started with a full public health lockdown involving an adaptation of our practice. We implemented a new weekend chest physiotherapy service and assisted the Medical team with a local Oxygen Algorithm. Manual handling education and a COVID/Respiratory Study Morning were run to upskill and provide relevant resources to all staff. Physiotherapy assisted in local Contingency Planning during severe staff shortages. Staff shortages led to the redesign and allocation of our services/resources.

We maintained a positive morale, providing the highest quality of care and safety for our patients/residents. We have maintained departmental, interdisciplinary KPIs, obtained service user/residential feedback and compliance with CORU and HIQA standards of care this year.

Despite Covid-19 outbreaks, it provided a fantastic opportunity to interrogate how we operate and practice with innovative initiatives in 2020/21. Examples include:

- Redesigned the Day Hospital service which re-opened in May 2021
- Tele Health, Triage calls and OPD service neuro-rehab team.
- Weekend Warriors Project – Boosts and Promotes Self-Management Exercise Programmes
- Strength School – Progressive Resistance Training (PRT) education
- Early Bird Exercises – Pilot Programme to increase rehab contact time for patients
- Essential service to all residential units with operational improvements implemented in the referral process and pathway.

Physiotherapy continue to focus on Quality Improvement projects, audits, staff and service developments with ongoing engagement and participation with CPD, Education & Research, virtual conferences/webinars and symposiums.

In 2021, we had 9 presentations at local and national conferences/webinars. Of which, 5 presentations were accepted at the Irish Society of Chartered Physiotherapist (ISCP) national conference, 4 presentations accepted for the Irish Gerontology Society (IGS) Conference.

We launched a Continuous Professional Development (CPD) concept, where 2 CPD sessions were held weekly across March, enabling shared learning. Physiotherapists showcased their QI projects from the previous reword as six months, at end of rotation presentations, last July. The CEO presented awards on the day. There was a great sense of achievement and pride in the department. Four staff members are undergoing MSc programs, one has recently completed a Diploma in Leadership, one of our physiotherapy assistants is carrying out her Level 6 manual handling instructor training certificate, while others are lecturing at undergraduate and post graduate level. We secured a HRB funded Trinity

research student for 8 weeks last summer to carry out further research on the Andago® machine. Results are currently being drawn up and will communicated on completion. We continue our strong commitment to practice education despite the COVID pandemic.

Future research opportunities and collaborations include participating in the international stroke research trial, AVERT, whereby some of our staff with help to act as blind assessors in SVUH for this research.

We look forward to 2022 and will continue to embrace new learning opportunities embedding what we've learned in 2021 and adapting more innovative and integrated approaches to patient care.

I would like to extend my sincere thanks to Conor Leonard, the Hospital Management Team, The Friends of RHD, all Physiotherapy staff and wider colleagues for their support this year.

**Eimear Noonan,
Temporary Physiotherapy Manager**

SPEECH AND LANGUAGE THERAPY

In 2021, the Speech & Language Therapy (SLT) team provided a service to 69 rehabilitation inpatients, 41 residents and 67 outpatients with difficulties in any of the areas of communication, eating, drinking and swallowing. Working in close partnership with our multi-disciplinary colleagues, we aim to provide patients and residents with holistic, high quality, evidence-based intervention.

Quality Improvement

We also engaged in a range of quality improvement initiatives. In all our endeavours, we strive to promote a care culture which consistently supports the well-being of patients and residents. The 'Our Language' initiative promotes the use of person-centred language by all staff at all times through the use of language that respects each person's sense of self and autonomy, as opposed to impersonal language or unnecessary jargon (e.g. 'helping people to eat' vs. 'feeding patients'). Similarly, accessible Patient Satisfaction Surveys were introduced. The

'Communication Environment' initiative (Stroke Unit): the SLT team conducted interviews with patients about their experience of being on the stroke unit. This valuable data was used to design a staff workshop that promotes better communication.

