THE ROYAL HOSPITAL DONNYBROOK

Annual Report & Accounts 2011

The Royal Hospital Donnybrook
Dublin 4
Ireland

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Contents

BOARD OF MANAGEMENT

Frank Cunneen *(Chairman)*
Jerry Kelly *(Vice-Chairman)*
Michael Forde *(Treasurer)*
Finbar Costello
Peter Gleeson
Alastair Graham
Miriam Hillery
Cllr. Paddy McCartan
(nominated by Dublin City Council)
Prof. Geraldine McCarthy
Dr. Alan O'Grady *(retired June 2011)*
Cllr. Oisin Quinn
(nominated by Dublin City Council)
Graham Richards
Philomena Shovlin
Robin Simpson
Victor Stafford

NOMINATIONS AND GOVERNANCE COMMITTEE

Frank Cunneen *(Chair)*
Finbar Costello *(retired Sept. 2011)*
Miriam Hillery
Jerry Kelly
Graham Richards
Victor Stafford *(appointed Sept. 2011)*

AUDIT COMMITTEE

Jerry Kelly *(Chair)*
Michael Forde
Alastair Graham *(retired Sept. 2011)*
Brendan Pigott *(appointed Nov. 2011)*
Robin Simpson

CLINICAL GOVERNANCE COMMITTEE

Tom Hayes *(Chair)*
Dr. Áine Carroll/Dr. Angela McNamara
Dr. Lisa Cogan
Dr. Morgan Crowe
Graham Knowles
Prof. Geraldine McCarthy
Dr. Diarmuid O'Shea
Patricia O'Reilly
Olivia Sinclair
Marie McMahon
Heather Walsh *(retired Feb. 2012)*
Conor Leonard *(appointed Feb. 2012)*

SENIOR MANAGEMENT TEAM

Chief Executive
Graham Knowles
Medical Director
Dr. Lisa Cogan
Director of Nursing
Olivia Sinclair
Allied Health Services Manager
Heather Walsh *(retired Feb. 2012)*
Allied Health Services Manager
Conor Leonard
(returned from secondment Feb. 2012)
Financial Controller
Paul Flood
Human Resources Manager
Mary Hansell

EXECUTIVE COMMITTEE

Frank Cunneen *(Chair)*
Dr. Lisa Cogan
Paul Flood
Michael Forde
Mary Hansell
Jerry Kelly
Graham Knowles
Conor Leonard *(appointed Feb. 2012)*
Philomena Shovlin *(appointed Sept. 2011)*
Robin Simpson
Olivia Sinclair
Victor Stafford *(retired Sept. 2011)*
Heather Walsh *(retired Feb. 2012)*

CONSULTANT IN REHABILITATION MEDICINE

Dr. Áine Carroll
(temporarily replaced by Dr. Angela McNamara)

CONSULTANTS IN GERIATRIC MEDICINE

Dr. J. J. Barry
Dr. Morgan Crowe
Dr. Diarmuid O'Shea

SENIOR STAFF

Assistant Director of Nursing
Patricia O'Reilly

Clinical Nurse Manager (3)
Marie McMahon

Clinical Nurse Managers (2)
Anne Dooley
Elaine Foley
Emer Kennedy
Mary Mae Salomon
Sinead McDonnell

Clinical Nurse Managers (Night)
Anne Migchels *(retired Feb. 2012)*
Michael Guare *(retired Oct. 2011)*

Physiotherapy Manager
Barbara Sheerin

Occupational Therapy Manager
Heather Walsh *(retired Feb. 2012)*

Principal Medical Social Worker
Mary Duffy

Senior Speech & Language Therapist
Julie Scott

Senior Dietitian
Zoe McDonald

Podiatrist
Brid Waldron

Senior Clinical Psychologist
Dr. Eimear Cunningham

General Services Manager
Thomas O'Brien

Chairman's Statement

I am delighted to present the Annual Report for 2011 and a summary of the Financial Statements for the year ended 31st December last. A copy of the Audited Financial Statements is available on our website at www.rhd.ie or can be requested from the Corporate & Clinical Affairs Office.

The year was challenging in a number of ways. The general economic and financial outlook was a particular concern. The hospital's budget, in line with general cutbacks, was reduced by over 4%.

During the year, it also became apparent that the outlook for 2012 and 2013 was likely to be even more challenging. In view of this, the hospital management continued to pursue cost savings, but at the same, time maintaining the high level of patient care, as reflected in patient outcomes.

