

# RHD

The Royal Hospital Donnybrook



ANNUAL REPORT & ACCOUNTS

# 2023





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# Structures & Committees

## Board of Management

Conor O'Connor, [Chairman](#)  
Dorothy MacCann, [Vice Chair](#)  
Colm Moloney, [Hon. Treasurer \(Resigned 4 June 2024\)](#)  
Ruth Deasy  
Alison Fanagan ([Appointed 28 March 2024](#))  
Dargan Fitzgerald ([Appointed 30 May 2024](#))  
Alan Gough ([Resigned 9 May 2024](#))  
David Gunning  
Tom Hayes ([Resigned 11 January 2023](#))  
Naomi Holland ([Appointed 25 April 2024](#))  
Cllr. Dermot Lacey ([Nominated by Dublin City Council](#))  
Cllr. Paddy McCartan ([Nominated by Dublin City Council- resigned 14 June 2024](#))  
Prof Ann O'Doherty  
Caroline O'Shea  
Oisin Quinn ([Resigned 27 March 2023](#))  
Prof David Robinson  
Josephine Ryan

## Audit Committee 2023

Alan Gough, [Chairman \(Resigned 9 May 2024\)](#)  
Eugene Hillery  
Orla Murphy  
Paul Davis  
Colm Moloney ([Resigned 4 June 2024](#))

## Nominations and Governance Committee 2023

Conor O'Connor, [Chairman](#)  
Dorothy MacCann  
Caroline O'Shea  
Frank Kennedy ([Resigned 30 June 2024](#))

## Remuneration Committee 2023

Conor O'Connor, [Chairman](#)  
Dorothy MacCann, [Vice-Chair](#)  
Caroline O'Shea  
Colm Moloney ([Resigned 4 June 2024](#))

## Executive Committee 2023

Conor O'Connor, [Chairman](#)  
Dorothy MacCann, [Vice-Chair](#)  
Caroline O'Shea  
David Gunning  
Colm Moloney ([Resigned 4 June 2024](#))

## Clinical Governance Committee 2023

Josephine Ryan, [Chair](#)  
Prof Ann O'Doherty  
Dr. Lisa Cogan  
Dr. Morgan Crowe  
Dr. Tim Cassidy  
Dr. Paul Carroll  
Dr. Donald McShane  
Dr. Nichola Boyle  
Sonia Gyles  
Conor Leonard ([Resigned 30 April 2024](#))  
Dr. David Robinson  
John Lavelle ([Resigned 24th March 2023](#))  
Patricia McAuliffe ([Appointed 6th June 2023](#))  
Tanya Sharonizadeh ([Resigned 18 June 2024](#))

## Estates Committee 2023

Caroline O'Shea, [Chair](#)  
David Gunning  
Conor Leonard ([Resigned 30 April 2024](#))

## Hospital Management Team 2023

[Chief Executive Officer](#)  
Conor Leonard ([Resigned 30 April 2024](#))  
  
[Medical Director](#)  
Dr. Lisa Cogan  
  
[Director of Nursing](#)  
John Lavelle ([Resigned 24th March 2023](#))  
Patricia McAuliffe ([Appointed 6th June 2023](#))  
  
[Head of Finance](#)  
Kieran Farrell ([Resigned 23rd November 2023](#))  
  
[Occupational Therapy Manager](#)  
Jo Cannon  
  
[Human Resources Manager](#)  
Sharon Lawlor  
  
[Physiotherapy Manager](#)  
Elaine Ross  
  
[Principal Medical Social Worker](#)  
Aoife O'Neill  
  
[Speech and Language Therapist Manager](#)  
Rosanne Staveley

## 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  
Dr. Diarmuid O'Shea

The Royal Hospital Donnybrook is a registered charity. Charities Regulatory Number: 20001605

The Hospital's Annual General Meeting will be held on Thursday 17 October 2024 at 5.30pm in the Concert Hall at The Royal Hospital Donnybrook.



# Chairman's Statement

2023 was a difficult year both operationally and financially for RHD. The CEO Conor Leonard has outlined in his report how we had to operate in 2023 with capacity limitations mandated by HIQA while major renovations were carried out on our residential unit. This neatly highlights the dilemma that RHD has faced for some years now.



Multi occupancy rooms are less than ideal for our residents no matter how well decorated or homely they are. The ideal scenario is single occupancy rooms for all residents. Regulatory requirements have been heading in this direction for some time. Whilst RHD is currently fully compliant with HIQA requirements we would wish all residential rooms to be single occupancy.

The dilemma arises because in the recent past, additional capex funding to upgrade our residential rooms has only been allocated by the HSE when it is clear that they no longer meet regulatory requirements at that particular point in time. The experience of successive Boards of RHD has been that this tug of war between mandated regulatory requirements and allocation of funding from the HSE to carry out the required works is an inefficient and unsustainable way to manage our service, with funding only allocated to RHD when a crisis point is reached. The Board of RHD then finds itself in the middle of this tug of war mindful that it carries the responsibility for the governance

and operational management of the Hospital. We are very grateful for the funding of €2.4m that was allocated by the HSE (between 2023 and 2022) to RHD to enable us to complete the required works at that time and all at RHD are delighted with the outcome, particularly for our residents.

Notwithstanding these enhancements during 2023, it is clear that the required direction of travel is one way i.e. single occupancy rooms. Given the expenditure involved, and the recent upgrade of fire safety equipment (€2m) it is clear that incremental improvements are a very expensive way to support our services in the medium to long term. The Board of RHD believes that the nettle should be grasped now and that a new purpose built residential building is the most obvious solution. We believe that it will be a much more capital efficient approach for the HSE than drip feeding us sums that simply kick the can down the road.

There is no doubt that the HSE face multiple competing demands for capital builds and that they have a very difficult job to do in allocating capital spend. As we are all aware, there is a limited funding available nationally for capital expenditure and clearly the HSE cannot allocate capital that they don't have. We certainly do not underestimate the challenges that they face and we thank them for the funding we have received to-date. Nonetheless it is clear to me that the 'cost of doing nothing' is not being factored into their capital decisions. In commercial settings businesses ask themselves all the time; "What costs/cash commitments will I have to make in the future, if I do not address this problem now?" In situations where capital expenditure is required, postponing those decisions just makes the final decision more expensive and what appears to be a saving through postponement results in nothing more than increased cost at the end of the day. I believe that if the capex required by RHD was looked through the 'cost of doing nothing' lens by

the HSE that this would facilitate a decision by them within a reasonable period of time and that the outcome for healthcare in South Dublin would be very beneficial.

The other aspect that strikes me in relation to this subject is that acute hospitals in Dublin have an increasing demand for specialist, and increasingly complex, rehabilitation care services. RHD has a very close relationship with St Vincent's University Hospital, from which the RHD receives the majority of our rehabilitation referrals. If the HSE were to allocate capital to RHD for the provision of a new residential building, not only would it provide modern residential accommodation and have the capacity to increase the number of residential beds available in RHD by up to 50%, but it would also free up space in our existing hospital building to extend our rehabilitation in-patient and day services and enable us to facilitate additional referrals from the acute system i.e. there would be a win-win all round.

The Board of RHD will certainly be pushing as hard as it can in the immediate future to see if we can get a decision from the HSE on this issue.

## OPERATING EXPENDITURE

RHD went through the entire year in 2023 without an agreed budget from the HSE. We survived with periodic cash transfers from the HSE. This led to significant financial stress for RHD during 2023. Clearly this is a most unsatisfactory position. We thank the HSE for the funds received in circumstances where, as noted above, our operational capacity was restricted due to renovations. However, to say that we are operating in dysfunctional circumstances is more than an understatement. We are aware that other voluntary hospitals were also not able to agree budgets with the HSE and they have also ended up with significant deficits for 2023.

To-date, (end of August 2024) there is no agreed budget for 2024 and again other voluntary hospitals are in the same position. 80% of our costs are staff costs and these costs are all at public sector pay scales. Our overheads are tightly controlled through public tenders for significant contracts or multiple quotes for much smaller expenditures. As a result, it is hard to understand why the system we deal with is having difficulty recognising the cost of existing levels of service. Many of our overhead costs have

increased as a result of inflationary pressures but yet these increases, which are outside the control of the RHD, are not being recognised within the HSE. Again, I acknowledge that they have a difficult job to do. However, it is also clear that economies could be made if the costs that we have to incur were faced up to. For instance, due to the recruitment embargo, we incur additional nursing agency costs where for clinical reasons nursing and healthcare professionals are required for our residents/patients. These costs come at a premium to costs that would be incurred if the same personnel were employed by us. In circumstances where demonstrably, every effort is made by RHD to control all elements of our expenditure, it seems counter intuitive for inadequate resources to be allocated to us to deliver a service that itself delivers savings and unquestionable benefits to the South Dublin healthcare system.

## AGM

For the second year running we have had to postpone our AGM due to the lack of an agreed budget from the HSE.

