THE ROYAL HOSPITAL DONNYBROOK

Annual Report & Accounts 2010

The Royal Hospital Donnybrook
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Contents

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Dr. Áine Carroll

CONSULTANTS IN GERIATRIC MEDICINE

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Dr. Morgan Crowe
Dr. Diarmuid O'Shea

SENIOR STAFF

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Marie McMahon

Clinical Nurse Managers (2)
Anne Dooley
Elaine Foley
Patricia O'Reilly
Maura Geaney
Emer Kennedy
Mary Mae Salomon
Sinead McDonnell

Clinical Nurse Managers (Night)
Anne Migchels
Michael Guare

Physiotherapy Manager
Barbara Sheerin

Occupational Therapy Manager
Heather Walsh

Principal Medical Social Worker
Mary Duffy

Senior Speech & Language Therapist
(vacant)

Senior Dietitian
Zoe McDonald

Podiatrist
Brid Waldron

General Services Manager
Thomas O'Brien

Information Communication Technology Manager
Derek Mulcahy

Chairman's Statement

I am pleased to present the Annual Report for 2010 and the Audited Accounts for the year ended 31st December last. It will be no surprise to learn that the year was challenging from a number of standpoints. The general economic and financial outlook has been a particular concern. The hospital's budget, in line with general cutbacks, was reduced by 8.1%. During the year, it also became apparent that the outlook for 2011 and 2012 was, if anything, more uncertain from a budgetary standpoint.

Accordingly, the management team, supported by the Board of Management, continued its practice of ongoing cost reduction without, it has to be stressed, reducing patient care. Because of this prudent approach, I am happy to say that the outcome for 2010 showed a surplus of about €200,000 which will help to cushion inevitable cuts in the next year or two. More importantly, it will allow the hospital to continue to provide its traditional level of care.

As was recommended by the Nominations and Governance Committee, the Board of Management continued its work of improving its balance of experience and expertise. I am delighted that, during the year, Professor Geraldine McCarthy, MD, FRCPI, a consultant in rheumatology at the Mater Misericordiae University Hospital, joined the board and has been most valuable to it in its work.

I am also very pleased to say that, during the year, Olivia Sinclair, RGN, MSc., was appointed Director of Nursing. Olivia, who was previously Acting Director of Nursing, combines a wealth of front line experience acquired in The Royal Hospital Donnybrook (RHD) with formal professional and management qualifications. It is intended to recruit an Assistant Director of Nursing to complement the management resource in that function.

During 2010, the RHD undertook a board evaluation survey which was provided pro bono by Prospectus Consulting under the leadership of David Duffy. This valuable contribution to The Royal Hospital Donnybrook, through the development of the board, is much appreciated.

During the year the board, with the management team, continued its work on developing and refining its strategy for the period 2011-2013. The overriding objective remains to continue to enhance the medical, nursing and therapeutic capability of the RHD to allow it to care for ever more complex-needs patients. A new three-year plan will be finalised early in 2011.

The Clinical Governance Committee has commenced its meetings under the expert chairmanship of Tom Hayes, a partner and head of the Healthcare Group in Matheson Ormsby Prentice Solicitors. This committee, with its independent chair, provides oversight of clinical risk management and medical ethics for the board in this complex area of its responsibility. We are delighted to have Geraldine McCarthy as the representative of the Board of Management on this committee.

In the same context, the board continued its development of the governance of the hospital to best practice standards. The Audit Committee is operating an internal audit programme on a three-year cycle and provides oversight of the hospital's risk management system.

During the year, The Royal Hospital Donnybrook underwent an unannounced inspection by the Health Information and Quality Authority (HIQA) and, as might have been anticipated, its findings were very positive. Both scheduled and unannounced inspections will be a regular feature of the hospital's interface with that organisation.

On behalf of the Board of Management, I would like to thank every member of the staff for their ongoing commitment and adherence to the highest standard of medical intervention, added to the

"The overriding objective remains to continue to enhance the medical, nursing and therapeutic capability of the RHD to allow it to care for ever more complex-needs patients"

unique caring ethos of The Royal Hospital Donnybrook.

Everyone will remember the very difficult winter of November and December of 2010 when levels of snow not seen since 1947 provided a serious challenge to the staff to get to work and fulfill their roles. I am proud to say that the standard of care for our patients continued, regardless of the weather. Various areas of the hospital were utilised for overnight accommodation for staff to ensure that they were present for duty next morning. To one and all – you are an example of what The Royal Hospital Donnybrook represents!

The Voluntary Housing Association (VHA) continued its various activities; the Bloomfield Apartments are fully occupied and essential remedial work continues in Cullenswood. Again, the weather in the winter of 2010 proved challenging and a special effort was made to ensure the residents wanted for nothing during the cold spell.

The Friends of The Royal Hospital Donnybrook deserve our sincere thanks for their help in undertaking a number of fundraising events throughout the year, including their renowned golf outing. Their ongoing financial support is a valuable cushion to the hospital in these financially challenging times.

The Volunteers, including a number of transition year secondary school students, visit patients and residents in the hospital. They deliver a very valuable service in providing recreational activities and companionship to patients and residents.

The hospital enjoys the very considerable benefit of a Board of Management with a wealth of expertise and experience. I wish to thank board members and, in particular, committee chairpersons and especially the Honorary Officers, Jerry Kelly, Vice Chairman, and Michael Forde, Honorary Treasurer. I take this opportunity to record my appreciation for the advice and support I receive.

Frank Cunneen
Chairman

Chief Executive's Report

The last strategic plan for the hospital covered the period 2007-2009 inclusive, and progress toward its implementation was outlined in the last Annual Report. Toward the end of 2010, we actively commenced the development of a further three year plan, spanning 2011 to 2013 inclusive. This will be achieved against the backdrop of the prevailing economic conditions and specifically the impact of those conditions on the health sector as a whole.

Whilst additional investment in our services over the period ahead is unlikely, there are opportunities to refocus our services, building on the strengths we have accumulated over the years and positioning ourselves within the local health economy. Continual development of the organisation is always a necessity, whether the economic realities are favorable, benign or negative.

During 2010, we streamlined our adult services in the Maples and Phoenix units, offering distinct pathways. Across these two units, we offer needs assessment, therapeutic reassessment, continuing neurological rehabilitation, slow stream rehabilitation, disorders of consciousness and neuro-palliative care.

Across general rehabilitation and stroke, the comprehensive nature of the discharge planning process – which is key to successful outcomes and patient experiences – contributed to continued high discharge home (as opposed to nursing home) rates. The Day Hospital also contributed to admission avoidance and the maintenance of people in their own homes and saw an increase in its activity levels.

Our complex continuing care units responded well to the challenges of "Fair Deal" and HIQA (Health Information and Quality Authority). Potential admissions were screened to ensure that only individuals requiring the level of support available in the RHD were admitted. We had our first HIQA inspection (Residential Services for Older People). This was unannounced and the report – which was positive overall - is available on our website.

The success of the services outlined above depends on a balanced mix of clinical, social and recreational care, based on the identification of patients' individual requirements. Five core tenets underpin our approach to care, which centre on providing patients and residents with the fundamental outcomes that those in more fortunate circumstances take for granted:

- Health
- Independent lifestyles and choice
- Quality of life
- Dignity
- Respect

The ongoing programme of repair and refurbishment continued in many areas of the hospital. Significant works included the commencement of a new expanded seating clinic, the introduction of an "activities of daily living" suite, additional car parking and ring road, commencement of a new waste yard to meet modern standards and the refurbishment of many communal areas. Beyond the bricks and mortar, we created a new communal space with an eye catching sculpture, funded through the HSE Per Cent for Art scheme linked to our recent expansion.

We continued to seek efficiencies and, whilst challenging, delivered on a reduced budget in 2010 with no service reduction. Indeed, in preparing for likely further budget reductions in 2011 and 2012, we were able, for the first time, to generate a surplus at the end of 2010 which will go toward the difficult period ahead.

"The success of the services depends on a balanced mix of clinical, social and recreational care, based on the identification of patients' individual requirements"

There were other challenges too, some unforeseen. One such challenge was an 'all out strike' by a trade union representing approximately one third of the hospital's staff. This was successfully resolved without patient care being compromised. Operational plans put in place ensured continuity of service, and I thank my colleagues for their commitment and resolve during that period.

We depend on the dedication and professionalism of all our staff and, throughout the year, everyone rose to the challenges superbly. The Board of Management remains dedicated and give freely of their time. Volunteers and the Friends of The Royal Hospital Donnybrook continue to play an active part in the life of the hospital. I thank them all.

Graham Knowles
Chief Executive

Medical Report

The Medical Department saw a number of developments and enhancements in 2010, another successful year in the face of continuing challenges. The maintenance and improvement of the hospital's reputation in clinical performance and governance remained the first priority, while teaching hospital status has been enhanced with significant research output. Challenges included the dissolution of the medical administration department in the aftermath of the HSE voluntary redundancy scheme that came into operation at the close of 2010.

Clinical

The range of rehabilitation and complex continuing care at the RHD provides the highest quality of clinical, therapeutic and nursing care for all our residents and patients. Post acute rehabilitation services are provided in the Maples and Phoenix units, for patients under the age of 65. Complex continuing care facilities, located in the Cedars, Oaks and Larches units, are dedicated to residents over the age of 65 with complex needs and multiple co-morbidities, living through the latter stages of their lives. In 2010, all admissions to this facility were mediated through the Fair Deal Scheme.

