



# Directors Annual Report and Financial Statements 2019

Registered Charity Number 20002374



THE ROYAL VICTORIA  
EYE AND EAR  
HOSPITAL DUBLIN

LOOKING AFTER THE NATION'S EYES AND EARS SINCE 1897

## Administrative Details

<b>Registered Name:</b>	Royal Victoria Eye and Ear Hospital	
<b>Registered Address:</b>	Adelaide Road Dublin 2	
<b>Charity Registration Number:</b>	20002374	
<b>Legal Structure:</b>	Established by the Dublin Eye and Ear Hospital Act 1897	
<b>Council Members:</b>	Patrick Dowling (President) Paul Moriarty (Acting Chief Executive until September) Donal Brosnahan (Accountable Officer from September) John Casey (until March) Doreen Delahunty Aisling Dodgson Frank Fenn Susan Gilvarry Elaine Hanly Stephen Hone Dermot Kelly Hugh Kelly Dara Kilmartin Brian McKiernan Conor Murphy Stephen Murphy Declan O'Donoghue (until March) Willie O'Reilly Chris White	
<b>Ex Officio Members</b>	The Lord Mayor of Dublin Councillor Patrick McCartan	
<b>Auditors:</b>	PricewaterhouseCoopers One Spencer Dock North Wall Quay Dublin 1	
<b>Solicitors:</b>	Mason Hayes and Curran South Bank House Barrow Street Dublin 2	A&L Goodbody Solicitors Northwall Quay Northwall Dublin 1
<b>Bankers:</b>	Allied Irish Bank Westmoreland Street Dublin 2	

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## Section 1: Presidents Statement

We can look back at 2019 with a good sense of satisfaction at the progress we have made over the course of the year. More patients passed through the hospital than ever before. The Out-Patients department saw a record number and the number of procedures carried out were also at an all-time high. The hospital also ranked 1st in the National Patient Experience Survey<sup>1</sup> which reflects on the commitment of our people and the care they provide. We were also financially prudent and managed to come in within our allocation from the HSE.

Probably the most significant achievement in 2019 was the elimination the cataract waiting list. This was not an achievement of 2019 but rather one that stems from a Council decision in 2015 to approve the development of a, privately funded, stand-alone Cataract Unit. When the unit opened, in July 2017, the hospital had 2,667 patients on the cataract waiting list with 850 of those waiting over 1 year. By December 2019, the waiting list was essentially eliminated with the vast majority of all cataract patients now being treated within 3 months. The majority of those waiting more than 3 months is due to patient choice. In addition, in 2019 we took 676 of the longest waiters from the Mater Hospital, to help reduce the overall public waiting time for cataract procedures. We are very grateful to the National Treatment Purchase Fund whose support has funded this increased cataract activity. We hope they continue to support us in 2020.

During 2019 we also made significant strides in improving the hospital's services to our patients. During the year we opened a new virtual Glaucoma Clinic, fitted it out with new equipment, installed new MediSight electronic health record and, utilising Advanced Nurse Practitioners, diagnosed and treat Glaucoma patients more effectively and more quickly than in the past.

Further work has been undertaken with key suppliers of the Electronic Data Management System (MediSight) and the Document Management System (Docman) to ensure that the hospital complies with all GDPR requirements if the UK leaves the European Union in a disorderly manner. These systems are central to the roll out of the National Programme in Ophthalmology and the delivery of community care facilities.

We also progressed the development of community care units in conjunction with Community Healthcare Organisation CHO 6 and 7. These units will be based in Dun Laoghaire and Tallaght. The units will be let by a Consultant Ophthalmologist, who will come under the governance of the RVEEH and who will provide clinical leadership for the units. Recruitment for those posts will commence in 2020.

In July, the Minister for Health announced creation of 6 Regional Health Areas to manage primary, community and hospital care for the country. Significantly, the Ireland East Hospital Group, of which the hospital is a member, was to be split in two. The Mater Misericordiae University Hospital, Cappagh Hospital and Our Lady's Hospital Navan are to be split from the group and amalgamated into Regional Health Area A, along with the Royal College of Surgeons Hospital Group. The remainder of the IEHG hospitals are going to be joined by Waterford University Hospital and South Tipperary University Hospital in Regional Health Area C.