This arises because, to enable the Board of Management to approve and sign our audited financial statements a 'going concern' assessment is required as part of standard audit practice. The 'going concern' assessment looks forward from the date of signature of the financial statements for a minimum period of 12 months. Therefore, one is looking forward on a cash flow basis for the remainder of 2024 and a significant portion of 2025. The required assurance from the HSE that sufficient future funding will be made available to RHD has come later and later each year. RHD traditionally held its AGM in May each year. However, the required funding assurances have, over the past few years, only been made available in Q3 of the relevant year, thereby delaying the signature of our audited accounts and hence the AGM.

It is important to note that this is a system wide problem and is not specific to RHD. As previously noted we are very grateful to the HSE for every euro that they allocate to us and we recognise the constraints that they are under themselves. That said, I think we can all recognise that that the current funding system needs to change so that voluntary hospitals can continue to deliver existing levels of service to an increasing cohort of elderly patients and residents. At the time of writing this,



we await notification by the HSE of the revised spend limit and pay and numbers strategy 2024 for RHD. We hope that the revised structure will adequately address the core funding shortfalls and set us on a course for a more positive engagement into 2025.

### HOSPITAL STATUS

As mentioned in the CEO's report, we have submitted a request to the Minister for Health to formally change RHD's designation from that of a residential centre to formal Hospital Status.

Over 60%+ of RHD's beds are dedicated to in patient consultant led rehabilitation services. Our rehab services span from neuro rehabilitation to orthopaedic rehabilitation and other short term and extended post-acute care. The vast majority of our rehab patients return to independent living. It is somewhat anomalous that our services are not captured statistically by national systems which in our view leads to an incomplete picture of our activities. We look forward to hearing from the Minister following his deliberation on this issue.

### CEO

Our CEO Conor Leonard retired in April 2024. I would like to thank him most sincerely for his service to RHD over a 27 year period. Conor led RHD's team through the Covid 19 period in the most testing of circumstances. His outstanding commitment and that of his team during that arduous time for our patients, residents, and staff is one that all at RHD are most appreciative of. Having accompanied Conor on many visits to our

wards over the past few years I saw at first hand how kind and attentive he was to the needs of our patients and residents and as they say "that speaks volumes". Both I and the Board and everyone at RHD wish him every future happiness.

I would also like to wish our new CEO, Deirdre Hogan every success in her post. The Board looks forward to working with her in the years ahead.

### STAFF, MANAGEMENT AND VOLUNTEERS

I would like, on behalf of the Governors and the Board of Management, to thank our staff, management and volunteers for their dedicated care to our patients and residents over the past year. Finally I would also like to thank our patients and residents. The journey that they each undertake with us is a constant source of inspiration to us all at RHD and as a Board we feel a deep sense of commitment to do everything within our capacity to support them on that journey.

Conor O'Connor  
Chairman



# Governance

The Royal Hospital Donnybrook (RHD) was founded in 1743 and is one of the oldest charities in Ireland. It received its Royal Charter in 1800 and is consequently a charter corporation. The Bye-Laws of The RHD can only be changed by decision of the Governors with the consent of the Oireachtas.

The Governors of The RHD are drawn from the local community. At AGMs, the Governors receive the annual report and accounts and elect the Board of Management. The Bye-laws permit the Governors to elect up to 25 persons to the Board of Management. However, in line with current best practice, the Board has been reduced in recent years. Today, there are 12 members elected by the Governors and two members nominated by Dublin City Council for election by the Board. The Board meets not less than five times per year. There is a written statement of the Reserved Powers of the Board. All elected members of the Board are volunteers and do not receive any fees or expenses for attending Board meetings or undertaking other work on behalf of The RHD.

There is a comprehensive committee structure with the following Board committees:

- Executive Committee
- Nominations & Governance Committee
- Audit Committee
- Clinical Governance Committee
- Remuneration Committee
- 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 2023 is shown in the chart on the following page.

# Board Member's Attendance

for period 01.01.23 to 31.12.23

	BOARD OF MANAGEMENT	EXECUTIVE COMMITTEE	AUDIT COMMITTEE	NOMINATIONS & GOVERNANCE COMMITTEE	REMUNERATION COMMITTEE	CLINICAL GOVERNANCE COMMITTEE	STRATEGIC ESTATES COMMITTEE
Conor O'Connor	7/7	6/6		2/2	1/1		
Dorothy MacCann	7/7	6/6		2/2	1/1		
Caroline O'Shea	5/7	4/6		2/2	1/1		4/4
David Gunning	5/7	4/6					4/4
Colm Moloney	7/7	6/6	4/4		1/1		
Cllr. Paddy McCartan	4/7						
Ruth Deasy	6/7						
Cllr. Dermot Lacey	7/7						
Alan Gough	6/7		4/4				
David Robinson	6/7					3/3	
Josephine Ryan	5/6					3/3	
Prof. Ann O'Doherty	6/7					2/3	

Member does not sit on this committee



# Governance / continued

An externally facilitated evaluation of the Board of Management and the Board committees was undertaken in 2023.

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 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. Upon joining the Board and its Committees and annually thereafter, all Members are required to declare related party interests. Subsequently, all members are required to declare any such conflict of interest or loyalty on attendance at each meeting.

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 2023 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

It is my great pleasure to welcome you to the 2023 Annual Report for The Royal Hospital Donnybrook. At the outset, I would like to thank all my colleagues here for their continuing focus on our core business of providing rehabilitation to patients and high-quality care to individuals in residential care.



Over the year we received feedback that the patients were more than satisfied with the service received. My clinical colleagues outline the challenges that Covid and other diseases continue to present.

### FINANCE CHALLENGES

Finances are always a challenge, but the difficulties caused by HIQA closing 16 residential beds at the end of 2021 continued right through to 2023. HIQA considered the rooms to be too crowded and without the level of privacy and dignity that could be expected by residents. We got through 2022 but we were entirely dependent on additional cash support from the Health Service Executive, resulting in great uncertainty. In Nov 22 we commenced an extensive program of works in two residential wards to create accommodation of a higher standard. We took one bed out of each room and reallocated the floor space to the other residents, improving space, storage, privacy to the greatest extent possible. In addition, we completely refurbished a third,

vacant ward into 6 rooms; 4 singles and two doubles, with four of those rooms having en-suites. This project was led by our Occupational Therapy Manager, Jo Cannon, who did a fantastic job. It was fully funded by a HSE capital grant, for which we are very grateful. Works were fully completed by the end of November and we then applied for HIQA registration. Permission eventually came through after year-end.

### ‘FRESH COOK’

With the support of the Board, in June we replaced the old ‘cook-chill’ system that had given rise to numerous food complaints. We reverted to cooking fresh food every day, improving nutritional qualities, texture and aromas. This is so important for patients and residents. It was a major step forward for the hospital and a very big change for the catering team. We were somewhat surprised when later that summer HIQA expressed concerns that the expected benefits were not being fully realised in residential care. Our new Director of Nursing, Trish McAuliffe, worked hard with the ward and catering teams to address these issues. Her leadership on this was extremely successful and by year-end HIQA confirmed that their concerns had been fully allayed.

### ‘TRANSITION LODGE’

A separate refurbishment project took place in our lodge at the gate. Pre-Covid, this was an independent living unit for residents to practice independent living toward the end of their rehabilitation. During Covid it had become under-utilised and the fabric of the building deteriorated. We were delighted to receive a substantial donation from the Mount Olive Trust to allow for it to be upgraded and restored to its intended purpose. The works have been completed and the cottage has been fitted out with new furniture, with the support of the Friends. We’re delighted to have it back. My sincere thanks to all those who supported this project.

### TECHNICAL INNOVATION

We worked with university ‘spin outs’ to apply emerging technologies in healthcare. Akara robotics of Trinity College are developing autonomous sterilisation robots, which may help with managing infectious outbreaks and maintaining hygiene. This was tested in our wards. Digital Gait Labs of DCU have developed a fantastic smart phone app which measures and analyses patient walking patterns – a vital part of measuring rehabilitation effectiveness. Our physiotherapy department was a test bed for the user experience aspects.

We continue to explore all such opportunities, whilst remaining alert to cyber-security issues. At all times, we try to ensure that our cyber defences are as robust as possible.

### FRIENDS FUNDING

I would like to thank the friends for their ongoing support. One of the projects they agreed to fund next year is the refurbishment of the old ‘Millennium Garden’. This will be a significant place of tranquility when building works eventually commence on the planned Primary Care Centre.

### PRIMARY CARE

Our ambitious primary care centre project unfortunately remains delayed. Increased building costs arising from the unrest in Europe resulted in the project becoming non-viable at the price the HSE is prepared to pay. There are ongoing negotiations to see if these rates can be changed and we are hoping for a decision in 2024. The Board remain deeply committed to the concept of the Integrated Care Campus for the public good, encompassing our rehabilitation services, HSE Primary Care, a new purpose-built residential care centre, whilst maintaining the green spaces that are so central to the healing process.