The General and Stroke Rehabilitation Unit admits patients over the age of 65 for post acute rehabilitation, with particular emphasis on rehabilitating the frailer older person, often avoiding long term placement in a nursing home with obvious benefits for the individual, their families and society as a whole. The Day Hospital provides an essential community service, enabling people to stay in their homes and thereby avoid or shorten acute hospital admissions.

Education & Research

In 2009, the RHD achieved teaching hospital status and is now academically linked to University College Dublin. Medical students from UCD, in their penultimate year, rotate through complex continuing care and the over-65 rehabilitation service. Dedicated teaching sessions are given by the Medical Director, consultant geriatricians and the multidisciplinary team, in addition to the dedicated tutor.

The RHD is a host institution for the diploma in medicine for the elderly exam for GP trainees. The medical staff at the RHD participate in the weekly journal club of the Department of Medicine for the Elderly in St. Vincent's University Hospital. In April 2010, the RHD, in conjunction with St. Vincent's University Hospital, hosted the Dynamics of Quality Care Conference. Multidisciplinary lectures covered end of life care, HIQA guidelines,

"The maintenance and improvement of the hospital's reputation in clinical performance and governance remained the first priority"

infection control and topical issues relating to nursing home care. This conference was very well attended and was an opportunity to promote the RHD's enhanced care model for residents in complex continuing care.

A number of clinical research projects were progressed during 2010. These were presented at both international and local conferences and have helped strengthen the RHD's reputation as a centre of excellence in the care of complex continuing care residents. An analysis of the transfer of acutely unwell patients from the RHD to the acute hospital emergency department, demonstrated the appropriateness of the existing patient transfer regime, highlighting success in avoiding unwarranted hospital admissions.

A study of residents who had suffered strokes in our complex continuing care unit found a greater level of multidisciplinary and medical input than the national average. There are higher dependency needs in the RHD stroke group, with greater cognitive impairment, mobility needs and communication difficulties. An impact study of the RHD's weekly medication monitoring review programme demonstrated a clinically meaningful reduction in the prescribing of psychotropic medication for our complex continuing care residents.

Service Development

In the prevailing economic environment, there was no expansion of clinical services but considerable effort was put into improvement and enhancement. The Maples Unit (formerly the Adult Disability Unit), which provides care for patients under the age of 65 with a spectrum of chronic illness, physical and neuro-disabilities, was comprehensively reconfigured. It now has four dedicated clinical activity areas: slow stream rehabilitation; disordered consciousness; neuro-palliative, and longer term care for adults with disability.

With regard to the transfer of acutely unwell patients from the RHD to the emergency department at St. Vincent's University Hospital, communication pathways were improved, thereby ensuring their safe and timely transfer. In addition, opportunities in the development of an out-patient falls clinic within the Day Hospital facility are being explored with the HSE and potential industry collaboration. Finally, the medical department is actively supporting the board in the promotion of a robust and transparent integrated governance system to ensure patient safety.

In conclusion, the challenges to providing the highest quality service to our clinical areas will heighten in the forthcoming year. The Medical Department is enormously dependent on the dedication and commitment of the consultant geriatricians: *Dr. Morgan Crowe, Dr. Diarmuid O'Shea* and *Dr. JJ Barry*, who lead the general rehabilitation and stroke services. *Dr. Áine Carroll*, consultant in rehabilitation, continues to lead the Phoenix Unit and provides a spasticity service to all clinical areas of the hospital.

Throughout 2011, we will strengthen our existing partnerships with St. Vincent's University Hospital, the National Rehabilitation Hospital and UCD and, at the same time, explore other potential collaborations.

Dr Lisa Cogan | *Medical Director*

Nursing Report

Nurses and nursing support staff continued to provide high quality resident and patient care in all service areas of the hospital. Led by the clinical nurse manager, nursing staff, care assistants, household staff and ward clerks worked collaboratively with other members of multidisciplinary teams to provide person-centered services to people with complex healthcare needs.

As is the ethos of the hospital, education and training continued to be given the highest priority in 2010. Sinead McDonnell, Education Co-ordinator, ensured that staff received the training and education necessary to deliver evidence-based, person-centred care. As well as mandatory training in safer moving and handling, basic life support, elder abuse awareness and fire safety, examples of other training delivered in 2010 included:

- Medication management for nurses
- Blood transfusion and administration training
- Food hygiene training (primary food safety for household staff)
- Infection prevention and control
- Healthcare risk waste training
- Incident reporting and management
- Major incident training (command and control)
- Evacuation planning and training.

Clinical nurse managers from the complex continuing care units for older people, in conjunction with the education co-ordinator, continued to utilise the HIQA National Quality Standards to guide practice developments and quality initiatives. The first inspection of our continuing care units took place in March 2010. The experience was welcomed by both residents and staff and the findings of the inspection were utilised to inform our continuing quality improvement agenda.

Marie McMahon, Environmental Manager, had a busy, proactive year in managing risk throughout the hospital. All clinical and non-clinical incidents reported continue to be logged in the Clinical Indemnity Scheme Database. Monthly reports are provided to all managers and reviewed by the Incident Review Group and the Health, Safety and Emergency Planning Working Group. They are also discussed at the regular meetings between hospital management and consultants.

At unit level, nurse managers continue to be responsible for the development and maintenance of the risk register for their area of responsibility. Risks identified at local level, that are felt to be beyond the control of the local managers, may be

escalated to the corporate risk register by the senior management team following discussion. The risk register policy, developed in 2008, was reviewed in 2010 and incorporated into a broader risk management policy.

In her role as tissue viability nurse, Marie McMahon continued to assist staff in the assessment of residents' and patients' needs in relation to wounds and the development of individualised care plans to manage same. Policies in relation to pressure ulcer prevention and management and the management of wounds were developed in 2010 which will further help to enhance the quality of care delivered.

The Hygiene Group continued to meet during 2010 and includes a member of staff from each unit and department. During the year, infection prevention and control remained a priority. There was one outbreak of the norovirus infection in the hospital in April 2010, which was managed and contained within the unit affected. New infection control policies were developed or updated in 2010 including standard precautions, transmission based precautions and MRSA guidelines. A hand hygiene audit was carried out towards the end of 2010, highlighting areas of good practice and opportunities for improvement.

The hospital has been involved in the Hospice Friendly Hospitals programme since its inception, having contributed to standards development, and participating in the National Audit of End of Life Care. As a result of this involvement, significant changes have been made to the provision of end of life care. During 2010, the hospital's multidisciplinary Hospice Friendly Hospitals forum developed a project template based on the National Quality Standards for End of Life Care, and we are actively reviewing our practices against each standard.

The Pastoral Care service in the hospital continued to be accessed by residents, patients and relatives. Throughout 2010, Carolyn O'Laoire continued to provide spiritual and emotional support to all of those individuals accessing the service. Fr. Enda Watters retired from the hospital in 2010 after providing many years of service as Chaplain. We wish him a long and happy retirement.

Co-ordinated by Neasa O'Donoghue, the Volunteer service has continued to expand its membership during 2010 and the valuable contribution of all volunteers is to be commended. A number of new volunteers have started in the hospital offering such services as hand massage, manicure, art, computer training and visits to new residents.

These people join the wider volunteer team, many of whom have attended the hospital on a weekly basis for years. In recognition of the efforts of volunteers, we celebrated the National Day of Volunteering on October 1st with an afternoon tea in the hospital's Concert Hall which was a great success. Transition year students coming from schools around the Dublin area continued to participate in the Aos Óg programme and Gaisce – The President's Award. Schools participating in 2010 are listed on page 47.

The Activities Coordinator, Eric Rankin, along with his team of recreational assistants, provided an extensive range of social and recreational activities to residents and patients during the year. Trips organised in 2010 included the Aviva Stadium, the Criminal Courts, Argillan Castle and Áras an Uachtaráin, to mention a few.

Clinical nurse managers and their colleagues will present the annual report on activity and developments for 2010 for their specific service areas and outline plans for 2011. I would like to thank nursing, nursing support and all of the staff mentioned in this report for the dedication and commitment they have shown throughout 2010 and for their ongoing enthusiasm in these challenging times.

Olivia Sinclair | *Director of Nursing*

Allied Health Services

It was another successful year for Allied Health Services. Staff recruitment and retention issues were to the fore as we grappled with the HSE moratorium, career breaks, sickness, absence and maternity leave across the services. Nevertheless, staff maintained their usual high commitment to patients and continued to provide very high quality care throughout the year.

The *Speech and Language* Therapy department had a significant year of re-establishment following a period of high staff turnover. We now have a dynamic team of two senior therapists, a staff grade therapist and an assistant. The service continues to make an impact across the hospital, improving communication for everyone. Towards the end of the year, the existing communication stations were upgraded and additional stations put in place. We also purchased additional resources including the latest electronic voice output communication aids. As we have a number of patients with swallowing difficulties, the department works closely with the multidisciplinary catering teams and also provides staff workshops on the management of dysphagia.

The *Medical Social Work* department continued to support patients and next of kin in relation to Fair Deal and the new Nursing Home Support Scheme. Social workers provide information to patients about appropriate placement, the comprehensive assessment (CSAR) and the financial assessment required. The department also assisted with the development of the Residential Care Agreement and the review of HIQA standards. Notwithstanding staff changes throughout the year, the department provided a comprehensive service to all areas of the hospital.

The *Nutrition and Dietetics* department greatly benefitted from the addition of one temporary staff grade therapist and, as a direct result, waiting lists for all patient referrals have been reduced. The department also developed a policy on nutrition and guidelines on enteral feeding which are now being followed in all wards. A high quality service is available throughout the hospital, prioritised according to clinical need.