Additional therapy resources were introduced such as IOPI (Iowa Oral Performance Instrument), and EMST (Expiratory Muscle Strength Training). These are valuable rehabilitation tools for many of our patients. A New Day Hospital SLT Service was initiated including 'Lee Silverman' Voice Therapy and group therapy.



Clinical Audits were carried out to identify areas for service improvement. This included a skills audit and needs analysis of staff working with people with swallowing difficulties, a food texture audit and a clinical documentation audit.

Interdisciplinary Groups

The SLTs are actively involved in a range of multi-disciplinary groups including the Staff Wellness Group; Nutrition Steering Group; Health & Social Care Professionals Group; Dementia & Delirium Group; Snacks Working Group and the Stroke Goal-Setting Working Group.

Education

Our team contributes to education of other staff and student SLTs. Some examples in 2021 were:

- Weekly training sessions for staff working with people with dysphagia (swallowing difficulties).
- In-services on Communication and Swallowing at various multi-disciplinary study days.

- Clinical placements to SLT students from Trinity College Dublin and National University of Ireland, Galway.

Clinical Professional Development

In 2021, SLTs attended a range of courses to develop their skills, such as a Respiratory Study Day, 'Complex & Ethical Issues in Dysphagia Management', Lee Silverman Voice Therapy and Irish Association of Speech and Language Therapists Biennial Conference. Our team also engages in six-weekly in-service education.

The SLT team has thoroughly enjoyed collaborating with our multi-disciplinary colleagues throughout 2021. We look forward to continuing some of the above initiatives into 2022, developing new initiatives and continuing to provide a high quality, person-centred service to the patients and residents of The Royal Hospital Donnybrook.

Rosanne Staveley
Speech & Language Therapist Manager

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 Stoke 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.

The start of 2021 posed significant challenges for the hospital as the pandemic continued and we faced another wave of Covid 19. My role diversified in conjunction with HR in developing protocols around managing staff distress. This included developing the online staff wellness hub, training staff on the psychological '1st Aid Model' and providing psychological support to staff referred through the Covid Office. I was also part of the compassionate visiting committee while the hospital was in lockdown. I worked with nurse managers in supporting patient's psychological wellbeing while in isolation. Due to infection control measures patient group work has been on hold and psychological interventions took place at an individual and team support level. The majority of presenting issues during 2021 were anxiety, low mood, and coping with loneliness and isolation while trying to adjust to significant life changes.

Due to the nature of acquired brain injuries and neurological disorders, a minority cohort of patients in rehabilitation and long-term care can present with complex neuropsychiatric disorders, capacity concerns and personality changes that require comprehensive psychological assessment, intervention, and care-planning with staff. Teamwork includes working with 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 are carried out as required.

The present psychologist keeps abreast of new developments in the field of neuro-psychology and hospital based psychological care, engaging in online CPD events and external clinical supervision. During 2021 psychology was a regular contributor of articles on positive mental health in both the patient and staff "Royal Reader" quarterly newsletters. During 2022 stroke patient education sessions and Mindfulness based Stress Reduction classes resume.

Dr Anya Murphy Snr Clinical Psychologist



PODIATRY

Podiatry is a healthcare profession that is involved with the diagnosis and treatment of diseases and disorders of the lower limb and foot.

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

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

Podiatry provides foot care in the following ways: advice and education, removal of corns and callus, removal of ingrown toenails, 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. 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.

Jo Cannon
On behalf of the Podiatry Service



NUTRITION AND DIETETICS

The aim of the dietetic department is to establish and encourage good nutritional practice and standards, as an integral part of the health care provided in the hospital. This allows for patients to experience improved nutritional and hydration status, improved functional status, prevention of nutrition related complications and the promotion of maximum benefits from rehabilitation services. We use our knowledge of food, nutrition, and science to promote health, prevent disease and aid in the management of illnesses. We assess the nutritional and hydration status of patients, calculate individual nutritional and hydration requirements and design a nutrition and hydration plan of care to meet these requirements. We also educate patients, healthcare professionals, and families on therapeutic and health promoting diets and/or nutritional support as appropriate. There are a wide range of co-morbidities, which require dietetic intervention, in addition to the primary reason for admission to the RHD e.g., diabetes, renal disease, wound healing etc.