### STAFF CHANGES

As in every year there are comings and goings. This year saw the departure of our Director of Nursing, Mr. John Lavelle who took a management role in the HSE. We were delighted that he was replaced by Ms. Patricia McAuliffe, an experienced very senior nurse from the Mater Hospital. My sincere thanks to Ms. Avril Wilson-Rankin, Pastoral Care, who departed for a full-time role in St. Michaels. In the finance section we saw the departure of two long-serving staff members. Ms Linda Brown departed during the summer after 20 years of dedicated service to the Hospital. Shortly afterwards

our Director of Finance, Mr. Kieran Farrell retired. I thank them both and wish them well for the future.

### HOSPITAL STATUS

A very significant piece of work was completed towards the end of the year. For historic reasons, The Royal Hospital Donnybrook is officially classed as a residential centre rather than a hospital. In reality, our services have moved far away from the old residential profile. Two thirds of our beds provide consultant-led rehabilitation services. We have huge inter-dependence with St. Vincents University Hospital for patient care. 95% of patients come from there, freeing up expensive acute hospital beds. Our medical teams all work on both sites and we rely on access to their labs and diagnostic facilities.

The Board concluded that being official hospital status would be far more appropriate for the current and future operations. An application was prepared and submitted to the Minister of Health to formally change the hospital to official hospital status. A key aspect is that our work will be officially recorded in the systems that collect relevant health data on patients and services across the country. That application is currently being processed and we look forward to a successful outcome in due course.

### IN CLOSING

I anticipate this will be my last annual report, as I plan to depart the hospital in early 2024. It has been an absolute privilege and an honour to work at the Hospital. I started in 1997 as an Occupational Therapy Manager working on the wards, followed by Project Management, before moving to Operations and Strategic planning. After a few years on secondment to the HSE at regional and national level, I returned in 2015, eventually taking up my current role as the Chief Executive Officer just in time for Covid-19. I firmly believe we did exceptionally well during that period.

The Royal is a very special place for patient and resident care. It is a highly valued organisation, with huge levels of staff commitment to providing the best service possible. I am so pleased to have played a small part in its history. I wish the Hospital, all its patients, residents, staff, contractors, volunteers, students and friends every success in the years ahead.

Conor Leonard  
CEO



# Medical Director's Report

Once again, I am delighted to present you with my report for 2023. We all hoped we were entering a post Covid era for our patients and residents but unfortunately this was not the case. We had a number of Covid, Influenza and RSV outbreaks during the year and as guided by public health this resulted in closure of our Rehabilitation units to new admissions.

Thankfully, the outbreaks did not cause severe illness for our patients and residents but it did cause disruption to their daily lives. Mask wearing and visiting restrictions were put in place to mitigate transmission.

In 2023 there were 487 admissions to our five consultant led older person's multidisciplinary Rehabilitation units. In January we were delighted to reopen our Willows Rehabilitation unit which provides maintenance rehabilitation and respite service. The Rehabilitation Coordinator role, as a single point of contact, has increased the flow of patients from the Acute Hospital, community and directly from the Emergency Department. Both internal and external pathways and processes continue to improve. A noticeable feature of older patients admitted to all our Rehabilitation services is that they are frailer with multiple medical comorbidities than pre Covid. We have a number of patients who have reached a new functional level and do not require active rehabilitation. Discharge from our unit is delayed as they wait for extra community supports, housing adaptations or nursing home placement. A small but increasing number of our patient have had a deterioration in their clinical condition and have become end of life. Our nursing and medical staff were able to manage their palliative care needs here which was a great comfort to patients and their families.

The Assisted Decision Making Capacity Act 2015 commenced in April 2023. The Act has implications for all staff working with adults in health and social care. Here in the Royal Hospital we have set up an ADMCA working group with representation from all departments. Our Pharmacy service has been externally provided for a number of years. We are now in the second year working with Stacks Pharmacy. There are two components to this service. The first relates to medication dispensing or the traditional pharmacy. Stacks do not provide

any on site pharmacy support which has been identified a gap in services. Traditionally access to on site pharmacy was always part of the service and provided a key educational support.

We have regular medication management meetings and this group works hard to ensure safe and effective prescribing. The Digicare electronic prescribing and administration system is functioning reasonably well across the hospital. A number of features have enhanced medication safety. The system continues to present challenges as sometimes it lacks the flexibility that prescribers are used to when using a traditional drug kardex.

In 2023 we continued to have challenges with Medical Staffing with significant gaps in service provision. For periods throughout the year our complement of five doctors which provide on site medical and on call services to our patients and residents was running between 2 and 3. This deterioration in medical staffing is reflective of the national picture in all hospitals. A feature of the patients that are referred to our Rehabilitation Units since Covid is that they are frailer with more medical comorbidities. We need to carefully monitor the medical complexity of our patients so that we can deliver safe patient care. We have made progress in facilitating off site access to St Vincent's IT systems to retrieve radiology and laboratory results for doctors working in the Royal. This is a patient safety issue. One significant development on the medical side was the introduction of GP medical cover to our residential patients. GPs from our local on campus Morehampton GP clinic provide two ward rounds a week to our residents. They have access to healthmail for chronic disease management and hospital referrals. This arrangement provides consistency and continuity of medical care to our residents. Emergency and out of hours medical cover is provided by the medical doctors working in our Rehabilitation units. During the year we have



had a number of very unwell residents who have been successfully co managed by the GPs and our in house medical team.

A number of Quality Improvement projects were progressed during the year. A deteriorating patient working group was set up. A database is maintained of our patients who become medically unwell and those who require hospital transfer. All of these cases are reviewed and discussed in detail. The use of the ISBAR (Identification, Situation Background and Recommendation) clinical handover tool is being promoted. A nurse education and training programme was rolled out for the Irish National Early Warning Score (INEWS).

The ongoing teamwork and collaboration between our nursing, medical and health and social care professionals supported by all members of the Hospital staff is at the core of what makes the Royal Hospital a special place to be a patient and

resident. In 2023 there were number of changes in personnel in key leadership and senior clinical positions in the organisation. I'd like to acknowledge the ongoing teamwork and collaboration between our nursing, medical and health and social care professionals during the year. Together we continued to deliver quality care to our patients and residents in tightened circumstances. Special thanks to our outgoing CEO Conor Leonard who worked tirelessly to provide support and leadership to the Hospital patients' residents and staff. Thanks to his vision and hard work the Royal Hospital Donnybrook and the service we provide are moving toward a modern integrated care campus.

**Dr. Lisa Cogan**  
Medical Director

# Director of Nursing Report

The role of the Director of Nursing is to inspire, influence and motivate nursing staff and other health care workers to work together as a team, to achieve their highest potential in the delivery of high-quality care to all the residents and patients in accordance with the Hospital Clinical Governance and Strategy.



The most valuable asset that the Director of Nursing has is the staff, and I will continue to support the growth and restructuring of the nursing team using the following:

- Building teams by developing and mentoring team members to various promotions new CNS in TVN and new CNM1 to support the extension of 8 new beds in the under 65 residential unit.
- Supporting new developments in staff retention including the promotion of staff wellness day and ongoing expansion of the occupational nurse lead services on site for all staff.
- International Daisy Award.
- Continuous in-house study days and participation in conferences.
- Regular forums in the calendar year with the staff nurses, clinical nurse managers and HCA.

## NURSING OUTCOMES

As Director of Nursing, it is a key deliverable to be able to measure the quality of the nursing care undertaken by the nursing team in the RHD.

I continue to support the practice development department in the maintenance of auditing across all the departments. The practice development team provides support and education to all the staff and provide updates on progress within the monthly audit reports to ensure we maintain a high standard of care. To date, the data shows an average 90% participation rate.

The team in quality care remain focused in continuous improvement including:

- Quality improvements in progress in 2023 and 2024.
- A shared updated folder for mandatory study for all.
- Welcome packs for all new staff.
- Introduction of a longer induction period for staff nurses.
- Standardisation of all emergency trolleys.
- Sepsis education.
- Bare below the elbow project in development,
- Disposable curtains.
- Sepsis box – which provides the necessary tools to deal with any potential critical sepsis case.
- Improved developments in pathways for admission and discharges.

## EDUCATION AND TRAINING

All nurses are supported and encouraged to develop their skills and knowledge with continuous professional development. The nursing department was supported in 2023 by funding received from the NMPDU which we are extremely grateful. In 2022,2023 and so far in 2004 this funding has enabled 16 nurse to enhance their skills through post graduate courses in infection control, MSC in nursing and Diploma in Gerontology nursing.

All nurses currently studying are encouraged to produce quality improvement projects and posters for the RHD.

In addition to mandatory study days and nursing learning sessions we have welcomed guest speakers on *Time is the most important currency in health care* / #ENDPJparalysis.

All nurses and HCA care staff encouraged to become members of committees and working groups. Current education programs deal with the following:

- Falls prevention.
- Tissue viability training.
- Dementia courses and delirium.
- Malnutrition and MUST training screening tool.

We strive to ensure that best practice is always supported and encourage inclusiveness across the range of projects e.g. successful joint project with catering staff to improve the dining experience for all patients and residents.