The *Physiotherapy* department moved into a more spacious location as a consequence of the Occupational Therapy (OT) department moving to another part of the hospital. This has allowed the service to develop a quiet gym where therapists will provide more intensive one-to-one physiotherapy with patients.

The *Podiatry* service continued to provide a valuable service to patients with the diagnosis and treatment of foot

"Staff maintained their usual high commitment to patients and continued to provide very high quality care throughout the year"

diseases and disorders. The podiatrist also offers education and advice to patients. As Type II Diabetes is increasing amongst the elderly population, podiatry provides an essential role in educating the patient about foot care and encouraging regular podiatric care.

The *Occupational Therapy* department was relocated to more spacious facilities. An Activity of Daily Living Suite was developed to facilitate the assessment of patients' environmental and equipment needs in preparation for discharge from hospital. June saw the annual Patients' Art and Pottery Exhibition take place. This was successfully hosted in conjunction with the Annual General Meeting of the hospital and was a very enjoyable event. During the year, upgrade and enlargement of the Seating Clinic was agreed and we look forward to utilising this in 2011.

Education and Training

All professions were involved in education and training, both in-house and externally. There is ongoing involvement in the training of doctors as part of the UCD Community Medicine module. Occupational Therapy and Physiotherapy services both have students on placement from Trinity College Dublin. All services also operate an in-service training programme with many opportunities for multidisciplinary training. Learning from specialist courses is also shared throughout the hospital. Two senior staff are completing masters programmes – in Healthcare Management and in Neurology and Gerontology.

Multidisciplinary working is a key feature across all services. The professions welcome this and it enables excellent communication across all disciplines.

Although there have been challenges during the year, staff have, as ever, given of their best and retained the excellent patient focus that has become our hallmark.

Heather G. Walsh |
Allied Health Services Manager

Complex Continuing Care

The Complex Continuing Care unit continued to develop and enhance its service throughout 2010. The unit cares for older adults with complex medical nursing and multi-disciplinary care needs. Our multidisciplinary team includes medical, nursing, physiotherapy, occupational therapy, speech and language therapy, nutrition and dietetics, podiatry and medical social work. Residents were admitted to the service under the Fair Deal Scheme. Pre-admission assessments were undertaken by the Medical Director and nursing staff to ensure that only clinically appropriate residents were accepted.

Clinical Service & Training

The most important measure of what we do relates to the quality of life of residents. Central to the work of our clinicians and carers is the assessment of progress through goal planning and maintenance of function informed by the most appropriate criteria available and delivered through multidisciplinary teamwork. Standardised assessment scales for cognition, functional dependency, pain, nutrition, pressure ulcer risk and falls risk are recorded and clinically reviewed. A scheduled interdisciplinary clinical update meeting for family members of residents is convened. This is an important meeting to communicate with family members and loved ones whose own experience and involvement in the care pathway is crucial.

It is also an opportunity to discuss treatment options and preferences around end of life care.

Our Volunteer and Activities and Recreation Service work closely together to provide a varied programme of activities, with diversity and meeting individual needs at its core. Both internal and external activities are available to residents.

The retention of committed and well-qualified staff at every level throughout the organisation is key to our effectiveness, and there is continued investment in all aspects of education, training and development of hospital policies and procedures. Clinical training programmes including phlebotomy, cannulation, male catheterisation, percutaneous endoscopic gastrostomy and tracheostomy tube replacement are ongoing.

"Our Volunteer and Activities and Recreation Service work closely together to provide a varied programme of activities, with diversity and meeting individual needs at its core"

Education and Research

Clinical research projects were undertaken throughout the year, demonstrating examples of good clinical practice and clinical excellence in the care of our complex continuing care residents. An analysis of the transfer of acutely unwell patients over a one year period to the Emergency Department in St. Vincent's University Hospital for assessment showed the appropriateness of patient transfer, and highlighted the prevention of many unwarranted acute hospital admissions. A study of residents who had suffered a stroke was undertaken to compare with a recent Irish national stroke audit. The study found that the proportion of residents who had suffered a stroke in our complex continuing care facility was higher than the national average. As a result, they had greater cognitive impairment, mobility needs and communication difficulties. All these residents had regular and structured six weekly geriatrician-led multidisciplinary reviews, compared with the national audit sample where 68% had no formal review mechanism. This paper was presented at the European Geriatric Society meeting in Dublin in June 2010.

In 2010, we also introduced a medication monitoring review, where a pharmacist, clinical nurse manager and senior doctor reviewed weekly psychotropic prescribing. This helped reduce the medication burden among our complex continuing care residents without adverse consequences. The paper was presented at the European Geriatric Society meeting in Dublin in June 2010. The RHD Complex Continuing Care service also participated in the first national prevalence study of antibiotic prescribing in Irish long-term care facilities. This is part of a larger European study of 32 countries. Due to our careful antibiotic stewardship practices, antibiotic prescribing was far less in the RHD compared with comparable facilities, even though the level of co-morbidity and complexity of our resident group was greater.

In conjunction with St. Vincent's University Hospital, we successfully hosted the "Dynamics of Quality Care" conference in April 2010. Multidisciplinary lectures covered end of life care, psychiatry of old age, HIQA guidelines and topical issues relevant to nursing home care. The conference was very well attended and promoted the enhanced care model that exists for patients in complex continuing care at the RHD.

In March 2010, we had an unannounced HIQA inspection of the three complex continuing care units (Cedars, Larches and Oaks) against the National Quality Standards for Older people. The inspection report stated that the medical and other healthcare needs of residents were met to a high standard and observed that RHD staff members demonstrated a commitment to the provision of quality, person-centred care with a strong ethos of education and professional development.

Dr Lisa Cogan | *Medical Director*

General Rehabilitation

The General Rehabilitation Unit continued to deliver person-centred care to older persons, using a dynamic, progressive and goal orientated approach in 2010. The aim of the service is to optimise each patient's physical, sensory, intellectual, psychological and social well being.

The unit continues to experience an extensive spectrum of clinical pathologies, and prides itself in its interdisciplinary team approach.

The interdisciplinary team approach has also continued to provide a high quality service to older people with complex needs who are referred for rehabilitation following acute hospital treatment, and to those referred directly from the community via the Day Hospital service. This contributes significantly to preventing unnecessary prolonged acute hospital stays and reduces the need for acute hospital admissions. The unit also provides a two weeks rehabilitation 'boost' to older people in the community who require multidisciplinary review and treatment, with the aim of improving their ability to remain living at home for longer. The service also provides planned respite care for older people with complex needs to assist the efforts of family and carers.

During 2010, there were a total of 122 admissions and 125 discharges. These are outlined by month in Figure 1 (opposite).

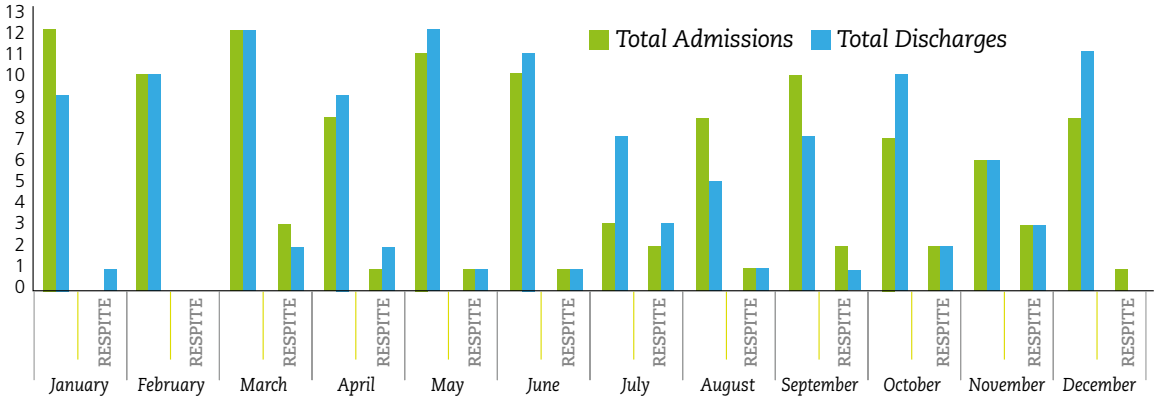
The unit had an average bed occupancy of 83% throughout the year, and 86% of patients admitted to the unit were successfully discharged to their own home. The remaining 14% were enabled to transition to residential care as outlined in Figure 2 *(opposite)*.

During 2010, the interdisciplinary team focussed on a number of service developments including:

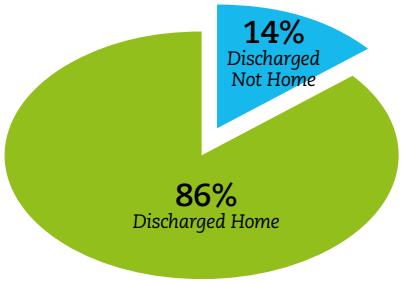
- *Patient Satisfaction*
  All patients discharged from the General Rehabilitation Unit are given a questionnaire about the services provided during their stay on the unit. Forms are completed by the patients or with assistance of friends or relatives. The results of the patients' satisfaction survey were collated in November 2009 and May 2010 and presented in July 2010 to the senior management team at the General Rehabilitation Unit service specific meeting and reflected an overall positive feedback from patients and relatives.

- *Nutrition and Dietetics*
  Nutrition and dietetics is integral to the rehabilitation process for all patients. Every patient is screened for malnutrition within 24 hours of admission, and patients requiring intervention based on their screening score are referred to the

→ *Figure 1: Admissions and Discharges Summary 2010*



→ *Figure 2: Patients Discharged Home 2010*



dietitian. About 75% of patients received ongoing dietary intervention each month in 2010. The dietician works closely with nursing and household staff, patients and relatives to ensure that therapeutic diets are provided to patients.