While there has been significant progress in 2019, significant issues remain. Our out-patient capacity, despite record attendances, is not sufficient to meet demand and the hospital has a significant waiting list for new patients and a growing waiting list for patients over 1 year past their due review date. This will be a major priority for the hospital in 2020. In conjunction with the development of a plan and the commencement of the upgrading of the hospital to meet modern standards of care.

We look forward to updating on progress next year.

Patrick Dowling  
President

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<sup>1</sup> National Patient Experience Survey Report, November 2019

## Section 2: Organisation Purpose

### Context

The Royal Victoria Eye and Ear Hospital (RVEEH) in Dublin was founded in 1897 and is the National Referral Centre for both Eye and Ear, Nose & Throat disorders. The hospital provides Ophthalmology and Otolaryngology services to over 110,000 patients annually.

The Royal Victoria Eye and Ear Hospital (RVEEH) is a National Centre of Excellence providing tertiary and quaternary services in Ophthalmology and Otolaryngology. The hospital is the main tertiary provider for complex subspecialty eye disorders. Academic and clinical training are provided to undergraduate and postgraduate medical students from Royal College of Surgeons in Ireland, University College Dublin and Trinity College Dublin. Research in both Ophthalmology and Otolaryngology is undertaken in partnership with the academic institutions.

### Mission, Vision and Core Values

The Royal Victoria Eye and Ear Hospital's Mission, Vision and Values are at the core of its identity. They serve as the key elements that guide the organisation in developing practical yet innovative methods that have the potential to improve healthcare safety and quality.

The Royal Victoria Eye and Ear Hospital mission statement is:

*"In partnership with the Department of Health and Children, the Health Service Executive and in co-operation with other statutory and non-statutory bodies - "to maintain the Hospital as a national centre of excellence for the treatment of adults and children with ophthalmic or otolaryngological diseases, through providing a first class, caring, efficient and cost effective service, while fostering and recognising the contribution of staff and developing and promoting the Hospital's reputation in Research and as a teaching Hospital"*

The Royal Victoria Eye and Ear Hospital vision is:

*"Improved quality of life through comprehensive care of the eye, ear, nose and throat".*

The hospital vision is defined by the following values:

- **Quality health care**  
To provide a quality, safe, effective patient centered service to patients.
- **Integrity and leadership**  
To promote integrity, effective leadership and teamwork within the organisation to continuously improve the standards of care delivered.
- **Responsiveness**  
Understanding and meeting the needs of the patients.
- **Achieving together**  
Collaborating for improvement through ongoing consultation, partnerships and teamwork.

## Section 3: Structure Governance and Management

The Royal Victoria Eye and Ear Hospital is a body corporate with functions and responsibilities as set out by the Dublin Eye and Ear Hospital Act 1897. The Schedule to the 1897 Act sets out the rules and regulations for the management and direction of the affairs of the hospital (Dublin Eye and Ear Hospital Act 1897).

The standards of conduct and probity that the Council of the Royal Victoria Eye and Ear Hospital are required to observe is set out in the Corporate Governance Manual. The key functions of the Council are:

1. The main object of the hospital is to provide quality, safe, effective person-centred care and support through effective leadership, governance and management.
2. The following objects set out hereafter are exclusively subsidiary and ancillary to the main object set out above.
  - (a) Complying with laws and regulation and meeting the hospital's responsibilities to the patient population served.
  - (b) Defining the hospital's mission and creating the policies and procedures to fulfil the mission.
  - (c) Clear accountability arrangements to achieve the delivery of high-quality safe healthcare.
  - (d) Formalised governance arrangements which clearly define roles, accountability and responsibilities throughout the organisation.
  - (e) Systematic monitoring arrangements for identifying, managing, reducing and eliminating risks including clinical, financial and viability risks to safeguard service users.

The President (Chair) of council is Patrick Dowling and the Company Secretary is Sharon Gaffney.

### ***Composition of the Executive Council***

The 1897 Act sets out the composition of the Council as follows:

- Ex-Officio Members: 3 members in total comprising (1) The Lord Mayor of Dublin, (2) a nominee of the Corporation of Dublin and (3) the President of Council of the Hospital.
- Medical Members: 3 from the Royal Victoria Eye and Ear Hospital staff.
- Additional Members, also known as Lay Members (Life and Ordinary) - 14.

The following provisions shall apply to the election of the Council.