## STUDENT NURSES

We welcome and continue to support the student nurses from UCD, and we facilitated 30 students in their first- and second-year placements. We continue to engage with UCD and SVUH and we would love the opportunity to have fourth year students involved in the RHD and believe this could be achieved with the support of a facilitator. Student nurses are encouraged in the clinical learning environment by all the staff and their contribution is important and valued in the RHD.

## INFECTION CONTROL

This department has continued to grow under the lead of CNS and expansion of her role. We continue to manage the effects of COVID 19 and FLU A with continual guidance from public health and we have managed to contain the outbreak and continue to admit patients.

The management of these outbreaks was achieved:

- Through education and updated policies and procedures.
- Vaccination programme for all staff and patients plus booster clinics.
- Implementation of Safe Patient Placement process and Awareness of Patient Vaccination Status.
- Patient surveillance testing and early detection of symptoms.
- Staff efficiencies in PCR antigen testing.

## PLANS AND PROJECTS COMMENCED AND STILL IN PROGRESS FOR 2024

Implementation of the INEWS (THE National Early Warning Scores) in practice development in conjunction with updating our policy on sepsis and the deteriorating patient. The right patient in the right place at the right time. Aligning the RHD with common language in health care as we promote the egress of our patients from acute to rehabilitation and back to acute.

- A policy a month awareness campaign.
- Launching the BEES (Being Exceptional Every day) award for all care workers in the RHD.
- Awaiting financial decision regarding the opportunity to engage in a total bed management project designed to replace all beds and mattress; therefore, reducing the cost in maintenance and improving the quality of care to all our patients and residents.
- To continue to support audits that drive change and enhance the quality of care in the RHD.
- Networking with other rehabilitation services and residential to share knowledge and resources.
- Networking with acute hospitals for continuous education and sharing resources to ensure we keep up the clinical acute skills and best practice.
- To restructure the secondary school transition course by forming a working group from all departments. The transition students come from local secondary schools in the community, and we welcome their contribution to the hospital.
- To encourage staff to present poster in the NMPDU and Irish Gerontology society conference
- To look at the work force planning regarding safe staffing and how we can attract new staff to the RHD.

I would like to take this opportunity to thank all staff and departments who have welcomed me into the RHD family by continuously supporting me and the nursing department to grow and develop. It is my wish that this collaborative approach continues to grow to ensure we achieve the highest standards of care for all our patients and a home from home for all our residents

Patricia McAuliffe  
Director of Nursing



# Rehabilitation Nursing Report

I am pleased to outline the key rehabilitation services that nursing provide at the Hospital. Overall, reflecting on 2023, it has been a significant journey from my professional perspective, one where I continued to guide and to work collaboratively with my staff through the many changes and challenges typical of any healthcare organisation.

Firstly, I would like to mention changes in our Nursing Management Team. Previous Director of Nursing, John Lavelle, and previous Assistant Director of Nursing for Residential Services, Eldho Alyias, have both moved on to pastures new. I wish to thank them for their support and dedication to the Nursing Department team. We welcomed the new Director of Nursing, Patricia McAuliffe, welcomed back the Assistant Director of Nursing for Residential Services, Reshmi Kachappilly and the new Occupational Health specialist Sile Gunning. I wish all of them the very best in their respective jobs.

The beginning of 2023 has seen some of the Rehabilitations Wards going through COVID-19 outbreaks, well managed and controlled locally with the expertise of the on-site Clinical Nurse Specialist in Infection Control, locals IPC link nurses and with the experience of the front line staff. We continued as well to communicate externally with Public Health for further guidance. I would like to thank the teams from all the departments for the commitment in maintaining the rehabilitation services alive and running with minimal impact on admission and therapies.

I strongly believe that The Royal Hospital Donnybrook, as any organisation, is continuously shaped by its people. Just to mention few examples. The ongoing recruitment campaign in the nursing department continued through the year to bring fresh blood and personnel with different skills, always so vital to maintain a healthy organization. The broad interest in professional development is evidenced by the many staff engaging in postgraduate courses including Master's degrees.

I would like to say that the cultural variety and diversity among our staff has had a positive and a constructive effect on such a dynamic place like The Royal Hospital Donnybrook. Nursing Staff have

shown a genuine interest as well in participation in internal committees, where their skills and ideas are valued and became part of a bigger plan in the general vision of our Hospital.

The 2023 patient experience survey in Rehabilitation Wards, carried out in the first quarter of 2023, highlighted that the general experience of the rehabilitation journey was excellent or very good with 100% of clients interviewed recommending the Royal Hospital Donnybrook: this is surely something we can be proud of. Some other comments remarked upon the well-known environmental features, like spacing and plentiful equipment with some patients suggesting improvement in food quality and variety.

January 2023 saw the reopening the doors of Willows Ward, one of our older wards, with a capacity of 15 beds, of which 5 are for respite care. Despite its age, Willows provides nice open spaces, where light and air are blended together. Respite patients from community are mixed with patients waiting for supports to return home. Willows Ward ran smoothly through the year and was extraordinarily not affected by outbreaks despite the open layout of the environment.

**SPARC Ward** (Short term Post-Acute Rehabilitative Care) provides rehabilitation for patients over 65 years, with the goal of achieving the best functional level of independence. The service is provided in 30 beds, the approach is multidisciplinary and enhanced by tailored individual and group activities. Social interaction between patients is a key part of the rehabilitation process.

In SPARC our clients receive support in getting up and ready for breakfast in a common dining room, where they can enjoy the psychosocial dimension of having meals together. Physical programmes are fully explored in cooperation with the Physiotherapists, Occupational Therapists and other professionals.

**The General Rehabilitation Ward** is a 30 bed unit and 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 to achieve their maximum potential in physical, social and psychological aspects of their wellbeing.

The patient is positively involved in activities offered by Physiotherapist, Occupational Therapist and other professional. Nursing Staff maintain a safe environment, offer support and encourage Patients in taking part to individual and group.

**The Stroke rehabilitation Ward** offers 24 beds and has as primary goals to encourage and foster functional improvement and neurological recovery. Organised processes of care, timely rehabilitation and high intensity of rehabilitation therapies are important factors which have been identified as promoting better overall outcomes for individuals with stroke. Effective stroke rehabilitation programmes are characterised by a multidisciplinary team working cohesively and closely to provide a comprehensive and individualized rehabilitation programme for each patient. These programmes vary in terms of the types of therapies offered as well as their intensity and duration.

**The Specialist Neurorehabilitation Ward** has a maximum of 12 beds and provides a specialised neurological service for adults under 65 years of age with varying degrees of disability. The multidisciplinary team caters for patients who have experienced a sudden decrease in their ability to look after themselves following an acute neurological episode, as well as providing a programme for patients with general deconditioning who have a chronic neurological condition. Our philosophy of rehabilitation is to work with our patients to help restore and maintain the best possible level of functioning which will enable them to achieve their life goals. Our multidisciplinary team works with them, their families and friends to achieve their goals throughout their rehabilitation stay. Medical staffing limitations currently means that only 6 beds can be utilised.

**The Quality and Practice Development Department** continued to work constantly during the year to make sure standards are met through measuring of practices: processes of auditing and measuring quality of care continued. Nursing Staff engaged proactively into this, understanding the

implication of providing the best nursing care.

Finally, I would say that the 2023 has been a challenge overall, but a positive and stimulating challenge. The patient's profiles is certainly changing, with comorbidities and complexity add to the rehabilitation challenge. We had also the privilege to provide palliative care to some of our patients, offering a dignified final journey here at the Royal in line with their choice.

I wish to acknowledge all my Nursing Staff, who continued to work with strength, compassion and commitment to keep the Rehabilitations services running smoothly, with a positive touch of humanity so distinctive to RHD, through-out the year.

**Saverio Brusca**  
Assistant Director of Nursing

# Day Hospital

The Day Hospital operates Monday–Friday and provides multidisciplinary specialist care to older adults requiring rehabilitation to improve their physical, cognitive and/or social function. Patients attend from home, either independently or by complementary hospital transport. We also provide outreach services.

In 2023 the Day Hospital provided 2780 patient contacts, through a combination of attendances and tele-consultations via video links.

The unit is supported by a team of five consultants, four nursing staff, physiotherapy, occupational therapy, speech and language therapy, with input from dietetics and social work. Our essential admin support keeps the service working smoothly.

Key goals include:

- Admission avoidance – intervening to reduce risk of admission to acute hospital, or indeed RHD.
- Supporting patients post-discharge from SVUH and RHD.
- Empowering older adults to continue to live successfully and safely in their homes for as long as possible.

## PERFORMANCE HIGHLIGHTS FROM 2023

1. Successful restoration of the services and running without any closure (covid 19 remains a concerning factor).
2. Reconfiguration of our processes, resulting in a reduced waiting list from 3 months to 4-6 weeks.
3. A significant reduction in our 'Did Not Attend' rate.
4. The addition of of an emergency rehab pathway to enable patients to attend directly instead of going to an acute hospital.
5. Successful running of classes proved to reverse frailty of old age by our Physiotherapy team, Specialist interventions for Parkinson's patients by OT/SLT, Introduction of Music therapy as part of MDT interventions.
6. Nursing virtual consultations to facilitate independent community living.