As recommended by the Nominations and Governance Committee, the Board of Management continued to refresh board membership. In this context, I am delighted to report that Ms. Philomena Shovlin joined the Board. She has considerable management experience in both hospitals and the HSE, and already has made a valuable contribution, including joining the Executive Committee. During the year, Mr. Eoghan Murphy, having been elected to the Dáil, resigned from the Board. His place was taken by Councillor Paddy McCartan who had previously been on the Board.

During the year, the Board, with the management team, continued its work on developing and refining its strategy for the period 2011–2013. The objective was, and is, to continue to add to the medical, nursing and therapeutic capability of the hospital, thereby allowing us to care for ever more complex patients. In this context, a new development took place during the year, to provide a new ten-bedded step down facility providing Short-term Post Acute Rehabilitative Care (SPARC).

This new facility is making a very important contribution to caring for patients from acute hospitals who have undergone their medical treatment, but have not yet been placed in an appropriate setting for rehabilitation or discharge. It is hoped to further develop this service in 2012.

The Clinical Governance Committee continued to ensure clinical governance is embedded in all aspects of the organisation's work. 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 (RHD) underwent an unannounced inspection by the Health and Safety Authority (HSA). Its findings were excellent.

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, adding to the unique caring ethos of the RHD.

The Voluntary Housing Association (VHA) continued its various activities; the Bloomfield Apartments are fully occupied and essential remedial work on the housing units continues in Cullenswood.

The Friends of The Royal Hospital Donnybrook (RHD) 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.

Dr. Alan O'Grady, who has been associated with the hospital for a number of decades, resigned from the Board of Management in June 2011. Dr. O'Grady joined the Board in 1998 and I wish to thank him for his time and dedication to the hospital over the years.

The hospital enjoys the inestimable value of a Board of Management with a wealth of expertise and experience. I also take this opportunity to thank my fellow Board members, our Committee Chairpersons, and especially the Honorary Officers: Jerry Kelly, Vice Chairman, and Michael Forde, Honorary Treasurer. Without their advice and support, my role would be much more challenging.

Frank Cunneen | *Chairman*

"During the year, the Board, with the management team, continued its work on developing and refining its strategy for the period 2011–2013. The objective was, and is, to continue to add to the medical, nursing and therapeutic capability of the hospital, thereby allowing us to care for ever more complex patients."

Chief Executive's Report

The hospital launched its Strategic Plan 2011 - 2013 against the backdrop of significant challenges facing the health sector and, indeed, the country as a whole. This plan, available at www.rhd.ie, outlines our commitment to reposition the hospital to specialise in the provision of rehabilitative care. The vision for the hospital is that "*The Royal Hospital Donnybrook is a recognised centre of excellence for specialist rehabilitative care for people with chronic illness and complex needs*." The Strategic Plan has clear objectives, supported by a three year implementation plan, and more detailed annual business plans.

It is important to note that the changes outlined in our strategic plan are to be achieved against the backdrop of year on year significant reductions to our funding allocation from the HSE. We believe, however, that the hospital can play a more significant role through further focussing its skills and expertise on rehabilitation, building on existing services such as general rehabilitation and stroke rehabilitation.

Three over-arching areas for development were identified, namely:

- Short-term Post Acute Rehabilitative Care (SPARC) – destination home (four to six week average stay);
- Post Acute Rehabilitative Care (PARC) – destination undetermined, for frail older people (six to nine week average stay); and
- Transitional care – destination long term care.

In mid 2011, we opened our first 10 SPARC beds, which have proved to be a huge success, with an average length of stay of 28 days. At the end of the year, at the request of the Special Delivery Unit (SDU) within the Department of Health, we opened ten PARC beds for a time limited period which, once more, proved successful.

In 2011, the Health Information and Quality Authority (HIQA) undertook the Registration Inspection and, whilst there is always room for improvement, the report was very positive and is available on our website. As an organisation, we welcome a more open culture of regulation, inspection and registration. This was also demonstrated through an unannounced inspection by the Health and Safety Authority toward the end of the year, which was very positive in terms of the lack of issues identified.

Both of these external inspections noted the clarity regarding systems, structures and processes in the day to day activities of the hospital. This was augmented in 2011 with the Clinical Governance Committee joining other groups/committees in having a direct reporting relationship as a formal sub-committee of the Board.

These service changes and positive external reports took place during a year when the hospital had a significant reduction to its allocation. Efficiencies were identified across the organisation in terms of both our pay and non pay expenditure, in addition to process redesign and internal re-organisation. We were able, once more, to maintain service levels within a reduced budget. The cumulative impact, coupled with likely further reductions will, however, significantly challenge the hospital going forward.