- (a) The President shall be elected by the members for such period as the Council may on his election determine or until he resigns (within the Act 1897, all reference to gender is inclusive of all genders).
- (b) Council members will be elected for a period of three (3) years and at any time may serve no more than three (3) consecutive terms of three (3) years. To ensure continuity, only one-third of the members of the Council may go forward for election at any one time, this number should be made up of those longest in office.
- (c) Secretary to Council of the Hospital  
The Act allows for the appointment of a registrar or secretary, who shall be appointed in writing by the Council. The Secretary is responsible to the Council for ensuring that a code of Corporate Governance is in place and that Council procedures are complied with.
- (d) The Master/Secretary Manager (Accountable Officer) will act as secretary to the Council at the Royal Victoria Eye and Ear Hospital.

*See attendance chart in Appendix 1*

### ***Council Committees***

The Council has established Committees and a Medical Board, with the Terms of Reference of Committees and the Medical Board determined by Council. The Council Committees include:

- Finance Committee
- Audit and Risk Committee
- Nominations Committee
- Medical Board
- Ethics Committee

### ***Council Recruitment (Nominations Committee)***

The purpose of the Nominations Committee is to nominate candidates for office to the Council.

The Committee shall:

- Having regard to the requirements of the Hospital Charter, regularly review the structure, size and composition (including the skills, knowledge and experience) required of the Council compared to its current position and make recommendations to Council with regard to any changes.
- Give full consideration to succession planning for the Council, the Master/ Secretary Manager and other appropriate Senior Executive positions in the course of its work. A Senior Executive position is one which reports directly to the Master/ Secretary Manager (Accountable Officer).
- Be responsible for identifying and nominating for the approval of Council, candidates to fill Council vacancies as and when they arise.
- Keep under review the leadership needs of the organisation with a view to ensuring continued ability of the organisation to compete effectively in appropriate areas of endeavour.
- Ensure that on appointment to Council, Members receive a formal letter of appointment indicating the term of the appointment and the associated commitment in terms of time.

The Committee shall also make recommendations to Council concerning:

- The formulation of plans for succession for Council Members and in particular the key roles of President and Master/Secretary Manager (Accountable Officer).
- Membership of the Audit, Ethics and Finance Committees, in consultation with the Chairpersons of those committees.
- Re-appointment or otherwise of Council Members at the conclusion of their terms of office.
- The appointment (permanent or temporary) of any person to a Senior Executive position

#### ***Membership***

- Members of the Committee shall be appointed by the Council and shall be made up of at least 3 members, the majority of whom shall be lay members of Council.
- Only members of the Committee have the right to attend Committee meetings. Other individuals may be invited to attend as and when appropriate.
- Appointments to the Committee initially shall be for a period of up to three years, which may be extended for two further three-year periods.
- The President shall be the Committee Chairperson. In the absence of the President the remaining members present shall elect one of their number to chair the meeting. The President shall not chair the Committee when it is dealing with the matter of succession to the Presidency.
- A quorum of two members is required.

#### ***Frequency of Meetings***

- The Committee shall meet at least once a year in January or February and at such other times as the Chairperson shall require.

#### ***Annual General Meeting***

- The Chairperson of the Committee shall attend the Annual General Meeting prepared to respond to any appropriate questions on the Committees activities.

#### ***Reporting Responsibilities***

- The Committee Chairperson shall report formally to the Council on its proceedings after each meeting on all appropriate issues.
- The Committee shall make whatever recommendations to the Council it deems appropriate on any area within its remit where it believes action is needed.

### ***Induction of Council***

The Council shall undergo orientation through a planned induction programme to ensure that they understand their responsibilities and duties, including the requirement to keep information confidential and to avoid undue external influence.

The Council Secretary, supplies new Council members with the following induction material:

- Details of Council members' specific roles and responsibilities.
- An up-to-date copy of this Corporate Governance Manual and related appendices.
- A schedule of committees appointed by the Council, their terms of reference and membership.
- A formal schedule of matters reserved for Council decision.
- A copy of the most recent President's Report.
- The Royal Victoria Eye and Ear Hospital information Pack.

All new Council members shall formally acknowledge in writing that they understand, and will comply with, their responsibilities as Council members.

### ***Key Functions of the Council***

#### *Strategic*

- A rolling five-year corporate strategy is formulated, adopted and reviewed as necessary.