The team continuously work on quality improvement to enhance our dynamic model of care. One of the biggest barriers to effective working is transport to the service; we hope to increase our transport service in coming years.

Anamica Pal  
CNM II





# Residential Annual Report

Our goal is to provide comprehensive person-centred care to every resident so they can live their lives to the fullest.

The Residential Centre at The Royal Hospital Donnybrook, a registered service with the Health Information and Quality Authority (HIQA), stands out for its unique approach to care. Comprising three distinct units- Cedars, Oaks and Rowans, our centre caters primarily to residents above 18 years old who require a higher level of nursing care. Upholding the core values of dignity, respect, care, compassion, safety, and quality, our dedicated staff provide a comprehensive range of healthcare services. The centre's accommodation is designed to cater to both male and female residents, with Cedars and Oaks Units each offering 22 beds and caring for adults over 65. The Rowans Unit is a 12-bed unit, mainly for adults under 65.

## OPERATIONAL PERFORMANCE

A dedicated multidisciplinary team led by our esteemed medical director, Dr Lisa Cogan, is at the heart of our operations. With its diverse expertise and shared commitment to providing person-centred care, this team ensures that each resident's unique needs are met. We believe in empowering our residents in decision-making, and our team works closely with them to ensure their preferences and choices are respected. Each residential unit is managed by a Clinical Nurse Manager, supported by a team of Nurses and Healthcare Assistants. This collaborative approach, guided by our policies and procedures, is instrumental in consistently delivering our residents the highest standard of care.

A dedicated and stable team of staff and volunteers play a crucial role in enhancing the activities and services delivered in the centre, thereby significantly improving the quality of life of our residents. They actively facilitate and assist in organising exciting and meaningful leisure activities, encouraging residents' participation according to each one's wishes. The management team ensures residents' involvement with their loved ones in celebrations like St. Patrick's Day, Easter, Halloween and Christmas parties, which include appropriate décor, festive food, beverages, and live music, fostering a sense of community and joy.

A Residents' Forum facilitated by the Principal Medical Social Worker voices residents' views in the centre. The forum aims to bring resident issues to the forefront, contribute to a close working partnership between the residents, staff, and management at The Royal Hospital Donnybrook, and implement changes identified. Management team members meet with the forum on request to update them and discuss issues that arise.

Last Year, the designated centre had three unannounced HIQA inspections. Areas for improvement were identified, and the management team subsequently devised action plans to ensure compliance with national standards.

The COVID-19 Pandemic continued to upend lives around the world in 2023. Our residents and staff received COVID-19 boosters and regular Flu vaccines. We managed to control COVID-19 as single isolated cases in the designated centre. However, last December, we encountered one influenza-A outbreak with minimal impact on our residents. Nineteen residents out of fifty-five were affected by this outbreak.

The Hospital Management team strongly supports an environment that encourages continuous learning and development for staff and offers training opportunities for all employees. Last year, four nursing staff members utilised this opportunity to enrol in a Master's programme in nursing and healthcare, and many nurses and healthcare assistants enrolled in short-term courses to upskill their knowledge and competencies.

## SIGNIFICANT ORGANISATIONAL DEVELOPMENTS

**Medical Care:** This year, we welcomed our local GP practice, Morehampton Clinic, to our medical team. GPs in the Morehampton Clinic provide daily medical care, with Medical Director Dr Lisa Cogan (Consultant Geriatrician) retaining ultimate clinical responsibility. The GPs visit twice weekly and at other times during business hours by request. Dr Cogan is supported by a full-time Medical Officer and a team of non-consultant hospital



doctors (NCHDs) to provide out-of-hours and weekend non-emergency medical care. Medical emergencies are referred to emergency services.

### Fresh Cook Food Production System:

The Hospital's implementation of a new food preparation system in June 2023 was a great achievement. Residents were delighted with the change to a fresh cook system from the cook and chill system. HIQA inspectors sought some improvements in the delivery of the food. The Catering teams made great progress in achieving high standards.

**Electronic Documentation System:** The Hospital introduced an electronic documentation system to residential services last year. From May 2023, clinical records in the designated centre have been switched to an electronic recording system called VCare. Introducing electronic documentation across all residential services contributes to delivering quality care and thus improves organisational outcomes. It also enables healthcare professionals to communicate effectively about patient care within the Hospital and between healthcare sectors.

**Increase in Bed Capacity:** All refurbishment and reconfiguration works commenced in November 2022 have been completed on both the Cedars and Oaks units. So, the service regained six more residential beds, which had been lost in previous years. The maximum number of residents accommodated in the centre during 2023 was 56. Renovation works and expansion of Rowan ward have also been completed this year. Post year end HIQA approved an application to increase the number of beds to 64.

I would like to take this opportunity to thank the Hospital board and the senior management team for their support. We could not achieve this without their support for our residents and staff. To close out 2023, I would also like to thank my predecessor and all the department staff for their dedication and hard work.

**Reshmi Kachappilly**  
Assistant Director of Nursing/Person in Charge.

# 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.

## STAFFING LEVELS:

Currently we have 13.8 members in the OT department.

- 1.0 OT Manager
- 4.8 Seniors
- 6.0 Staff Grades
- 2.0 Assistants

## Occupational Therapy Initiatives in 2023

### ARM GYM

This is a Quality Initiative aimed at increasing hours of upper limb (UL) rehabilitation in our stroke rehabilitation unit. The Arm Gym is a dedicated therapy area that contains three levels of upper limb activities: mild, moderate and severe dysfunction. The gym is accessible to patients all day to work independently on their rehabilitation programme. This initiative was presented at the UK Stroke Forum in December 2022.

### READY STEADY HOME

As part of the rehabilitation pathway and in preparation for discharge home and community integration, 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. This was presented at the IGS and OT National Conference in 2022.

### 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 – oral

poster presentation and was also be presented by Occupational Therapy at the National OT Conference.

### LSVT

Our day hospital service, as well as preventing hospital admissions, also has an OT led service that specialises in high amplitude movement therapy for patient in Parkinson's disease (LSVT). UCD part funded a master Degree in this area for one of our OT's.

### QUALITY IMPROVEMENT AND CLINICAL AUDIT

The OT department is involved in several quality improvement projects and clinical audits. These include a documentation audit, falls audit and a seating and pressure cushion audit in residential care. The OT Department is a core member of the Falls Prevention Working Group and the Dementia and Delirium Working group.

### 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 offers clinical placements for Occupational Therapy students from all four years of the degree course. In 2022 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 a collaborative approach to patient safety and facilitating discharges home from Hospital. It is an Occupational Therapy led HSE funded service, hosted and managed by The Royal Hospital Donnybrook. The Occupational Therapy Services within the four Hospitals in South Dublin complete



an assessment of each appropriate patient's home environment and prescribe the installation of essential equipment or minor adaptations to the home environment facilitating a safer and rapid discharge. In 2022 there were 357 referrals to this very busy and unique service.

### SEATING CLINIC

The OT department operates a specialist seating clinic that designs appropriate seating systems for patients undergoing rehabilitation. This reduces issues such as contractures and pressure sores and promotes independence and functional return to mobilising and complete daily living tasks within our rehabilitation units.

### TRANSITION LODGE

We are delighted in the Occupational therapy Department to look forward to using a newly refurbished transition lodge in the rehabilitation for our patients transitioning to living independently at home. This will be an excellent resource for patient and therapist.

**Jo Cannon**  
Occupational Therapy Manager



# Physiotherapy Report

The physiotherapy department works across the whole hospital. Our team consists of one manager, one clerical officer, five Senior Physiotherapy staff, one Senior Physiotherapy Clinical Tutor staff, six staff grade physiotherapists and five Physiotherapy assistant staff.

Our departmental 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”.

We continued high activity levels across all in patient services this year (410 new assessments and 11,218 treatments) and saw 321 new and 2,396 returns outpatients in the Day Hospital. We provided 36 new assessments and 1,150 treatments visits across residential services. We were also delighted to be able to start new and continue previously established local service initiatives. We increased our number of classes/groups available to patients in 2023 with approx. 27 classes/groups running on a weekly basis, including; progressive resistance training (PRT), OTAGO classes, stroke and neuro specific exercise classes, patient education sessions, ready steady home, fit2function, ward walks and outdoor walks.

**SOME OF THE KEY HIGHLIGHTS FOR 2023 HAVE BEEN:**

- Very high patient satisfaction levels with the Physiotherapy service across all units through analysing quarterly feedback questionnaires data and service user information sharing days.