- *Functional Independence Measure / Functional Assessment Measure (FIM/FAM)*

  Introduced in the unit in January 2009, this has been ongoing and an audit was carried out to ensure best practice. The audit concluded that this tool provides an effective method of establishing and documenting realistic patient-centred goals. The functional independence measure (FIM) is an outcome measure of the severity of disability for an in-patient rehabilitation setting. FIM is specifically designed to address cognitive and psychosocial issues which are commonly limiting factors for brain injured patients.

- *Interdisciplinary Education*

  During the year, staff continued to attend in-house education sessions provided by the education co-ordinator, greatly enhancing the level of care provided to patients.

- *Student Education*

  The team continued to work closely with universities, sharing their clinical knowledge while offering a wide number of student placements throughout the year for undergraduate students in nursing, occupational therapy and physiotherapy. There were challenges with the recruitment of some disciplines to the multidisciplinary team in 2010, including medical social work, speech and language therapy and physiotherapy. Gaps in these areas have, at times, resulted in the non-transfer of some patients from St. Vincent's University Hospital, but every effort was made by the team to ensure service continuity and quality was maintained.

We look forward in 2011 to continuing the delivery of comprehensive multi-disciplinary rehabilitation to older people with complex needs, and to developing our skills and knowledge in this increasingly relevant area of healthcare provision. As part of the hospital's quality agenda, we plan to audit and review nursing and multidisciplinary team practices in 2011.

Mary Mae Salomon | *CNM2*
On behalf of the Rehabilitation Unit Multidisciplinary Team

Stroke Rehabilitation

The Stroke Unit operates within an interdisciplinary team model comprising medical staff, nursing, physiotherapy, occupational therapy, social work, speech and language therapy and dietetics. Through interdisciplinary team assessment and rehabilitation, the unit facilitates service users to achieve their optimal potential in physical, social and psychological aspects of their well-being, ensuring dignity and respect at all times.

The stroke team aims to provide a dedicated and comprehensive rehabilitation service to people diagnosed with stroke and their families. Research shows that stroke patients do better when they are cared for by a dedicated team working closely to meet the patient's individual goals. The Stroke Unit comprises two rooms with 12 beds, six female and six male. The service is delivered in a bright, modern and pleasant environment.

Our service and staffing levels currently meet the newly published standards in stroke care set out by the Irish Heart Foundation in 2010. We aspire to the highest standards in care and are pleased to be able to provide increased levels in speech and language therapy to those patients who face challenges of communication deficits post-stroke. We were also able to avail of the support of the clinical neuro-psychology service in helping patients to adjust to life following their stroke.

It was a successful year in relation to functional outcomes for our patients' quality of life. In 2010, 44 patients were admitted and, of those, 36 were successfully discharged home. This represents an 85% return to community living. The comprehensive nature of the discharge planning process within the unit is key to these successful outcomes and patient experiences. Graded discharges and facilitated time out for patients and families gives an accurate representation of patients' care needs. This then facilitates a seamless transition to living at home. The stroke team has built up successful communication networks with community services to assist in this often complex area. The average length of stay in the stroke unit was 12 weeks. The overall occupancy rate for 2010 was 82.75%.

The FIM/FAM (Functional Independence Measure/Functional Assessment Measure) tool is an ongoing standardised outcome measurement completed for each patient. It measures the physical, functional, cognitive, language and emotional adjustments gained throughout the rehabilitation process. The team continues to set standards for the completion of this assessment and regularly reviews the outcomes achieved.

"We aspire to the highest standards in care and are pleased to be able to provide increased levels in speech and language therapy to those patients who face challenges post-stroke of communication deficits"

The interdisciplinary team has continued to prioritise stroke education at all levels. Staff nurses on the stroke unit attended the annual stroke conference in early 2010. Our occupational therapist has completed further training in cognitive rehabilitation and our physiotherapist is currently undertaking a masters degree in gerontology and neurology.

We have maintained a successful programme of education throughout 2010 including:

- Patient Education Sessions - each session was run by a different member of the team over a two-week period.
- A "Stroke Awareness for Carers" day.
- In-service programme of education and training for care assistants.

We have welcomed feedback from all patients and their relatives in helping us maintain our patient-centred focus. We have been delighted with the positive feedback and constructive suggestions made through our patient satisfaction survey. Quality of patient care and successful functional outcomes remains crucial to the philosophy of the Stroke Unit.

Emer Kennedy | *CNM2*
Jo Cannon | *Occupational Therapist Stroke Unit*

Adult Disability (Maples Unit)

For the last 10 years, the Maples Unit (formerly known as the Adult Disability Unit) has provided a dedicated service for patients between the ages of 18-65 years with complex medical, neurological and physical disabilities. It provides services for adults with a chronic disability due to conditions that do not require ongoing specialist rehabilitation medicine input.

In line with hospital strategy, there is an increased emphasis on rehabilitation as well as providing continuing care for more complex conditions. During 2010, the team defined the service to enhance the structure and direction of treatments provided in line with hospital strategy and discussions with the HSE. The team also revised the admission and discharge criteria for the unit, and is currently in the process of drawing up an operational policy, which will outline our ethos and orientate outside agencies to our services.

Six of the 28 beds are now dedicated to slow stream rehabilitation, with the majority of that patient group being referred to us from St. Vincent's University Hospital, the Mater Misericordiae Hospital and the National Rehabilitation Hospital (NRH), Dun Laoghaire. A further five beds have been reserved for patients with disorders of consciousness and neuro-palliative conditions. Two patients completed the Sensory Modality Assessment and Rehabilitation Technique (SMART) programme in the NRH, and are continuing with their treatment plans here.

Respite services continue to be provided for a growing number of patients from the community and two beds are dedicated to this. Due to resource constraints, input is currently limited to medical and nursing staff. Some of these patients were previously discharged home from the unit and avail of the four weeks offered per year.

During 2010, the Maples team adapted the Rivermead Goal Planning structure for patients admitted for slow stream rehabilitation. This has enabled individual treatment plans to be more patient focused. The FIM/FAM assessment tool continues to facilitate more accurate goal planning on admission. This tool has been audited and the results are being evaluated.

Medical and nursing ward rounds were introduced twice a month on the unit. This has provided the patients with an opportunity to meet with the doctors and their team on a more structured basis, and has contributed to continuity of care. The multidisciplinary team also contributed to a benchmarking survey on the disorders of consciousness, led by Dr. Delargy in the NRH. We look forward to continuing to work with this group in the future.

"Respite services continue to be provided for a growing number of patients from the community"

Patients' meetings continued to play an important role on the Maples Unit. Facilitated by nursing and social work, they are held every six weeks approximately, and enable the patients and staff to address any issues that may arise.

The Transition Lodge continued to be a valuable resource to the unit and, during the year, several patients were able to spend quality time with their families away from the ward, both during the day and on overnight stays. The lodge also enables patients to practice their day-to-day skills in a homely environment.

Many challenges faced the Maples Unit during 2010. One which impacted on patients is the lack of funding in the community, which made it difficult to facilitate their discharge home. Due to the economic climate, funding for care packages has been reduced. Some of the community care teams have now set up waiting lists for these care packages, further extending delayed discharges from the unit. Despite this, however, nine patients were discharged from the Maples Unit. Six have been discharged successfully back to their communities, one was discharged to a more suitable facility, and two were transferred to our Phoenix Unit for more intensive rehabilitation. We expect the throughput in the unit to increase as the changes introduced during 2010 bed in.

In spite of all the difficulties, the team worked very well together, concentrating on re-enabling and empowering the patients on the Maples Unit. Our aim is to facilitate the smooth transition from hospital to community for those who wish to return to independent living, and to provide a meaningful quality of life to patients who require our in-patient services. This is achieved by the multidisciplinary team in conjunction with the activities co-coordinator, the volunteer co-coordinator and their teams. We look forward to continuing to work together and facing all the challenges that 2011 will bring.

Elaine Foley | *CNM2*
On behalf of the Multidisciplinary Team

Phoenix Unit

Despite the current economic climate and the staff moratorium, the Phoenix Unit continued to provide a high quality service. During 2010, we provided rehabilitation across the spectrum of neurological disorders, including acquired brain injury, multiple sclerosis, spasticity, stroke, cerebral aneurysms, encephalitides, brain and spinal vascular malformations, muscle diseases, peripheral neuropathy, spinal cord injury, anoxic brain injury and cerebral palsy.

Advances in Technology

Hardly a month passes without the advent of some new medical advance and the Phoenix Unit endeavours to implement some of these techniques. The enhancement of the spasticity service by the addition of ultrasound guided procedures has enabled the service to improve the accuracy of procedures.

Strategic Developments

As part of the Phoenix team's commitment to the delivery of quality care, it had a facilitated away day which focussed on effective team building through improving communication, enhancing leadership skills, promoting creativity & thinking outside of the box, and change management.

A number of issues were identified and a number of actions proposed, including:

- redefine scope of service admission/ discharge; admission/discharge process;
- shared commitment to planning and implementation;
- engage with key influencers to affect decision making around resources; training review and evaluation;
- clarifying and making visible our overall ethos and goals, and
- communication – especially when things are not going smoothly.

Working groups were established to work on the various action points and most are nearing completion.

In 2011, there will be three services offered within Phoenix with a clear admission and discharge criteria and scope of service. These are needs assessment, therapeutic reassessment, and continuing neurological rehabilitation.