Toward the end of 2011, issues began to surface regarding the Fair Deal funding mechanisms for the hospital's long-term care beds. The emerging changes, focusing on the provision of rehabilitative care, reinforce the Board's belief that we have set the

right course for the hospital. We also believe that it is appropriate that one centre be identified to deliver these services locally and that we should be that centre – based on our delivery over the years, and not just in recent times.

I want to thank the Board of Management and all the staff of the hospital for their commitment and dedication. There can be no doubt that we are in very challenging times. It is often times like these, however, that generate the environment for real and progressive service change; change that we have been advocating for many years. The Royal Hospital Donnybrook (RHD) continues to pride itself in providing an alternative to care in an acute hospital setting and helping people to remain independent, in their own home and outside of long term institutional care for as long as possible. That approach is enshrined in our vision.

Graham Knowles | *Chief Executive*

"In mid 2011, we opened our first 10 SPARC beds, which have proved to be a huge success, with an average length of stay of 28 days. At the end of the year, at the request of the Special Delivery Unit (SDU) within the Department of Health, we opened ten PARC beds for a time limited period which, once more, proved successful."

Clinical Services

Throughout 2011, hospital staff across all disciplines and departments continued to deliver high quality services to patients and residents. The multidisciplinary team approach, and our commitment to person-centred care, continue to deliver positive outcomes for our service users.

While the ongoing moratorium on recruitment presents significant challenges to all departments, the dedication and commitment of all staff was evident throughout the hospital.

Quality and Safety

While quality and safety have always been central to service provision, The Royal Hospital Donnybrook (RHD), like all other healthcare providers, is required to demonstrate compliance with existing and emerging quality standards. In 2011, the residential services for older people in the hospital were inspected by the Health Information Quality Authority (HIQA). The inspection report (available on our hospital website – www.rhd.ie) was very positive and, while highlighting some areas for improvement, overall it demonstrated the high standard of service provided to our residents. Participation in the inspection and registration process was a positive experience for all staff and will be of benefit in preparing to meet the National Standards for Safer, Better Healthcare which will apply to all service areas in the hospital.

The RHD was also inspected for the first time by the Health and Safety Authority late in 2011. Again, the inspection process and the findings of the inspection were positive and demonstrated the hospital's commitment to providing a safe and comfortable environment for patients, residents and staff alike.

The establishment of the Clinical Governance Committee has strengthened the hospital's focus on delivering high quality, safe and effective services. The framework allows for formal reporting of the quality and safety working groups in operation in the hospital, thereby providing assurance and transparency for all stakeholders. In 2011, the committee oversaw the development of the multidisciplinary clinical audit programme which provides a clear framework for quality improvement using the clinical audit cycle.

The unit-based medication monitoring programme continues in conjunction with senior nursing staff and pharmacists.

Service and Practice Developments

In July 2011, the hospital expanded its rehabilitation service to older people with the introduction of short-term post acute rehabilitative care (SPARC) beds. This service provides older people with short-term rehabilitation immediately post an acute hospital inpatient stay, or following direct admission from the Emergency Department. A description of the service and activity is contained in the service specific sections of this annual report.

Progress was made in developing a Falls Assessment Clinic which will be integrated into the Day Hospital service. A successful pilot clinic was commenced in the fourth quarter, and the plan is to operate regular falls assessment clinics in 2012. A core working group, including medical, nursing, occupational therapy and clinical psychology, meets regularly to develop a pathway of referral and assessment of patients for a Memory Clinic.

Following our clinical study looking at the feasibility and accuracy of point-of-care testing in a residential and day hospital setting, we have successfully introduced this for our inpatient and day hospital patients on Warfarin. This is a less invasive, safer, and more efficient method of monitoring patients' anticoagulation levels, which reduces risk of stroke and venous thromboembolisim.

The development of an Activities of Daily Living (ADL) Suite in the Occupational Therapy Department has been a great success. This is a non-clinical environment set up to facilitate a streamlined assessment when identifying the most suitable equipment for patients undertaking rehabilitation and their carers. The facility won an award for Innovation in Quality of Service Delivery at the Healthcare Innovation Awards in May 2011. Our thanks go to all the agencies and companies who contributed equipment and installations to make this possible. This is an excellent resource for the hospital, and is also available to our community partners who have greatly welcomed it.

"A core working group, including medical, nursing, occupational therapy and clinical psychology, meets regularly to develop a pathway of referral and assessment of patients for a Memory Clinic."

Research, Training and Education

Throughout 2011, the RHD provided continuing professional education and training to enable staff to develop and maintain their knowledge and competencies to deliver high quality care to residents and patients. Clinical practice updates and in-service education sessions were provided, and all staff were provided with mandatory training in areas such as health and safety.