**PATIENT TESTIMONIALS 2023**

*“Excellent Physiotherapy service. The atmosphere is so inviting, organised and personal. The Physiotherapy staff are very attentive, pleasant, helpful and excellent at explaining information on an individual basis. The sessions were very well organised and very beneficial in encouraging me and keeping me mobile. I wish I heard of this physio department earlier, I have been very impressed and pleased that this service was recommended to me”*

- 93% compliance against National regulating Health and Social Care Professional body (CORU) documentation standards, through completion of biannual staff documentation audits in all areas.
- 100% compliance of all Physiotherapy staff obtaining CORU registration
- >93 % average compliance with Online MEG monthly departmental health and safety audits in conjunction with local health and safety group.
- > 75% compliance across all Mandatory training requirements with inclusion of dignity at work and ADMCA trainings in 2023. Physiotherapy staff continue to play an active role in promoting and organising Manual handling and People handling staff training hospital wide including providing advice regarding hoist and sling equipment in conjunction with General Services Manager.
- Continue involvement of all physiotherapy staff in local hospital wide groups in conjunction with all our colleagues. Physiotherapy staff contribute to NOCA Hip fracture database as part of Hip fracture group. We also played a vital role in the fall prevention group, through providing fall education initiatives and completed a falls prevention training day last September. Many members also contribute to the local Dementia & Delirium, LGBTQ+. HSCP and pressure ulcer groups. Furthermore the health and wellbeing of every staff member in hospital has always been at the forefront, and physiotherapy staff have taken the lead in driving many local projects. (The steps to health challenge, workplace wellbeing day, weekly mindfulness



- sessions, staff choir & a staff well-being day) through the hospital wellness group, to support the physical and psychological health of staff in collaboration with occupational health.
- A very successful World Physiotherapy Day event promoting the profession and providing education and management of the most common inflammatory arthritis to patients, resident and staff.
  - Ongoing commitment to electronic advances/ technology with the implementation of all Physiotherapy staff members now able to access Staff Care, thus enabling everyone to process their own leave electronically. Positive feedback from all staff has been received, in terms of feeling empowered to plan and manage their own leave and feeling that it has improved transparency and efficiency. We also were fortunate to obtain SPARK funding of the novel App device, GaitKeeper. This was designed by Digital Gait labs, which uses a patented Artificial Intelligence (AI) algorithm to compute a range of objective gait parameters, as a patient performs a gait assessment.

**CPD/PUBLICATIONS/RESEARCH/QI/AUDIT(S)**

Our local research and development group had a very successful year again, with 10 poster and oral presentations both ISCP (N=4) and IGS (N=6) conferences. Various CPD events for all staff occurred including 11 general in-services, various student presentations and PTA education series. We ran two very successful end of rotation presentations with 7 staff presenting on recent service developments and QI projects in February and 5 staff members presenting in July. We had two physiotherapy staff members successfully complete their master's degrees with funding assistance from the hospital. We hosted in conjunction the ISCP clinical interest group (CPNG) the StrokeEd team for a three-day workshop on upper limb rehabilitation in January 2023. The StrokeEd team also successfully ran an additional one-day CPD course (1,000 reps) in stroke rehabilitation in January 2023. We were the first location for the recommencement of in-person frailty training as part of the National Frailty Education Program (NFEP) in CHO 6 in May 2023. We again successfully hosted a two-day vestibular rehabilitation course in partnership with the CPNG in September 2023.

FRIENDS FUNDING

The physiotherapy department would also like to formally thank the Friends of Donnybrook in assisting with funding for professional video and photography work for the hospital. As a result, we were able to update the local hospital website including the Physiotherapy Department section. We further acknowledge continued scholar funding programme for all staff including physiotherapy.

2024 PLANS

In line with RHD Strategic Plan, the principles of Sláintecare and relevant National Clinical Care Programmes the physiotherapy team will continue to enhance the integration between acute and community care. We will continue to develop technological advances as we aim to continue to deliver an effective person-centred and goal-orientated Physiotherapy service, to all our patients and residents, through strong links with all our colleagues. We will look to progress projects commenced such as, Digital Gait Labs and the advancement of the Gaitkeeper application. We will also look to explore other potential projects involving advancing healthcare with the use of technology such as the Parkinson’s disease application of Kinetikos. I would like to finally acknowledge and thank every staff member for their commitment and their flexibility, navigating challenges such as reduced staff levels at times throughout this year. We would like to extend our warm appreciation for the work and support from Conor Leonard, the Hospital Management Team, The Friends, all Physiotherapy staff and each our colleagues this year.

Gerard Carey  
(Acting Physiotherapy Manager,  
December 2022- October 2023)

Elaine Ross  
(Physiotherapy Manager)

Risk Management

I am pleased to provide you with my report for 2023. The report highlights developments in the risk, health and safety area for this year. Newly published national policies guidelines by the HSE were incorporated into local policies and practice, including the HSE Enterprise Risk Management Policy and Procedures 2023. The implementation of VCare as the electronic healthcare record in residential units has significantly improved the quality and safety of care provided.

INCIDENT MANAGEMENT AND REPORTING

All incidents are reported under the internal reporting system on Sharepoint and followed up with local managers in a timely manner. Local incident management flash training sessions in all departments improved incident reporting across the organization.

SERIOUS INCIDENT MANAGEMENT TEAM

The serious Incident management Team (SIMT) reviews Category 1 Incidents or Serious Reportable Events (SRE) in order to gain assurance in relation to any immediate actions required, and to conduct and review a preliminary assessment. Where necessary, local action plans are put in place and monitored by Risk, Health and Safety Manager.

INCIDENT REVIEW GROUP

The Incident Review Group was restructured and meets quarterly to review incidents and any trends arising. Managers are invited to present incidents they faced and share their learnings with the group to promote information sharing and contribute to improved patient care. The group supports various initiatives based on identified needs including relevant training and education.

HEALTH AND SAFETY GROUP

The Health and Safety Group continues to coordinate the management of health and safety in the Hospital. It meets monthly and reports to the Hospital Quality and Safety Group. It has a continued focus on maintaining a high standard of health and safety throughout the organisation. Several initiatives were introduced and supported to improve patient and staff safety including: training, policy reviews, and replacement of essential equipment.

POLICY REVIEW AND DEVELOPMENT

A number of clinical and risk management related policies were reviewed and updated during the year. There is continued focus to keep policies up to date, and ensuring they are appropriately communicated and implemented.

OBJECTIVES FOR 2024:

- **Medical devices regulation compliance:** A full inventory of all medical devices used in the hospital will continue to be updated to ensure compliance with EU Medical Device Regulations.
- **Risk and quality management improvements:** Further development of Vcare with internal stakeholders. Improve the pathway for reporting incidents through a new software program or VCare. Continued education and training for staff on incident reporting.
- **Hospital’s Health and safety regulation compliance:** Continued engagement with appointed health and safety representatives to implement the regulation concerning safety and health requirements for work with display screen equipment.

Tanya Sharonizadeh  
Risk Health and Safety Manager



# Speech & Language Therapy

The Speech & Language Therapy (SLT) team in RHD provides assessment, therapy, advice and support to people with difficulties communicating, eating, drinking and/or swallowing. To do this, we use both evidence-based and innovative therapy techniques and resources.

Working in close partnership with our multi-disciplinary colleagues, we always strive to make positive differences in people’s everyday lives and to promote a culture which supports patient and resident well-being.

### 2023 SLT SERVICE HIGHLIGHTS

- One-to-one therapy for 153 residents and rehabilitation patients and 50 Day Hospital patients. This represents approximately 20,000 hours of Speech and Language Therapy input.
- In addition, group therapy for:
  - Aphasia and Dysarthria weekly groups for rehabilitation patients (both inpatient and Day Hospital).
  - Conversation weekly groups for long-term care residents. Initially, jointly facilitated by SLT and OT. This popular group has now split into 2 groups: A Monday Conversation group with OT; and residents requiring additional support with their communication attend a Thursday group with SLT and Music Therapy: ‘Chats ‘n’ Tunes’.
- Continuous Professional Development courses in 2023:
  - Lee Silverman Voice Treatment (LSVT Global)
  - Global Aphasia (University College London)
  - Advances in Neurogenic Dysphagia Conference (Trinity College Dublin)
  - IASLT conference
  - Quality Improvement (RSPI)
- Practice Education: Facilitated student placements for 2 SLT students from Trinity College Dublin and 2 from NUI Galway.
- Education for hospital staff, for example:
  - 2 Dysphagia Education Days. 68 staff attended.
  - In-services for OT and Physiotherapy colleagues about Aphasia.
- Audit:
  - Clinical Notes
  - Food Textures
- In-house multi-disciplinary collaborations:
  - Ongoing drive to improve patient goal setting in Stroke Rehabilitation
  - ‘Our Language’ – an initiative to raise all staff awareness of the impact on our patients of the language used by health professionals. To promote more person-centred, plain English.
  - Development of tool for MDT to self-evaluate the communication environment in care planning meetings for rehabilitation patients. Aim: awareness raising. Changes introduced as a result. Ongoing.
  - Ongoing drive to promote structured inter-disciplinary service planning on the Stroke Rehabilitation Team.
  - ‘Health and Social Care Professionals’ Group: Collaborative, joint CPD events.
  - ‘Nutrition Steering Group’ and associated working groups.
  - Staff ‘Health and Well-Being Group’.
  - ‘Dementia and Delirium’ Working Group – improving the physical environment to support accessibility and orientation for hospital patients.
- Presentations and collaborations outside the organisation. For example:
  - IASLT (Irish Association of Speech & Language Therapists) Biennial Conference 2023: Oral presentation about an inter-disciplinary initiative ‘Our Language’: *An Initiative to Raise Staff Awareness of the Impact of Our Choice of Words on Patients.*
  - RTE Radio 1’s 9 O’Clock show: SLT Senior Elizabeth interviewed alongside a patient who had completed her 4-week intensive voice rehabilitation programme.
  - Ongoing collaborations with SLTs in other rehabilitation sites (St Mary’s, Peamount and NRH), local Primary Care Teams and St. Columcille’s Hospital.