It is anticipated that occupancy levels of 85% (international norm to accommodate infection control/complex case mix/ behavioural issues) will be achieved.

Phoenix Unit strongly supports continuous measurement and transparent reporting of clinical outcomes, in the belief that making accurate information available to patients and commissioners will result in better healthcare decisions. To this end, the unit employs the FIM/FAM outcome

"The enhancement of the spasticity service by the addition of ultrasound guided procedures has enabled the service to improve the accuracy of procedures"

measurement and the data collected will be analysed and available for the 2011 report.

There were also significant improvements in the nutrition and dietetics department with the welcome addition of a dedicated therapist. This meant that all patients referred to this department were assessed and advised during 2010 within 24 - 48 hours of referral. This was a major improvement.

Other Strategic Developments

Dr. Áine Carroll is a member of the Irish Heart Foundation Council on Stroke. She is also currently on a working group for the development of a national strategy for rehabilitation, the results of which should be published later this year. Implementation of strategy has been included in the HSE strategy for 2011.

Dr. Carroll is also on a working group for the development of the Stroke Programme of the Directorate of Quality and Clinical Care (DQCC), which will also form part of the HSE Strategic Plan for 2011, and she is the national clinical lead for the Rehabilitation Medicine Programme of the DQCC.

Education

Diploma in Stroke Medicine

Dr. Carroll is on the Exam Steering Committee for the Diploma in Cerebrovascular & Stroke Medicine.

Academic Activity

Presentations: In May, Dr. Carroll made a presentation on the Medical Consequences of Speed, at an international conference on speeding, in Dublin Castle.

Guest Speaker: Dr. Carroll undertook a number of guest speaker presentations, including:

- The Medical Management of Sialorrhoea (Irish Society for Disability and Rural Health, Crowne Plaza Hotel, Dublin, in June);
- MS and Rehab in Ireland; where are we now and where would we like to be? (Neurological Information Day, Dublin, in September) and, in the same month,
- Dr. Carroll was guest speaker with Dr. Brian McGlone on "Botulinum toxin in the management of sialorrhoea in acquired brain injury, a case series" (the Irish Association of Rehabilitation Medicine annual meeting, Dublin).

Also in September, Dr. Carroll, Dr. Jacqueline Stowe, Dr. Alison McCann, Dr. Jacinta McElligott, Dr. Mark Delargy, Dr. Jacinta Morgan, Dr. Aisling Weyham and Dr. Aneesa Ally made a presentation on "Disorders of consciousness and misdiagnosis, a retrospective review in a National Rehabilitation Hospital" to the annual meeting of the Irish Association of Rehabilitation Medicine in Dublin.

Publications included:

- "The need to develop a network of specialist neuro-rehabilitation services in Ireland" by Dr. Áine Carroll in "The Future for Neurological Conditions in Ireland: A Challenge for Healthcare; an Opportunity for Change" for the Neurological Alliance of Ireland, and
- "Needs assessment for cerebral palsy service provision in Ireland as part of the National Rehabilitation Strategy Clinical Rehabilitation, 2010" by McDonagh C. and Carroll Á.

I wish to thank all those who support us every day - volunteers, employees, management and the hospital board, but especially Mary Bennett, Medical Administrator. Together, we make a great impact on the quality of life of the patients we serve.

Dr. Áine Carroll |
Consultant in Rehabilitation Medicine

Day Hospital

The Day Hospital provides an essential service to the community by enabling people to remain living safely in their own homes for longer, and by reducing acute hospital admissions. The aim of this service is to promote a person's independence, health and overall well-being. The service is delivered by a multidisciplinary team committed to rehabilitation, health education and empowerment of service users.

The number of patients attending the Day Hospital increased during 2010 to 397. They attended a total of 4,325 times - an increase of 18% on 2009. There were 171 new admissions to the Day Hospital during the year – a 6% increase on 2009 referral levels.

Some patients require attendance at the Day Hospital more frequently than once a week and we have tailored the service to meet their needs. We hope to maintain this trend in 2011 by raising awareness in the community of the invaluable service that this facility provides.

We have an established multidisciplinary team of nurses and allied healthcare professionals who have been with the service for a number of years.

The increasing complexity of patients' needs, together with their desire to remain at home for as long as possible, has increased pressure on family and carer support. As a result, we are finding ourselves becoming increasingly part of essential home support networks. We have several patients who otherwise would be in nursing homes or acute hospitals if Day Hospital support was not in place. We have achieved this through:

- Monitoring physical and cognitive levels and intervening in a timely fashion.
- Optimising and maintaining balance, gait, and cognitive/functional abilities.
- Advising family on appropriate compensatory strategies to allow changing needs to be managed at home.
- Undertaking minor adaptations to patients' homes.
- Supporting families and carers as they come to terms with changing physical and social dependence levels.
- Close liaison with our multidisciplinary community colleagues, and care givers.
- Appropriate onward referral where indicated**.**

A number of afternoons in the Day Hospital were dedicated to education sessions on subjects such as safety in the home and personal well-being.

During 2010, the team continued to build on the previously established relationship with our multidisciplinary team community colleagues, with joint

"We have several patients who otherwise would be in nursing homes or acute hospitals if Day Hospital support was not in place"

assessments in both the Day Hospital and in patients' homes. This was extremely helpful in creating an individualised rehabilitation plan for each person that attends the Day Hospital and facilitated the development of integrated care for the patient.

We have a waiting list of up to eight weeks, which reflects the increasing demand for, and awareness of, our service amongst clinicians and in the local population. In 2011, we aim to deliver a targeted stroke out-patient service and a structured falls clinic.

Emer Kennedy | *Clinical Nurse Manager*
Paul Diamond | *Occupational Therapist*

Human Resources

The moratorium on staff recruitment, imposed by the Health Services Executive in 2009, remained in place and created many challenges to maintaining our quality and standard of care in 2010. We have received approval for all of our applications for replacement of staff in the category of "delegated sanction posts". They are medical social workers, physiotherapists, occupational therapists, and speech and language therapists.

We also received some approvals for replacement of staff leaving "non delegated sanction posts", but the requirement to suppress two posts in order to fill one vacancy creates difficulties, particularly as we continued to operate within the staff complement sanctioned by the HSE.

The announcement of a voluntary redundancy scheme at the end of 2010 led to the departure of six members of staff; three from General Services and three from Administration. As a result of their departure, we commenced 2011 with restructuring in these areas. As with all change, there will be challenges and we look forward to the ongoing co-operation of our staff, whose support for changes to date has been greatly appreciated.

During 2010, we said goodbye to members of staff whose length of service at the hospital ranged from one to 39 years. I'd like to take this opportunity to thank each of them for their dedicated service to the hospital and wish them well for the future.

Industrial Relations

A special thank you and best wishes go to our IMPACT and SIPTU trade union representatives who left during the year, and who were both long serving members of our staff. We look forward to maintaining the generally stable industrial relations environment that they contributed to during their time with the hospital.

In general, industrial relations matters arising were dealt with locally without referral to the Labour Court.

The terms of the Croke Park Agreement have given support to our ongoing efforts to reduce costs and create efficiencies within the hospital.

Training & Education

Despite budgetary cuts, we managed to maintain a good standard of staff training and education. Once again, our ongoing commitment to staff training enjoyed successes, with several of our care assistants successfully completing FETAC level 5 courses. Our congratulations to them for their achievements and our thanks to their colleagues for supporting them through their studies.

"We have received approval for all of our applications for replacement of staff in the category of 'delegated sanction posts'"

During the year, we participated in a research project involving the University of Strasbourg on the challenges encountered due to increasing patient diversity in the health service. We look forward to learning the outcome of the project during the coming year.

Policy Development

We are continuing to update policies to ensure that we are in compliance with all relevant employment legislation.

Administration

Ongoing development of our StaffCare personnel information system means that attendance reports for all staff can now be produced automatically. We are currently developing the training and education database and hope to be able to issue automatic reminders to staff when their statutory training is due for renewal.

In 2010, we were required to submit monthly absenteeism percentages to the National Employment Monitoring Unit of the HSE so that we can be benchmarked with similar organisations. To date, our percentage absenteeism compares favourably with other organisations and we look forward to maintaining and improving the levels with the support of our staff and line managers.

Mary Hansell | *Human Resources Manager*

Financial Controller's Report

For the year ended 31st December 2010, the hospital recorded a surplus of €232,158 compared with a small deficit of €14,668 in 2009. With the allocation for 2010 being cut, the management sought to effect significant cost reductions during the year across the board, some of which were in anticipation of further cuts expected in the allocation for 2011 – an anticipation since realised. The surplus of €232,158 arose as a consequence of these focused cost cutting efforts which will stand to the hospital and ensure the viability of service delivery in 2011 and beyond.

The overall cost of running the hospital in 2010 was €21,840,170. This is a decrease of €1,764,234 (7%) on 2009. Of these overall costs, Pay expenditure accounted for €16,553,249 (76%) and Non-pay expenditure €5,286,921 (24%). Pay expenditure decreased from the 2009 figure by €1,883,912 (10%) and Non-pay expenditure increased by €119,678 (2%).

The decrease in Pay expenditure relates to the decision to keep beds closed in order to stay within the reduced allocation from the HSE. In addition, the hospital was not able to recruit replacement nursing staff for those who retired during the year or to fill other posts which arose as a result of maternity or paternal leave. The hospital had 70 beds closed at the end of 2010.