#### *Statutory obligations*

- The Council holds and retains overall responsibility for discharge of its key functions. It complies with all statutory regulations and legal obligations which apply to the Royal Victoria Eye and Ear Hospital.

#### *Fiduciary & Reporting*

- The Council approves financial and accounting policies and supervises the production and submission of Annual Accounts on the recommendations of the Financial Committee and the Audit and Risk Committee. The Council shall ensure annual accounts are audited.

#### *Appointments*

- The Council selects and appoints the Master/CEO/Secretary Manager (Accountable Officer). It approves the related contract of employment, including remuneration and institutes a process of annual performance appraisal.
- The Council approves procedures for the making of all senior appointments, to ensure objectivity and the quality of these appointments.

#### *General*

- The Council ensures that a robust management structure is in place.
- The Council appoints Council committees and determines their terms of reference.

### **Matters Reserved for the Council**

#### *Human Resources*

- Approval of staffing complement.
- Approval of new consultant posts.
- Approval of Interview Boards for consultants' posts and Council nominee.
- Approval of new posts at Grade VIII, and equivalent, or above.
- Approval of Interview Boards for Grades VIII, and equivalent, or higher posts and Council nominee.
- Approval of Interview Boards for Department Heads and Council nominee.
- Disciplinary procedures involving consultants and senior staff.
- Formal approval for the appointment and dismissal of staff in the following categories:
  - Consultants
  - Grade VIII, and equivalent, or above
  - Department Heads
  - Review all Disciplinary Procedures at least every three years.



### *Financial*

- Approval for any loan agreement (s) exceeding €50,000.
- Approval for any property / premises lease agreements exceeding annual outlay exceeding €50,000.
- Approval for any capital expenditure which exceeds €100,000 (relating to buildings, equipment, plant or refurbishment).
- Approval of individual non-medical contracts exceeding €250,000.
- Approval of annual budget allocation to “Divisions” and major departments.
- Approval of Significant / Material reductions in service levels due to budgetary constraints.
- Approval of Significant / Material increases in service levels due to demand.

### *Agreements*

- Approval of Service Level Agreement and any draft thereof to be submitted to the relevant funding authority.
- Approval of any new agreement / contract (or renewal of existing agreement / contract) which has strategic importance for the hospital (e.g. UCD Teaching Agreement).

### *Risk Management*

Decisions to be made resulting from the potential impact of adverse risk management reports (e.g. Closure of facilities or portion of facilities due to fire risk).

#### Strategic Planning

- Approval of strategic plan for hospital.
- All decisions relating to material alterations in policy.
- Approval of any conjoint working and / or shared.
- Services agreements.

### *Reports to Council*

Review Reports in relation to all of the following issues:

1. Patient Care (half yearly).
2. Ethics (ongoing).
3. Quality and Safety Management (monthly).
4. Regulatory and Accreditation Compliance (yearly).
5. Performance Indicators (high level) (ongoing).
6. Risk Management and Risk Transfer by way of insurance (yearly).
7. Human Resources, including medical staff (quarterly).
8. Provider Plan Monitoring (including budgets) (monthly).
9. Hospital Development Programme (quarterly).
10. Joint / Shared Services (quarterly).
11. Internal Audit / Internal Controls (half yearly).
12. Any special salary arrangements to be reported to Council.
13. Dismissals of any permanent staff affected to be reported to Chairperson.
14. Minutes Of Medical Board.
15. Minutes of HMG.

Other issues decided upon from time to time as appropriate for reservation for Board.

### **Conflicts of Interest**

The Council recognises that by nature, Council Membership embraces potential for conflict of interest. The principal circumstances giving rise to such possibilities in the Royal Victoria Eye and Ear Hospital case are as follows:

- (a) Instances where a Council Member can influence procurements and awarding of contracts for which groupings or enterprises with which he is associated directly or indirectly are competing.
- (b) In the former case, Council Members are required to declare such an interest to the

- President (Chairperson) of the Council.
- (c) In the latter case, Council Members are required to similarly declare such an interest and step aside from the related procurement / contract review, selection and awarding process.