Rosanne Staveley  
Speech & Language Therapist Manager



## Recent Testimonials about Speech & Language Therapy in RHD:

“When I first came into the hospital I found it very overwhelming. When I started the Speech and Language I had no idea where it was leading to.... the very dedicated (SLT) staff put me at ease. At the time it was not easy. Not many people would be aware of this (aphasia). As for communication again I am doing really great.”

“I feel I’m better at communicating. I’m louder on a consistent basis in my day-to-day interactions. I feel less intimidated and am usually able to make myself be heard. ... If people understand the impact it has, the reason you’re doing all this is to build up the connections in your brain for speech.”

“I struggle to participate socially because of my voice, it is affecting my self-esteem and confidence. PD is very corrosive”. (....And after his first SLT session....) That made me confident that I’m coming out of the weeds.”

“Thanks to the great work of the Speech Therapist, it enabled me speak again. Here is my podcast where I have so far interviewed \*\*\* .... etc all only possible thanks to (Speech Therapist’s) incredible talent, patience and motivation. Can never thank her enough.”

“Your professionalism and kindness at all times was inspiring. I will never forget that. He was always at ease with you and he gained so much.” (From wife of a patient).



# 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.

During 2023 the MSW team took 376 new referrals and worked collaboratively both internally and with external key stakeholders including HSS teams, SGPT, Community and Disability Services, to achieve the goals of each patient and resident.

With full commencement of the ADM(C)A, the social work department continues to support each person they work with, patient or resident, to make their own decisions. Recognising and safeguarding this right is fundamental to what we do. It has however resulted in increased complexity in our work and has increased the time some processes can take.

The absence of a pastoral care service due to the recruitment embargo has also increased dependence on the MSW team for emotional support, end of life and bereavement care.

Along with case work the team are involved in many other initiatives including:

### ADMCA (ASSISTED DECISION MAKING CAPACITY ACT)

Chair of ongoing ADMCA working group meetings, delivering presentations, awareness raising, ensuring education completed by staff, practice and policy reviews. Display slides produced for TVs to increase patient, resident and public knowledge. The Director of the Decision Support Service came to present in RHD for patients, residents and staff. The ADMCA working group can also provide advice or guidance in situations where decision making ability may be a concern.

### LGBT+ GROUP

Development of educational sessions, use of Pride Month to promote inclusion, amend RHD policies & practices, continued liaison with LGBT+ Ireland for support & guidance.

### MUSIC THERAPY

We were delighted to secure funding for another year from the Friends of RHD for Music Therapy for patients and residents. This therapy is such an important addition to what we do in RHD.

### END OF LIFE CARE

MSW representation on the End of Life Working group and facilitation of End of Life reviews. Think Ahead packs made available to people while they can still make these decisions for themselves.

### RESIDENTS FORUM

Quarterly facilitation of the Residents Forum. The forum is open to all residents and is an opportunity to address any issues, share information and discuss any possible improvements we can make to our LTC. One of the meetings included a discussion on ADMCA, planning ahead and Advance Healthcare directives.

### SAFEGUARDING

Chair of the Safeguarding Steering Group and the Designated Officers group. We maintain a secure database to ensure records are maintained appropriately. Development of Child Safeguarding Statement and information display

Submission will be made on 2024 policy proposals on Adult Safeguarding in Health and Social Care sector.

Rolling out Safeguarding refresher training with Nursing Designated Officers on wards and residential units.

### CONTINENCE & REHABILITATION

Following issues raised by MSW team member, we looked at establishing a working group to try



ensure consistent rehabilitation and proactive approach across the hospital. Group established and will commence work in 2024.

### HOSPITAL STRATEGIC/OPERATIONAL PROJECTS

Through representation on the HMT the department continues to contribute to future planning of services.

### TRAINING/CPD

The department maintained compliance with mandatory training.

Other training included ADMCA, Navigating Conflict, Disenfranchised grief, CEOL Networks, CEOL Facilitation, Participation in HSCP (MSW secretary) and Staff Wellness groups. LGBT Champions network, Transforming Healthcare for LGBTQI+ Communities, Dementia and Carer Harm, Designated Officer training, Awareness and

disclosure working sensitively with Victims of Rape and Sexual Assault, Solution Focused training, Open disclosure, Practice Teacher training.

The MSW team looks forward to 2024 and contributing to making the patient and resident experience of RHD the very best it can be.

The MSW team looks forward to 2023 and contributing to making what we do in RHD the very best it can be.

Aoife O’Neill  
Principal Medical Social Worker



# Summary Financial Information

for the year ended 31.12.23

The full Report and Financial Statement, with the accompanying notes and Independent Auditor's Report will be available after the Annual General Meeting on the Hospital's website, [www.rhd.ie](http://www.rhd.ie), or by phoning the Corporate & Patient Services Office at (01) 406 6629.

The Hospital's Annual General Meeting will take place in the Hospital Concert Hall at 5.30pm on Thursday 17 October 2024.



# Income and expenditure account

for the year ended 31.12.23

	Unrestricted Funds 2023 €	Restricted Funds 2023 €	2023 Total €	2022 Total €
<b>Income from:</b>				
Charitable activities	-	25,964,658	25,964,658	25,123,306
Ward Improvement Grant HSE	-	1,910,470	1,910,470	434,000
Donations and legacies	319,852	-	319,852	18,248
Other Income	29,313	-	29,313	29,013
<b>Total income</b>	<b>349,165</b>	<b>27,875,128</b>	<b>28,224,293</b>	<b>25,604,567</b>
<b>Expenditure on:</b>				
Charitable activities	119,641	26,159,396	26,279,037	24,517,852
Other expenditure	105,684	-	105,684	79,165
<b>Total</b>	<b>225,325</b>	<b>26,159,396</b>	<b>26,384,721</b>	<b>24,597,017</b>
<b>Net income</b>	<b>123,840</b>	<b>1,715,732</b>	<b>1,839,572</b>	<b>1,007,550</b>
Transfer between funds	1,910,470	(1,910,470)	-	-
Other recognised gains/ (losses)	-	-	-	-
<b>Net movement in funds</b>	<b>2,034,310</b>	<b>(194,738)</b>	<b>1,839,572</b>	<b>1,007,550</b>
<b>Reconciliation of funds:</b>				
Total funds brought forward	2,537,773	1,182,300	3,720,073	2,712,523
<b>Total funds carried forward</b>	<b>4,572,083</b>	<b>987,562</b>	<b>5,559,645</b>	<b>3,720,073</b>

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

Mr. Conor O'Connor  
Ms. Dorothy MacCann

# Balance Sheet

for the year ended 31.12.23

	2023 Total €	2022 Total €
<b>Fixed assets</b>		
Tangible assets	<b>4,032,093</b>	<b>2,241,264</b>
<b>Current Assets</b>		
Funding Due - HSE	3,202,576	3,424,680
Receivables and Prepayments	240,527	391,888
Cash and cash equivalents		
- Patient funds	388,355	381,171
- Hospital funds	1,355,048	1,133,786
	<b>5,186,506</b>	<b>5,331,525</b>
<b>Creditors:</b> amounts falling due within one year Payables and accrued expenses	(3,270,599)	(3,471,545)
Patient funds	(388,355)	(381,171)
	<b>(3,658,954)</b>	<b>(3,852,716)</b>
<b>Net current assets</b>	<b>1,527,522</b>	<b>1,478,809</b>
<b>Total assets less current liabilities</b>	<b>5,559,645</b>	<b>3,720,073</b>
<b>Total Net assets</b>	<b>5,559,645</b>	<b>3,720,073</b>
<b>The funds of the charity:</b>		
Unrestricted funds	4,572,083	2,537,773
Restricted funds	987,562	1,182,300
<b>Total charity funds</b>	<b>5,559,645</b>	<b>3,720,073</b>