Following further training, we have recently been recognised as Irish trainers for the Functional Independence Measure + Functional Assessment Measure (FIM+FAM) international outcome measure.

Some staff are also pursuing masters and diploma programmes as part of their personal and professional development. A monthly research and teaching journal club has also been established to promote best practice and to progress interdisciplinary research.

The Department of Nursing continued its relationship with University College Dublin as a placement site for undergraduate nursing students. Twenty-two students undertook their older persons' placement in 2011 and feedback from students and preceptors was very positive.

The RHD remains a designated university teaching centre for the UCD medical school. In 2011, as part of their "Medicine in the Community" module, 180 medical students rotated through the complex continuing care and over-65 rehabilitation service. Dedicated teaching sessions were given by the medical director and various members of the nursing and allied health team. In addition, we provided undergraduate training opportunities to 22 therapy students during the year.

In May, the RHD hosted a "Dynamics of Quality Care" study day in conjunction with the Department of Medicine for the Elderly in St. Vincent's University Hospital (SVUH). The conference was attended by almost 100 delegates from acute, continuing and primary care organisations. The programme for the day was very representative of the diverse issues affecting the older person with complex health and social care needs, and included presentations on dementia and palliative care, the national stroke care programme, and ethics in long term care. The feedback from delegates was very positive and planning is underway for the May 2012 study day.

A number of research projects were progressed during the year. These included a one year study which analysed the appropriateness of transferring our acutely unwell patients to an acute hospital Emergency Department. Overall, four research projects were presented at the Irish Gerontological Society meeting in September 2011 further promoting the reputation of the RHD as a centre of research and education. There are ongoing clinical research projects in the areas of osteoporosis treatment and the potential cardiac impact of anti-depressants on our frail elderly patients.

Clinical nurse managers and their colleagues will present the 2011 annual reports for their specific service areas.

In conclusion, very special thanks is due to all of our front-line staff for their dedication and commitment throughout 2011, and for their ongoing enthusiasm in providing high quality care to residents and patients in these challenging times.

Dr. Lisa Cogan | *Medical Director*

Olivia Sinclair | *Director of Nursing*

Heather Walsh | *Allied Health Services Manager*

"Throughout 2011, the RHD provided continuing professional education and training to enable staff to develop and maintain their knowledge and competencies to deliver high quality care to residents and patients. Clinical practice updates and in-service education sessions were provided, and all staff were provided with mandatory training in areas such as health and safety."

Stroke Unit

The Stroke Unit aims to provide a dedicated and comprehensive rehabilitation service to people diagnosed with stroke and to their families. Through interdisciplinary team assessment and rehabilitation, the unit facilitates patients to achieve their optimal potential in physical, social and psychological terms.

In 2011, 50 patients were admitted and 37 of those were successfully discharged home. This represents a 74% return to community living. The comprehensive and patient-centred nature of the discharge planning process within the unit is key to these successful outcomes. Graded discharges and facilitated leave at home for patients and families, gives an accurate picture of a patient's care needs. This then facilitates as smooth a transition to living at home as possible. The stroke team has also built up successful networks with community services to assist in this often complex area.

Quality of patient care and successful functional outcomes remains crucial to the philosophy of the Stroke Unit. We have been delighted at the positive feedback and constructive suggestions made through our Patient Satisfaction Survey.

We continue to work closely with our colleagues in the Day Hospital, once patients are discharged, to offer review and re-assessment where necessary. This continues to be a successful way of enabling patients to maintain their level of independence at home.

"The team work, the care, and the respect shown to people's needs were simply excellent. The environment was always positive."

Stroke Unit Patient

Day Hospital

The Day Hospital enables frail older people to remain living in their own homes, thereby reducing acute hospital admissions. It promotes patients' independence, health and well-being. The work is undertaken by a multidisciplinary team committed to rehabilitation, health education and empowerment of service users.

The number of clients attending the Day Hospital increased during 2011 to 629, and there were 238 new admissions during the year. This figure comprised people who had never attended before and re-referrals. There was a 6.6% increase in new admissions compared to 2010.

Patients with more complex needs required more frequent attendance. These included patients attending the monthly stroke review clinic and patients attending for Parkinson specific therapy.

Increasing patient needs (resulting from age related conditions and frailties), together with the desire to stay at home, has increased pressure on family and carer support. Consequently, the Day Hospital is becoming an ever greater part of essential home support networks following discharge from the Stroke Rehabilitation, General Rehabilitation and SPARC units. This helps facilitate a smooth transition home for patients, families and carers.