#### *Disclosure of Interests*

To avoid conflicts of interest and the possibility of unjust enrichments each Council member furnishes to the organisation's Secretary details of their employment and all other business interests including shareholdings which could involve a conflict of interest or could materially influence their functions as a member of the Council. Interests of family and other connected persons or bodies are also declared. This information is held in a Register of Board member interests held in trust with the Master/Secretary Manager (Accountable Officer) and accessible only by the President.

- When a matter arises, which might involve a conflict of interest the Council member is required to inform the President.
- Shareholdings valued at less than €15,000 need not be disclosed.
- Where doubt arises about the need for disclosure the member consults the President.
- The Hospital Secretary maintains a confidential register of Council members interests which is updated annually.
- Documents relating to dealings with interests of a member of the Council are not made available to the member concerned. Where such documents are received they should be returned. A member absents himself from discussions relating to such dealings.
- Where a question arises as to whether or not a case relates to a member's interests the President adjudicates.

#### **Risk Management**

The Royal Victoria Eye and Ear Hospital is committed to ensuring that risk management forms an integral part of its philosophy, practices and business plans rather than viewed or practised as a separate programme and that responsibility for implementation is accepted at all levels of the organisation. The hospital manages risks across the full range of its responsibilities in line with its corporate objectives and national standards.

The Council recognises that risk management is an integral part of good, effective and efficient management practice and to be most effective should become part of the Trust's culture and strategic direction.

The Risk Management Annual Report reflects the risk management activities and developments in the hospital for 2019. The purpose of the report is to:

- Summarise the key activities relating to risk management undertaken during the year.
- Highlight the progress in the ongoing development of the hospital's risk management arrangements
- Outline the risk management objectives for the coming year.

#### **Approach to Remuneration & Performance Management.**

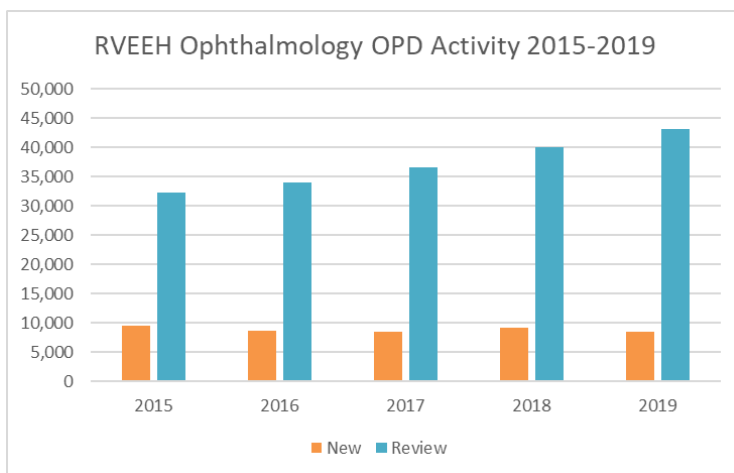
The Royal Victoria Eye and Ear Hospital works within the agreed remuneration scales and performance management process applied by the Health Service Executive.

## Section 4: Achievements and Performance

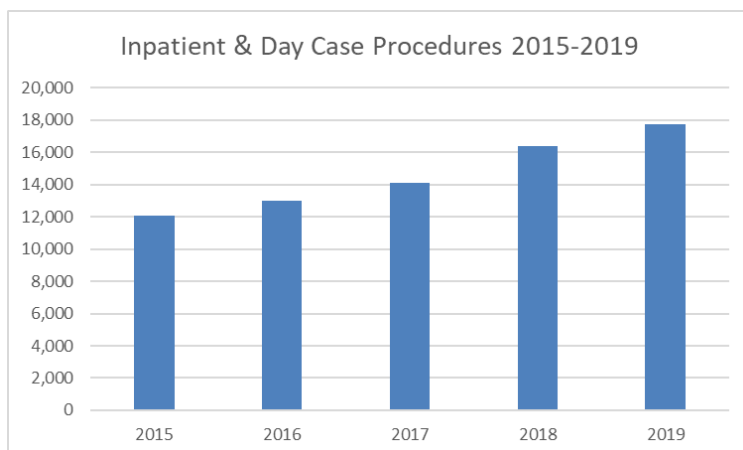
The Royal Victoria Eye and Ear Hospital (RVEEH) is Ireland's only dedicated Ophthalmic and ENT surgical hospital and treats over 110,000 patients per year. The hospital ranked 1st in the National Patient Experience Survey<sup>2</sup> and is one of only two public hospitals in Ireland to be accredited by Joint Commission International (the international accreditation body on standards of care in healthcare organisations). The RVEEH has demonstrated its strong track record of financial management and operates at or around breakeven every year. It has kept within its HSE allocation for each of the last ten years.