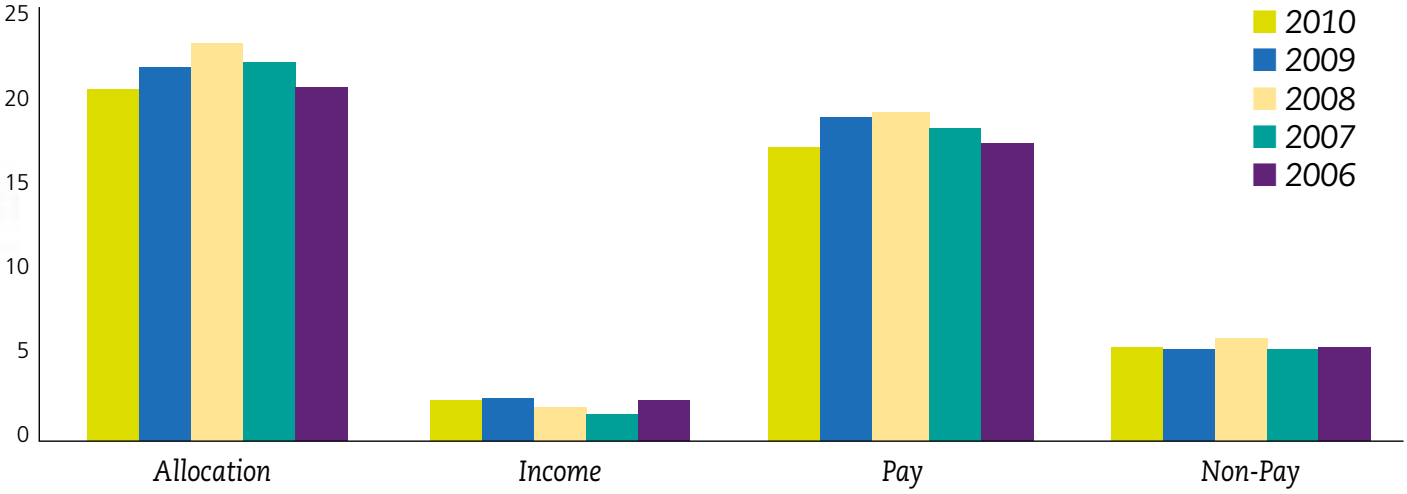
The increase of €119,678 (2%) in Non-pay expenditure is reflected in the increase in areas such as Catering & Hardware (€46,546) and for Furniture, Crockery & Hardware (€99,188), both of which relate mainly to the canteen and coffee shop refurbishment. Other Professional Services have increased by €147,466. Offsetting these increases are reductions in Medical and Surgical Supplies (€52,093) and Maintenance and Renovations (€58,996). All of the additional expenditure was deemed necessary in order to maintain the high quality of standards throughout the hospital.

It should be noted that in 2009 there was additional expenditure on Maintenance and Renovations to carry out essential maintenance work to ensure relevant areas were HIQA (Health Information Quality Authority) compliant and to ensure health and safety requirements were met.

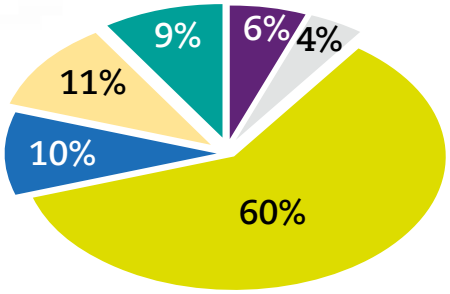
The total income for the year amounted to €22,072,328, a decrease of €1,517,408 (6%) on the 2009 figure. The hospital's allocation from the HSE decreased by €1,315,552 (6%) from the 2009 figure of €21,208,271.

The hospital was not as significantly impacted in 2010 (€422,563) as it had been in 2009 (€802,394) by the once off

→ *Figure 3: Five Year Financial History*



→ *Figure 4: Analysis of Pay Costs*



- *Nursing & Allied*
- *Catering & Housekeeping*
- *Administration*
- *Paramedical*
- *Pensions*
- *Other*

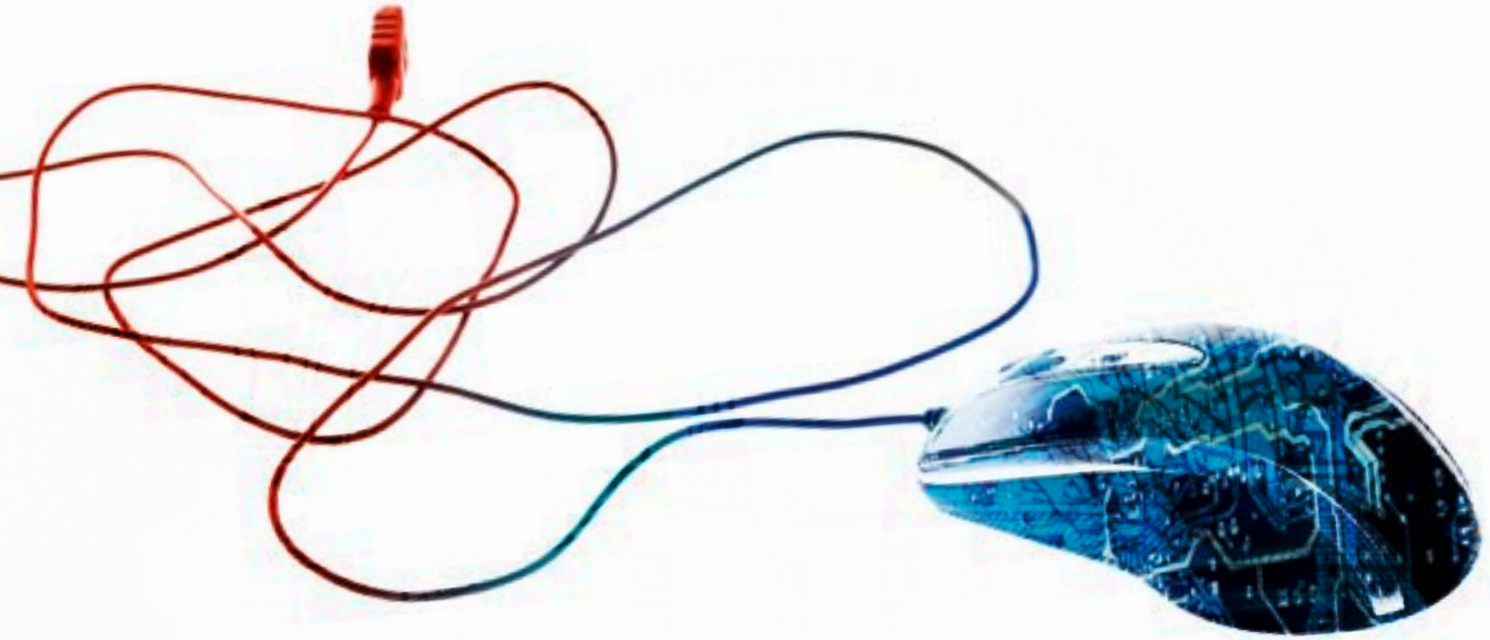
pension payments on staff retirement. However, the ongoing annual pension payments in 2010 (€1,141,346) increased by €189,762 on the 2009 figure (€951,584).

Ordinary Income, excluding the funds collected from the pension levy, has decreased by €317,207 (18%) on the 2009 figure. This decrease mainly relates to a reduction of €192,304 in patient maintenance income. It should be noted that the 2009 patient income figure included €132,311 relating to the insurance proceeds from a road traffic accident.

The Special Fund Account for the year shows a surplus of income over expenditure of €154,374, which increases the accumulated reserve being carried forward into 2011 to €3,433,016. As in previous years, the hospital's Special Fund Account continues to rely heavily on voluntary gifts and donations. We are, as always, most appreciative of all receipts, which have largely been committed to capital development projects. In 2010, voluntary gifts, donations and bequests amounted to €115,840.

As was the case in the previous eight years, the independent auditor's report on the hospital's financial statements includes a technical qualification on the basis that "The financial statements do not include pension liabilities and pension assets as required by Financial Reporting Standard 17 "Retirement Benefits"."

The hospital has not included pension liabilities and pension assets for the following reasons: the pension and lump sum costs of the VHSS have always been recognised as being funded out of, and allowed for in, the annual revenue allocation received from the Department of Health and Children, now via the Health



Service Executive. On this basis, the hospital is of the opinion that the VHSS, and not the hospital, has the liability for the costs. In light of this, we feel unable to justify the not insignificant cost associated with having the required valuation carried out when the funds involved could otherwise be used for patient care.

During 2007, the hospital appointed a firm of chartered accountants to provide internal audit services. The internal auditors have reported they reviewed the effectiveness of the system of internal control in 2010. This review was performed through the implementation of an agreed internal audit plan. The internal auditors have confirmed there were no significant issues arising from this review.

Information Communications Technology

The Information Communications Technology (ICT) department services all areas and departments within the hospital and in 2010 it continued to develop the infrastructure and service quality.

The main services provided by the department were hardware and software support, upgrades and purchases, security for the network, data & hardware and training.

During the year, we developed an information point in the main concourse to give patients, residents, relatives, staff and visitors free access to all hospital policies and the hospital's website. The coverage provided by the closed wireless network was extended to improve access and we continued to work on developing the patient administration system (iCare) to provide key performance indicators in a timely and efficient manner.

We also continued to work with the Medical Director to develop the use of modern technology through linking with St. Vincent's University Hospital to gain faster and more timely access to the results of certain diagnostic procedures.

General Services

During 2010, the department faced significant challenges and marked a number of achievements.

Laundry was upgraded in line with HIQA standards and the main kitchen received a new resin floor throughout, which also included a total refurbishment of the dining room and snack bar. The main kitchen also received a new supply board.