Dietetic referrals are prioritised based on clinical need and seen in chronological order. In 2021 we received 229 referrals from across all services for dietetic intervention. 122 (53%) of these referrals received a nutrition assessment with intervention.

The key highlights and developments in the dietetic department this year included:

- A Food provision pathway for patients on the stroke unit was introduced in March 2021 by the dietetics department in collaboration with the catering department and ward staff. This pathway gives clear guidelines re a healthy eating therapeutic diet for stroke patients on admission to the RHD.
- We worked with the catering department to ensure the nutritional composition of the pureed diets are satisfactory. The dietetics department also worked with the catering department to improve options on the high protein, high calorie therapeutic diet.
- An enteral feeding audit was carried out in 2021. The results highlighted that all patients receiving their nutrition and hydration via enteral tubes were meeting their full nutrition and hydration requirements.

- A Malnutrition Universal Screening Tool (MUST) audit hospital wide was carried out in 2021 and the results highlighted that all wards are using this tool appropriately and referring patients to the dietitian based on the results of this screening tool.
- All nutrition supplements and enteral feeding regimens hospital wide have been entered on the new digital Nu Life system. This means that nutrition supplements prescriptions will no longer need to be handwritten.
- We provided two student placements (4weeks duration) for the Masters in Clinical Nutrition and Dietetics course from University College Dublin.

part of the year. We continued with personal development and kept professional requirements up to date.

We look forward to developing the Nutrition and Dietetic service in 2022 and to continuing to support our patients, residents and colleagues throughout the year.

**Zoe McDonald (Senior Dietitian),
Elaine Ross (Line manager)**

The dietitians helped with Swabbing staff in the hospital for Covid 19 PCR tests during the early



MEDICAL SOCIAL WORK

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

2021 was a particularly challenging year for everyone and required different ways of working. The team's flexibility and responsiveness included

- increased individual support
- facilitating family communication during lockdown and online care planning meetings
- support with visiting arrangements
- staff support and contingency cover on wards/units.

Covid 19 resulted in the additional challenge of many patients wanting early discharge from the hospital while also feeling anxious about availing of care in the home. The MSW team worked closely with patients, relatives, the HSE community services and multidisciplinary teams to try to fulfil the patients' wishes and ensure they had the supports required. We continued to provide support post discharge and assisted with outreach services provided by the Day Hospital team.

Later in 2021 we saw unprecedented delays in obtaining home supports, with wait times and lack of agency availability impeding discharge

for many. The team worked hard to alleviate the subsequent stress for patients and families, sometimes needing to piece together sufficient supports through different agencies and community services.

During 2021 team members have taken the lead or been involved in many positive initiatives to improve RHD culture and practice including

- LGBT+ multidisciplinary group. Initiated by a MSW team member, the group aims to make the hospital and its services more LGBT+ friendly for all. Initiatives in 2021 included a staff survey, events for Pride week and review of hospital policies.
- Multi-Cultural Day. Team member led out on this event aimed at enhancing inclusivity, recognising and valuing diversity in RHD.
- National Safeguarding Awareness day event.
- The Safeguarding Steering group and the Designated Officers group are chaired by MSW team members.
- Staff Wellness group
- HSCP group
- Residents Forum.



Training/Continuous Professional Development

- End of Life Care/CEOL
- Death, Dying and Bereavement during Covid-19
- Assisted Decision Making (Capacity) Act 2015
- Team member presented at Respiratory Competency Study Morning
- Team member who represents the IASW in Europe IFSW (New Social Worker's Project) presented at the virtual IASW Conference and IFSW Delegates Meeting and Conference.
- Student placements

- IASW submission for consultation process on National Standards for Home Support Services and meeting with HIQA.