## ON BEHALF OF THE BOARD OF MANAGEMENT

Mr. Conor O'Connor  
Ms. Dorothy MacCann



# List of Governors 2023

Mrs. Yvonne Acheson	Mr. Mark Collins	Mr. Vincent Finn
Mrs. J Ansell	Mr. Anthony. E.Collins	Mr. Mark Fitzgerald
Ms. Fiona Ashe	Ms. Anne Connolly	Mr. Michael Forde
Ms. Tania Banotti	Mr. Alan Cooke	Mrs. Sylvia Fry
Mr. Roy Barrett	Ms. Joan Costello	Dr. Graham Fry
Mr. Charles Barry	The Hon. Ms. Justice Caroline Costello	Mr. Pascal Fuller
Ms. Myra Barry	Mrs. Catherine Coveney	Ms.Maureen Gaffney
Mrs. Barbara Baynham	Ms. Lucinda Creighton, T. D.	Mr. Jim Gahan
Mr. Walter Beatty	Mr. Vincent Crowley	Mr. Colm. J. Galligan
Mr. Keith Blackmore	Mr. Declan Cunningham	Ms. Alyson Gavin
Mr. R. Blakeney	Mr. James Darlington	Mr. Cecil Geelan
Dr. Paul Brady	Mr. Sean Davin	Ms. Ita Gibney
Prof. Niamh Brennan	Mr. Joseph Davy	Ms. Jill Gibson
Mrs. Loretta Brennan-Glucksman	Mr. Michael Dawson	Mr. David & Mrs. Catherine Gibson Brabazon
Mr. James Breslin	Mr. John de Vere White	Mr. Eamonn Glancy
Dr. Brian Briscoe	Ms. Ruth Deasy	Mr. Michael Gleeson
Dr. David Brophy	Mr. Hubert Dennison	Mr. Peter Gleeson
Mr. David Burnett	Dr. Audrey Dillon	Mr. Pat Glennon
Mr. Douglas Burns	Ms. Connie Dowling	Mr. E.R.A. Glover
Mr. Alex Burns	Mr. Mark Doyle	Mr. George Good
Mrs. Joyce Byrne	Mr. Mick Dwan	Mr. Billy Gorman
Mr. Paddy Byrne	Mr. Derek Earl	Mr. Hugh Governey
Ms. Margaret Cagney	Ms. Emily Egan McGrath	Mr. Alan Graham
Mrs. Ruth Carnegie	Mrs. Audrey Emmerson	Miss. D. Graham
Mr. David Carrigy	Mr. Rodney Evans	Rev. Alastair Graham
Mr. John Carroll	Mr. Patrick Ewen	Dr. Marie-Elaine Grant
Mr. Harry Carroll	Ms. Denise Fanagan	Mr. Randal N.Gray
Mr. J.D. Carroll	Ms. Alison Fanagan	Mr. Gerald Griffin
Mr. Kenneth Carroll	Ms. Kaye Fanning	Mr. Niall Gunne
Dr. Marguerite Carter	Mr. Rossa Fanning	Mr. David Gunning
Mr. Stephen Cloonan	Mrs. Flo Fennell	Rev. Sonia Gyles
Judge Patrick Clyne	The Hon. Ms. Justice Mary Finlay Geoghegan	Miss Ruth Handy
Mr. Charles Coase		

Mr. Liam Hanrahan	Dr. David Kevans	Mr. Paul McLaughlin
Mr. John Harris	Mrs. Gladys Kingston	Mr. Paid McMenamin
Mr. Tom Hayes	Cllr. Dermot Lacey	Mr. Paul McQuaid
Mr. Ivan J. Healy	Mr. John Lacy	Mr. Donald P. McShane
Mrs. Eithne Healy	The Hon. Miss Justice Mary Laffoy	Mrs. Mary Geraldine Miller
Dr. Carmencita Hederman	Mr. Peter Ledbetter	Mr. Matt Minch
Mr. Eugene Hillery	Mr. Victor Levingstone	Mr. Colm Moloney
Mrs. Miria Hillery	The Venerable Gordon Linney	Mr. Tony Mulderry
Dr. Claire Hogan	Mr. Jerry Liston	Judge Catherine Murphy
Mr. John Hogan	Ms. Caroline Lundy	The Hon.Mr.Justice Francis Murphy
Mr. Laurence J. Holmes	Ms. Aine Lynch	Mr. Mark W. Murphy
Judge Seamus Hughes	Mr. Brendan Lynch	Mrs. Margaret Murphy
Ms. Kathleen Hunt	Mr. Peter Lynch	Mrs. T. Murphy
Dr. Una Hunt	Mrs. Patricia Madigan	Ms. Orla Murphy
Mrs. Ruth Hurson	Ms. Mary Mallon	Mr. Eoghan Murphy, T. D.
Ms. Gemma Hussey	Mr. David Martin	Mr. Gerard Murtagh
Ms. Noella Hynes	Mr. Michael Maughan	Mr. Liam Nicholl
The Hon. Ms. Justice Mary Irvine	Mrs. Gemma Maughan	Mrs. Katherine Nixon
Ms. Paula Jennings	Mrs. Marcella Maughan	Mr. John D. Nunan
Mrs. Olive Jones	Mrs. Margot McCambridge	Mgr. Lorcan O’Brien
Mr. Padraic Jordan	Ms. Dorothy McCann	Ms. Cathy O’Brien
Prof. Michael Keane	Cllr. Paddy McCartan	Ms. Moira O’Brien
Dr. Erika Keane	Mr. Jim McCarthy	Mr. Jim O’Callaghan, S. C.
The Hon. Mr. Justice Nicholas Kearns	Prof. Geraldine McCarthy	Mr. Roland O’Connell
Mr. James Kelly	Ms. Michele McCormack	Mr. Conor O’Connor
Mr. Patrick Kelly	Mr. Timothy McCormick	Mr. Tom O’Connor
Mr. Peter F. Kelly	Ms. Sunniva McDonagh	Judge John O’Connor
Mr. Patrick Kelly	Mr. Brendan McDonald	Mrs. Susan O’Connor
Mr. Niall Kelly	Mr. Lonan McDowell	Cllr. Claire O’Connor
Dr. Donal J. Kelly	Mr. Michael McDowell	Mr. John O’Donnell
Mr. Jerry J.Kelly	Ms. Christine McElhinney	Mr. Marc O’Dwyer
Mr. David Kennedy	Mr. Paul McEnroe	Dr. Annemarie O’Dwyer
Miss Rosaleen Kennedy	Ms. Patricia McGettrick	Dr. Alan O’Grady
Mr. Charles Kenny	Mr. Patrick McGilligan	Dr. Ann O’Grady-Walshe
Dr. Brian Keogh	Dr. Noel McGrath	Mrs. Clare O’Halloran
	Mrs. Olive McGuckin	

# List of Governors 2023 / continued

Mr. Desmond O'Halloran	Mr. Brendan Scannell	Mr. Arthur Vincent
Ms. Maire O'Higgins	Mr. Frank Scott Lennon	Ms. Helena Walsh
Dr. Nial O'Leary	Mr. Sean Sexton	Cllr. Barry Ward
Mr. John O'Leary	Mrs. Ruth Shanahan	Mr. John White
Ms. Rosemary O'Loughlin	Mr. H. K. Sheppard	Mr. Gerry White
Ms. Laura O'Mara	Mrs. Jeremy Sherwell-Cooper	Mr. Joseph A. Whitten
Ms. Niamh O'Regan	Mr. Tom Shields	Ms. Brenda Wilkes
Mr. John O'Reilly	Ms. Philomena Shovlin	Ms. Jane Williams
Mr. Kenneth O'Reilly Hyland	Mr. David Simpson	Mrs. Maeve Woods
Mr. Paul O'Reilly Hyland	Mr. James Simpson	Mr. James & Mrs Susan Wyse
Mr. Kenneth O'Reilly Hyland Junior	Mr. Harry Simpson	Mr. Mark Younge
Ms. Caroline O'Shea	Mr. Ian Slattery	
Mr. Liam O'Sullivan	Prof. Susan Smith	
Miss Terri O'Sullivan	Mr. Barry Smyth	
Mr. Brendan Pigott	Ms. Jacqueline Smyth	
Mr. Gordon Poff	Mr. Victor Stafford	
Mrs. Anne Potterton	Ms. Katrina Strecker	
Mrs. Margaret Power	Mr. Colin Sullivan	
Mrs. Penelope Proger	Ms. Steph Sullivan	
Mr. Michael Purcell	Mr. Garratt Sullivan	
Ms. Liz Quinn	Mr. G. J. R. Symes	
Ms. Brenda Quinn	Mr. Malcolm Taylor	
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Mr. Ruairi Quinn, T. D.	Mr. Gary R. Tennant	
Mr. Brian Ranalow	Mrs. Sylvia Tennant	
Dr. Fintan Regan	Mr. Norman Thompson	
Ms. Cathy Reynolds	Mrs. Rosemary Thompson	
Mr. Graham Richards	Mr. Donal Thornhill	
Ms. Joyce Rigby-Jones	Ms. Maura Thornhill	
Dr. David Robinson	Mr. John Tierney	
Mrs. Breda Ryan	Ms. Mary Tunney	
Mr. Derek Scally	Mr. Anthony Twomey	
Ms. Edwina Scanlon	Mr. Stephen Vernon	





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