The reading room and the residents' computer room were redecorated and

re-floored and new bookcases were installed in the reading room.

Automatic controls were fitted to all single rooms to assist patient access. New automatic doors were also installed to the Oratory and Day Hospital entrance. The main concourse area had new fire screens installed, enhancing its overall appearance. All corridors were redecorated.

The new staff library was created and fitted out. The physiotherapy and occupational therapy departments were completely redecorated and re-floored. Works also started on the new seating clinic and waste yard. The administration offices were redecorated and re-floored.

Bushfield House became vacant and has been decommissioned. Additional CCTV cameras were purchased for new developments.

The adverse weather conditions hit us hard in 2010 though we were more prepared than in 2009, with larger salt and grit stocks in place. A big thank you to our contracted grounds men who dug out and gritted during the bad weather.

In order to continually seek efficiencies again this year, we have looked at all maintenance contracts to achieve savings.

The dedication of all staff within the department has made 2010 another successful year and we look forward to finishing off work in progress, such as the waste yard, in 2011.

Paul Flood |
Financial Controller

THE ROYAL HOSPITAL DONNYBROOK

Financial Statements
Year Ended 31 December 2010

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Independent auditors' report to the Governors of The Royal Hospital Donnybrook

We have audited the financial statements on pages V to XV. These financial statements have been prepared under the accounting policies set out therein in the statement of accounting policies on page V.

Respective responsibilities of the Board of Management and auditors

The Board of Management's responsibilities for preparing the financial statements in accordance with applicable Irish law and accounting standards issued by the Accounting Standards Board and published by the Institute of Chartered Accountants in Ireland (Generally Accepted Accounting Practice in Ireland) are set out in the Statement of Responsibilities of the Board of Management on page XI.

Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland). This report, including the opinion, has been prepared for and only for the Governors as a body and for no other purpose. We do not, in giving this opinion, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

We report to you our opinion as to whether the financial statements give a true and fair view, in accordance with Generally Accepted Accounting Practice in Ireland. We state whether we have obtained all the information and explanations we consider necessary for the purposes of our audit and whether the financial statements are in agreement with the books of account. We also report to you our opinion as to whether the hospital has kept proper books of account.

Basis of audit opinion

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the Board of Management in the preparation of the financial statements, and of whether the accounting policies are appropriate to the hospital's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

PRICEWATERHOUSECOOPERS

Independent auditors' report to the Governors of The Royal Hospital Donnybrook - *continued*

Adverse opinion

The financial statements do not include pension liabilities and pension assets as required by Financial Reporting Standard 17 'Retirement Benefits'.

In view of the non-inclusion of pension liabilities and pension assets referred to above, in our opinion, the financial statements do not give a true and fair view, in accordance with Generally Accepted Accounting Practice in Ireland, of the state of the hospital's affairs as at 31 December 2010 and of its net income or expenditure for the year then ended.

The financial statements give a true and fair view of the cash flows of the hospital for the year ended 31 December 2010.

We have obtained all the information and explanations we consider necessary for the purposes of our audit. In our opinion, proper books of account have been kept by the hospital. The financial statements are in agreement with the books of account.

PricewaterhouseCoopers

Chartered Accountants and Registered Auditors

Dublin

28 April 2011

Accounting Policies

The significant accounting policies adopted by the hospital are as follows:

Historical cost convention
The financial statements are prepared under the historical cost convention. The market value of quoted investments is disclosed in a note to the financial statements.

Income and expenditure
Income and expenditure is recognised when earned or incurred and is dealt with in the ordinary income and expenditure account or the special fund account of the year to which it relates.

The ordinary income and expenditure account reflects the day-to-day running of the hospital. The special fund account reflects the results of voluntary activities, investment income and other receipts and bequests together with their application. The analysis of assets and liabilities in the balance sheet is consistent with this distinction.

Expenses incurred by the hospital, less contributions from patients and other income, are recovered from the Health Service Executive by means of an allocation.

Allocations from the Health Service Executive (HSE)
The total allocation to the hospital towards the net expenditure for the year is included in the ordinary income and expenditure account. Any part of the allocation included in the ordinary income and expenditure account but not received at the year-end is included in the balance sheet.

Allocations in respect of the excess of annual net expenditure over annual allocations are accounted for as and when agreed by the Health Service Executive.

Pensions
The liability in respect of pensions payable is underwritten by the Minister for Health and Children and the net cost of pensions is included in the annual allocation towards net expenditure for the year.

Staff pension contributions are credited to the ordinary income and expenditure account when received and pension payments are charged to ordinary expenditure when paid.

Quoted investments
Quoted investments are stated in the balance sheet at cost when purchased, or market value when acquired by way of bequest or gift.

The market value of all quoted investments at the balance sheet date is disclosed in a note to the financial statements.

Market value represents the mid price as quoted by a recognised stock exchange.

Fixed assets
Fixed assets for which grants have been received or are receivable, or which have been provided out of the special fund account, are not reflected in the balance sheet.

The cost of other fixed assets is charged to the ordinary income and expenditure account as incurred.

Ordinary Income and Expenditure Account

Year Ended 31 December 2010

	Notes	2010 €	2009 €
Revenue			
Ordinary expenditure			
Pay expenditure	2	16,553,249	18,437,161
Non-pay expenditure	3	5,286,921	5,167,243
		21,840,170	23,604,404
Ordinary income	4	2,179,609	2,381,465
Net expenditure for year		19,660,561	21,222,939
Allocation from HSE towards net expenditure for year		19,892,719	21,208,271
Surplus/(deficit) for year		232,158	(14,668)
Accumulated surplus brought forward		106,800	121,468
Accumulated surplus carried forward	5	338,958	106,800
Capital			
Expenditure on premises and equipment		167,405	1,774,299
Grants receivable		(167,405)	(1,774,299)
		-	-

On behalf of the Board of Management
Frank Cunneen
Michael Forde

Ordinary Balance Sheet

31 December 2010

	Notes	2010 €	2009 €
Ordinary assets			
Allocations due - Revenue	6	1,954,694	2,120,159
- Capital		(397,915)	58,015
Debtors and prepayments		273,860	182,034
Bank balances and cash		2,634,472	2,666,632
		4,465,111	5,026,840
Ordinary liabilities			
Creditors and accrued expenses		(3,079,474)	(3,229,120)
Bank overdrafts		(1,046,679)	(1,690,920)
		(4,126,153)	(4,920,040)
		338,958	106,800
Represented by:			
Accumulated surpluses carried forward	5	338,958	106,800

On behalf of the Board of Management
Frank Cunneen
Michael Forde

Special Fund Account

Year Ended 31 December 2010

	2010 €	2009 €
Income		
Investment income	18,135	15,400
Rents receivable	1,902	570
Voluntary gifts and donations	31,634	102,105
Investment income	-	24,066
Deposit interest	25,558	44,550
Bequests	84,206	174,453
	161,435	361,144
Expenditure		
Other payments	7,061	10,823
	7,061	10,823
Income less expenditure	154,374	350,321
Balance at beginning of year	3,278,642	2,928,321
Balance at end of year	3,433,016	3,278,642

On behalf of the Board of Management
Frank Cunneen
Michael Forde

Special Fund Balance Sheet

31 December 2010

	Notes	2010 €	2009 €
Special fund assets			
Quoted investments	7	328,831	331,762
Debtors and prepayments		9,434	9,250
Bank balances and cash		3,094,751	2,937,630
		3,433,016	3,278,642
Represented by:			
Special funds		3,433,016	3,278,642

On behalf of the Board of Management
Frank Cunneen
Michael Forde

Cash Flow Statement

Year Ended 31 December 2010

	Notes	2010 €	2009 €
Net cash outflow from operating activities	8	(19,984,263)	(21,720,672)
Returns on investments and servicing of finance	9	34,775	62,474
Capital expenditure	9	(164,474)	(1,724,299)
Net cash outflow before financing		(20,113,962)	(23,382,497)
Financing	9	20,883,164	24,244,351
Net cash inflow		769,202	861,854
Increase in cash	10	769,202	861,854

On behalf of the Board of Management
Frank Cunneen
Michael Forde

Notes of the Financial Statements

1. Statement of responsibilities of the Board of Management

The Board of Management is required to prepare financial statements for each financial year and have them audited. In preparing these financial statements, the Board of Management is required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the hospital will continue in operation.