### Activity at the Hospital:

The RVEEH is primarily an elective care hospital with high level subspeciality expertise that provides a tertiary and quaternary service for patients. That is seen in the significant increases in Ophthalmology out-patient activity (OPD) which has increased 24% since 2015 and a 47% increase in day case and in-patient procedures, also since 2015.



This increased activity has taken place within the current physical infrastructure of the hospital, which has now past the capacity for expansion.



### Elimination of the public Cataract waiting list for surgery:

The Cataract Unit opened in July 2017, funded by the hospital's Teaching and Development Foundation. When the unit opened the hospital had 2,667 patients on the cataract waiting list with 850 of those waiting over 1 year. By December 2019, the unit had effectively eliminated the waiting list, with any patients waiting over 3 months for a procedure doing so by choice. The hospital now delivers in excess of 4,000 cataract surgeries per year.

<sup>2</sup> National Patient Experience Survey Report, November 2019

In order to make the service as efficient as possible the hospital, working with the Service Improvement Team in the Ireland East Hospital Group and Simpler (external consultants in lean methodology), undertook two Rapid Improvement Events in 2019 to increase the efficiency of the service. The first event took place over the course of a week in January and was specifically focused on improving the service delivery and throughput in our theatres. The second event in September focused on a re-design the post-operative cataract pathway with the view of transferring all future non-complex cataract reviews to the community setting once the Primary Care teams are in place to take them (probably the second half of 2020).

### **Implementation of a Hub and Spoke delivery model for Ophthalmology, in line with the National Clinical Programme for Ophthalmology (Model of Eye Care<sup>3</sup>).**

*Primary Eye Care Clinics:* The National Clinical Programme (NCP) for Ophthalmology recommends a Hub and Spoke model of eye care. Each Community Healthcare Organisation (CHO) is to establish a Primary Eye Care Clinic, as appropriate for the population density and geographic spread in that area, to manage all Primary Care eye requirements for children and adults within that CHO.

The clinical lead in each Primary Eye Care Clinics will be a Consultant Medical Ophthalmologist. This new post will come under the governance of the relevant Ophthalmology hospital. For the Royal Victoria Eye and Ear Hospitals, this means that two CHOs clinical leads will fall under its remit. The process of approving the posts through the Consultant Appointments Advisory Committee (CAAC) was completed in 2019, with the recruitment starting in early 2020. The opening of these services will make a significant difference to the out-patient waiting list in the hospital.

### **Service Improvement.**

*Glaucoma Virtual Clinic:* The Virtual Glaucoma Clinic was initiated in 2019. It sees all patients with stable glaucoma or those deemed 'glaucoma suspects' and are managed by an Advanced Nurse Practitioner (ANP) under the supervision of the lead consultant in glaucoma. This has significantly increased the numbers of patients seen and enables a more appropriate use of consultant and nurse resources.

*Macular Unit:* The business case for a new Macular Unit was developed following a joint Mater, RVEEH, SVUH, IEHG Rapid Improvement Event (RIE) on Medical Retina. The RIE supported the hospital consultants view that the current service was unsustainable. This proposal has been approved and will be implemented in 2020.

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<sup>3</sup> National Clinical Programme for Ophthalmology, May 2017

## Section 5: Financial Review

### INCOME AND EXPENDITURE ACCOUNT FINANCIAL YEAR ENDED 31 DECEMBER 2019

	2019 €'000	2018 €'000
<b>Turnover</b>		
Revenue grants (HSE)	30,828	28,195
Capital grants (HSE)	309	203
Capital grant amortisation	(142)	(490)
Patient Income	2,976	2,792
National Treatment Purchase Fund	2,317	2,302
Other Income	198	206
	<u>36,485</u>	<u>33,208</u>
<b>Expenditure</b>		
Pay Expenditure	(23,431)	(21,956)
Non Pay Expenditure	(11,223)	(11,095)
Depreciation	(1,117)	(597)
	<u>(35,771)</u>	<u>(33,648)</u>
Operating Surplus	714	(440)
Interest payable and similar charges	<u>(2)</u>	<u>(2)</u>
<b>Surplus/(deficit) for the year</b>	712	(442)
Accumulated (deficit)/surplus at beginning of year	<u>(366)</u>	<u>76</u>
Accumulated (deficit)/surplus at end of year	<u>346</u>	<u>(366)</u>