We look forward to 2022 and to providing the best service possible in RHD.

Aoife O'Neill
Principal Medical Social Worker

PATIENT FEEDBACK

“

I have found everything good both now and on my previous stay in January 2009. The care and attention has been excellent.

“

The staff are always very cheerful and patient

“

The good humoured staff at all levels have made my stay so much easier than anticipated, very impressive.

“

So far I have been much more comfortable in my surroundings than I would have thought and appreciate the efforts of staff

“

Great staff, excellent help at times.

“

Very impressed with empathy, help and friendliness shown by all the staff.

**Statement of Financial Activities incorporating the income and expenditure account
For the year ended 31st December 2021**

	Unrestricted Funds	Restricted Funds	2021 €	2020 €
Income from				
Charitable activities	-	22,854,631	22,854,631	22,938,369
Donations and legacies	38,148	-	38,148	124,682
Investment Income	29,032	-	29,032	102,523
Total income	67,180	22,854,631	22,921,811	23,165,574
Expenditure on:				
Charitable activities	-	22,826,752	22,826,752	22,615,384
Other expenditure	102,432	-	102,432	225,359
Total expenditure	102,432	22,826,752	22,929,184	22,840,743
Net movement in funds	(35,252)	27,879	(7,373)	324,831
Reconciliation of funds:				
Total funds brought forward	700,332	446,071	1,146,403	821,572
Total funds carried forward	665,080	473,950	1,139,030	1,146,403

All the activities relate to continuing activities.
There are no recognised gains and losses other than as stated above.

On behalf of the board of management

Brendan Pigott

Colm Moloney

Balance Sheet As at 31st December 2021

	2021 €	2020 €
Fixed assets		
Tangible assets	<u>1,910,159</u>	<u>1,978,756</u>
Current assets		
Funding Due - HSE	2,344,082	1,920,020
Receivables and Prepayments	263,008	228,850
Cash and cash equivalents - Patient funds	379,630	405,260
- Hospital funds	1,543,588	1,465,377
	<u>4,530,308</u>	<u>4,019,507</u>
Creditors: amounts falling due within one year Payables and accrued expenses	(3,348,314)	(2,816,600)
Patient funds	(379,630)	(405,260)
Deferred income – due within one year	(84,760)	(56,507)
	<u>(3,812,704)</u>	<u>(3,278,367)</u>
Net current assets	<u>717,604</u>	<u>741,140</u>
Total assets less current liabilities	<u>2,627,763</u>	<u>2,719,896</u>
Creditors: amounts falling due after more than one year	-	-
Deferred income – due after one year	(1,488,733)	(1,573,493)
Total net assets	<u>1,139,030</u>	<u>1,146,403</u>
The funds of the charity:		
Unrestricted funds	665,079	700,332
Restricted funds	473,951	446,071
Total charity funds	<u>1,139,030</u>	<u>1,146,403</u>

On behalf of the board of management

Brendan Pigott

Colm Moloney

SUMMARY FINANCIAL INFORMATION

Year ended 31 December 2021

The full Report and Financial Statement, with the accompanying notes and Independent Auditors' Report will be available after the Annual General Meeting, on the hospital's website www.rhd.ie or by phoning the Corporate & Patient Services Office at (01) 4066629.

The Hospital's Annual General Meeting will take place in the Hospital Concert Hall at 1700 on 22nd September 2022.

LIST OF GOVERNORS 2021

Mrs Yvonne Acheson
 Mrs J. Ansell
 Ms. Fiona Ashe
 Ms. Tania Banotti
 Ms. Deirdre-Ann Barr
 Mr. Roy Barrett
 Mr. Charles Barry
 Ms. Myra Barry
 Mrs Barbara Baynham
 Mr Walter Beatty
 Mr Keith Blackmore
 Mr R Blakeney
 Dr. Alec Blayney
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