The Board of Management is responsible for keeping proper books of account which enable it to ensure that the financial statements are prepared in accordance with accounting standards generally accepted in Ireland and show a true and fair view. The Board of Management is also responsible for safeguarding the assets of the hospital and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

2. Pay expenditure

	2010 €	2009 €
Administration	1,021,120	1,153,266
Medical	390,851	383,019
Nursing and allied	9,884,683	10,956,453
Paramedical	1,670,672	1,982,474
Catering and house-keeping	1,818,748	1,997,537
Maintenance	203,266	210,434
Pensions payable	1,563,909	1,753,978
	16,553,249	18,437,161

Superannuation administration

In 2010 pension payments exceeded superannuation deductions by €207,784 (2009: €420,620), as follows:

	2010 €	2009 €
Pensions payable		
- once off payments on retirement	(422,563)	(802,394)
- ongoing pension payments	(1,141,346)	(951,584)
	(1,563,909)	(1,753,978)
Superannuation deductions	1,356,125	1,333,358
Pension deficit for the year	(207,784)	(420,620)

Notes of the Financial Statements continued

3. Non-pay expenditure	2010 €	2009 €
Drugs and medicines	538,958	522,139
Blood and blood products	5,091	6,174
Medical gases	30,684	69,061
Medical and surgical supplies	539,068	681,281
Medical equipment	18,153	52,241
Food and catering fees	578,119	630,212
Catering equipment	127,800	81,254
Furniture, crockery and hardware	302,656	203,468
Heat, light and power	301,724	258,061
Laundry equipment	36,339	9,792
Cleaning and washing	555,881	614,877
Maintenance and renovations	806,925	850,736
Bedding and clothing	21,312	19,004
Farm and grounds	224,124	158,272
Transport and travelling	7,029	4,262
Transport of patients	137,489	116,137
Bank interest and charges	10,820	22,112
Insurances, audit, legal and other professional costs	122,681	125,074
Other professional services	227,000	79,534
Office equipment	74,108	47,606
Computer equipment	129,026	106,218
Office expenses	180,483	171,124
Sundries	311,451	338,604
	5,286,921	5,167,243

4. Ordinary income	2010 €	2009 €
Patient maintenance	683,044	875,348
Superannuation deductions	1,356,125	1,333,358
Staff restaurant income	88,669	97,216
Sundry income	51,771	75,543
	2,179,609	2,381,465

Notes of the Financial Statements continued

5. Accumulated surpluses/(deficits) carried forward	2010 €	2009 €
In respect of prior years:		
- 1999	3,566	3,566
- 2000	112,009	112,009
- 2001	(103,415)	(103,415)
- 2002	90,580	90,580
- 2003	9,193	9,193
- 2004	17,391	17,391
- 2005	8,760	8,760
- 2006	(3,250)	(3,250)
- 2007	(13,909)	(13,909)
- 2008	543	543
- 2009	(14,668)	(14,668)
- 2010	232,158	
	338,958	106,800

6. Revenue grants due	2010 €	2009 €
In respect of:		
- prior years	(668)	(668)
- 2009	-	2,120,827
- 2010	1,955,362	-
	1,954,694	2,120,159

7. Quoted investments	2010 €	2009 €
At cost when purchased, or market value when acquired by way of bequest or gift	328,831	331,762
Market value	290,325	336,971

8. Reconciliation of net expenditure to net cash outflow from operating activities	2010 €	2009 €
Net expenditure for year	(19,660,561)	(21,222,939)
Interest included in expenditure	10,820	22,112
Payments from special fund account	(7,061)	(10,823)
(Increase)/decrease in debtors and prepayments	(91,826)	(3,842)
(Decrease) in creditors	(235,635)	(505,180)
Net cash outflow from operating activities	(19,984,263)	(21,720,672)

Notes of the Financial Statements continued

9. Gross cashflows	2010 €	2009 €
Returns on investment and servicing of finance		
Interest received	25,558	44,550
Interest paid	(10,820)	(22,112)
Investment income	18,135	39,466
Rents receivable	1,902	570
	34,775	62,474
Capital expenditure and financial investment		
Expenditure on premises and equipment	(167,405)	(1,724,299)
Investment received by way of bequest	2,931	-
	(164,474)	(1,724,299)
Financing		
Maturity of bond	2,931	-
Capital grants received	706,209	2,631,265
Revenue grants received (Note 11)	20,058,184	21,336,528
Bequests	84,206	174,453
Voluntary gifts and donations	31,634	102,105
	20,883,164	24,244,351

10. Analysis of the balances of cash as shown in the balance sheet	2010 €	2009 €	Change in Year €
Bank balances and cash	5,729,223	5,604,262	124,961
Bank overdrafts	(1,046,679)	(1,690,920)	644,241
	4,682,544	3,913,342	769,202

11. Analysis of changes in financing during the year	2010 €	2009 €
Revenue allocations		
At beginning of year	2,120,159	2,248,416
Allocation for the year	19,892,719	21,208,271
Cash received	(20,058,184)	(21,336,528)
At end of year	1,954,694	2,120,159

Notes of the Financial Statements continued

12. Premises

As stated in the accounting policies on page V, fixed assets for which grants have been received or are receivable, or which have been funded from the special fund account, are not reflected in the hospital's balance sheet. These fixed assets include the hospital premises, which were acquired in 1792 and have been developed over subsequent years from the special fund account and capital grants.

13. Retirement benefits

The financial statements do not contain the disclosure requirements in respect of retirement benefits set out in Financial Reporting Standard 17 'Retirement Benefits'. The amount of pensions payable in the year, and the superannuation deductions from staff, are disclosed in the financial statements and their impact on the outturn for the year can therefore be assessed.

The majority of staff are members of the Voluntary Hospitals Superannuation Scheme, which is an unfunded, pay-as-you-go scheme underwritten by the Minister for Health and Children. The Board of Management believes that the funds required in the future to pay current pension liabilities, as they arise into the future, will be provided by the Department of Health and Children under the Voluntary Hospitals Superannuation Scheme and that therefore it is not necessary for the financial statements of the Hospital to include the liability at the balance sheet date in respect of pension entitlements built up to that date by employees of the Hospital, nor the other disclosure requirements of Financial Reporting Standard 17, because the Board believes that liability rests with the Department of Health and Children.

14. Subsequent events

Since the year end the Hospital has been advised by the HSE that the 2011 allocation is likely to be reduced compared to 2010 and the Hospital is taking measures to reduce activity to match the reduced funding available.

15. Approval of financial statements

The Board of Management approved the financial statements on 28 April 2011.

Schools involved in Aos Óg Programme and Gaisce – The President's Award

Coláiste Eoin
Belvedere College
Gonzaga College S.J.
Dominican College
Blackrock College
Catholic University School
Notre Dame School
Coláiste Íosagáin
Mount Carmel Secondary School
Mount Anvile Secondary School
St. Raphaela's Secondary School
St. Dominic's College
St. Benildus Secondary School
Sandford Park School
Firhouse Community College
Loreto College, St. Stephen's Green
Newpark Comprehensive School
The High School Dublin
St. Conleth's College
St. Michael's College

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Mrs. J. Ansell
Mr. John H. Archer
Mr. Thomas Bacon
Mrs. Barbara Baynham
Mr. Walter Beatty
Miss Brenda Beaumont
Rev. Canon R.H. Bertram
Miss Georgina Black
Mr. Keith Blackmore
Mr. R. Blakeney
Mr. Denis Boothman
Dr. Brian D. Briscoe
Miss Nancy Bruton
Mr. Frank Buckley
Dr. Helen Burke
Mr. Kevin Burke
Mrs. Joyce Byrne
Mrs. Ruth Carnegie
Mr. Harry Carroll
Mr. J. D. Carroll
Mr. Peter Kevin Carroll
Mrs. Mary L. Carroll
Mr. Eric H. Chapman
Mr. David P. Clarkin
Miss J. Cochrane
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Mr. Anthony E. Collins
Ms. Colette Connolly
Mr. L. Cosgrave
Mrs. Vera Cosgrave
Mr. Declan Costello
Mr. Finbar Costello
Mrs. Catherine Coveney
Mr. Jim Crotty
Mrs. Geraldine Cruess Callaghan
Mr. Frank Cunneen
Mrs. Deirdre Daly
Mr. James Darlington
Canon J. L. B. Deane
Mrs. Daphne Dillon
Mr. Mark Doyle
Mr. H. N. Duffy
Mr. John Duffy
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Mr. Rodney Evans
Mrs. Flo Fennell
Mrs. G. D. Findlater
Mr. John D. Findlater
Mr. Vincent Finn
Miss Dolores Flynn
Mr. Michael Forde
Mrs. Nancy Fox
Mrs. Heather Fry
Mr. Edmund Fry
Mrs. Sylvia Fry
Mr. W. O. H. Fry
Dr. Graham Fry
Mr. Colm J. Galligan
Mr. John Gleeson
Mr. Peter Gleeson
Mr. E. R. A. Glover
Mr. John Gore-Grimes
Miss D. Graham
Mr. Alastair Graham
Mr. Randal N. Gray
Dr. Thomas Gregg
Miss Ruth Handy
Mr. Harry Hannon
Dr. Carmencita Hederman
Mr. William P. Hederman
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Mrs. Hassia Jameson
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Dr. Donal J. Kelly
Mr. Jerry J. Kelly
Miss Rosaleen Kennedy
Mr. Charles Kenny
Mr. John F. Kerins
Mrs. Gladys Kingston
Mr. Frank Lee
Mr. J. P. Lovegrove
Mrs. Helen E. Lowe
Mrs. Patricia Madigan
Mr. D. M. Magee
Mrs. L. Martin
Mr. Peter Maughan
Mrs. Margot McCambridge
Mrs. Joan McCann
Prof. Geraldine McCarthy
Mr. D. C. McCaughey
Mr. B. A. McDonald
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Mr. Patrick McGilligan
Mrs. O. E. McGuckin
Mrs. Patricia McHugh
Dr. Mary McKiernan
Ms. Patricia Mulhall
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Mrs. T. Murphy
Mr. Gerard Murtagh
Mrs. Katherine Nixon
Miss Gladys Norton
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Mr. Michael G. O'Connor
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Mrs. Clare O'Halloran
Mr. Desmond O'Halloran
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Mr. Malachy Ryan
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Mrs. Sylvia Tennant
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Mr. C. Garrett Walker
Mr. Colin C. Walker
Mr. Raymond M. Walker
Mr. Simon N. Walker
Mr. Joseph A. Whitten
Ms. Jane Williams
Mrs. Maeve Woods

Every effort has been made to ensure that the list of Governors is up to date.
However, if you notice an error or omission, please contact the Corporate and Clinical Affairs office at (01) 406 6629

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