**BALANCE SHEET**  
AS AT 31 DECEMBER 2019

	2019 €'000	2018 €'000
<b>Fixed Assets</b>		
Tangible Assets	2,880	3,269
	<hr/>	<hr/>
<b>Current Assets</b>		
Stocks	443	440
Debtors	4,638	4960
Cash and cash equivalents	232	33
	<hr/>	<hr/>
	5,313	5,432
	<hr/>	<hr/>
<b>Creditors</b> (amounts falling due within one year)	(4,826)	(6,153)
	<hr/>	<hr/>
<b>Net current assets/(liabilities)</b>	487	720
	<hr/>	<hr/>
<b>Total assets less current liabilities</b>	3,367	2,549
	<hr/>	<hr/>
<b>Creditors</b> (amounts falling due after more that one year)	(2,423)	(2,317)
	<hr/>	<hr/>
Net assets	944	232
	<hr/>	<hr/>
<b>Represented by:</b>		
<b>Capital funds</b>		
Building funds	527	527
Bequest fund	71	71
	<hr/>	<hr/>
	598	598
Accumulated surplus/(deficit)	346	(366)
	<hr/>	<hr/>
	944	232
	<hr/>	<hr/>

**APPENDIX 1**

<b>Attendance at Council Meetings 2019</b>										
<b>Name</b>	<b>6/2/2019</b>	<b>6/3/2019</b>	<b>1/5/2019</b>	<b>5/6/2019</b>	<b>3/7/2019</b>	<b>4/9/2019</b>	<b>2/10/2019</b>	<b>6/11/2019</b>	<b>4/12/2019</b>	<b>Total</b>
Patrick Dowling	✓	✓	✓	✓	✓	✓	✓	✓	✓	9 out of 9
Donal Brosnahan	N/A	N/A	N/A	N/A	N/A	N/A	✓	✓	✓	3 out of 3
John Casey	A	X	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0 out of 2
Doreen Delahunty	✓	✓	✓	A	✓	✓	✓	✓	A	7 out of 9
Aisling Dodgson	N/A	N/A	✓	✓	✓	✓	✓	✓	✓	7 out of 7
Frank Fenn	N/A	N/A	✓	✓	✓	✓	✓	✓	A	6 out of 7
Susan Gilvarry	✓	✓	✓	A	✓	✓	A	✓	A	6 out of 9
Elaine Hanly	✓	A	✓	✓	A	✓	A	A	✓	5 out of 9
Stephen Hone	A	A	A	✓	A	✓	✓	✓	A	4 out of 9
Dermot Kelly	✓	✓	✓	X	X	A	✓	✓	X	5 out of 9
Hugh Kelly	✓	✓	✓	✓	✓	A	✓	✓	A	7 out of 9
Dara Kilmartin	✓	✓	✓	✓	✓	✓	✓	✓	✓	9 out of 9
Brian McKiernan	N/A	N/A	✓	✓	✓	✓	✓	A	✓	6 out of 7
Paul Moriarty	✓	✓	✓	A	✓	✓	N/A	N/A	N/A	5 out of 6
Conor Murphy	A	✓	✓	✓	A	✓	A	✓	A	5 out of 9
Stephen Murphy	✓	A	✓	A	✓	A	✓	A	✓	5 out of 9
Declan O'Donoghue	✓	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2 out of 2
Willie O'Reilly	✓	✓	A	✓	✓	✓	A	✓	✓	6 out of 9
Chris White	N/A	N/A	✓	A	✓	X	✓	A	A	3 out of 7
Lord Mayor Nial Ring	A	A	A	A	A	N/A	N/A	N/A	N/A	0 out of 9
Lord Mayor Paul McAuliffe	N/A	N/A	N/A	N/A	N/A	A	A	A	A	0 out of 9
Paddy McCartan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	A	✓	1 out of 2

**Legend**

✓ - Attended	A - Apologies tendered	X - Did not attend, no apologies tendered	N/A - Not applicable, not a Member
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