During 2011, the team continued to integrate our service with our Community multidisciplinary team colleagues, including public health nurses, GPs, community physiotherapists, occupational therapists and, more recently, patients' pharmacies. This has facilitated individualised rehabilitation plans for each person that attends the Day Hospital.

"I wish to thank all those who so devotedly and tirelessly look after the patients who daily attend your centre - the doctors, nurses, the physiotherapists, the carers and attendants of all descriptions. No words of mine can thank you for the stimulation and confidence your team gave me."

Day Hospital Patient

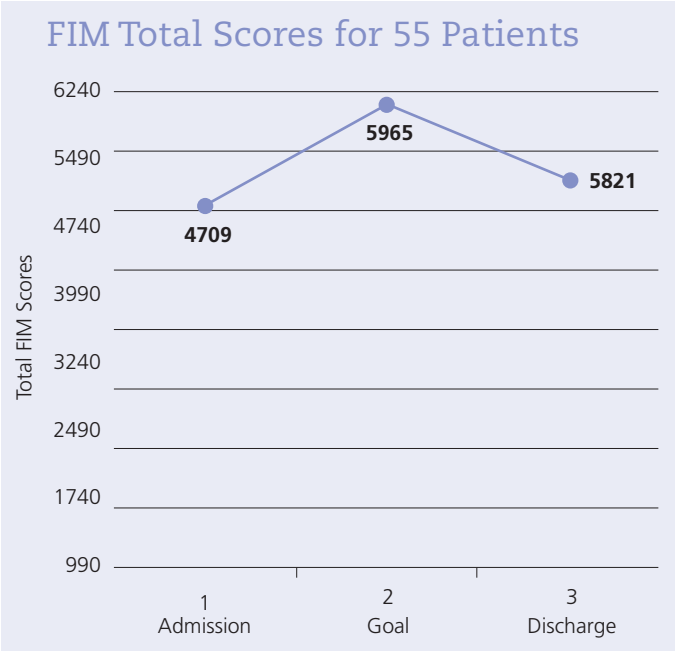
General Rehabilitation

The General Rehabilitation Unit provides services to older adults with complex needs who require a period of rehabilitation. Through interdisciplinary team assessment and rehabilitation, the team facilitates service users to achieve their maximum potential in physical, social and psychological terms. We continue to experience an extensive spectrum of clinical pathologies.

During 2011, the interdisciplinary team focused on a number of service developments, including specific initiatives relating to diet and nutrition. These included the introduction of protected meal times, allowing patients to eat their meal without interruption and with staff offering assistance to ensure nutritional intake is the top priority of care during this period. To complement this, educational sessions on eating, drinking and swallowing were provided to all staff on the unit. All patients are nutritionally screened and those in need of nutritional intervention are followed up appropriately by the dietician.

We continued to develop the usage of FIM+FAM. Whilst this has been used since 2009, an updated edition was introduced 2011. The FIM+FAM is an outcome measure which facilitates the establishment and documentation of patient-centred goals, and charts the effectiveness of the rehabilitation services offered on the unit. Of our total admissions, the utilisation of FIM+FAM was appropriate for 55. Figure 1 shows the total FIM scores for admission, goals and discharge of these patients admitted for rehabilitation in 2011. The results show a significant improvement (24%) in functional independence following an intensive rehabilitation programme.

Figure 1



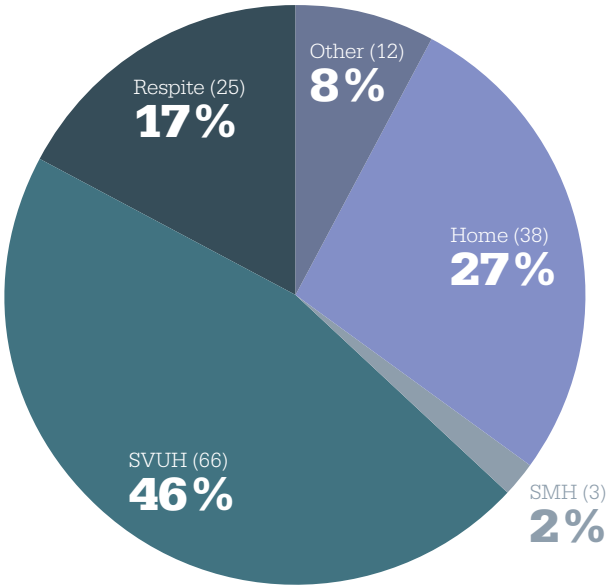
"It has been a most positive experience, which has helped me to return home earlier than expected".

General Rehabilitation Unit Patient

General Rehabilitation Unit Figures of Activity in 2011:

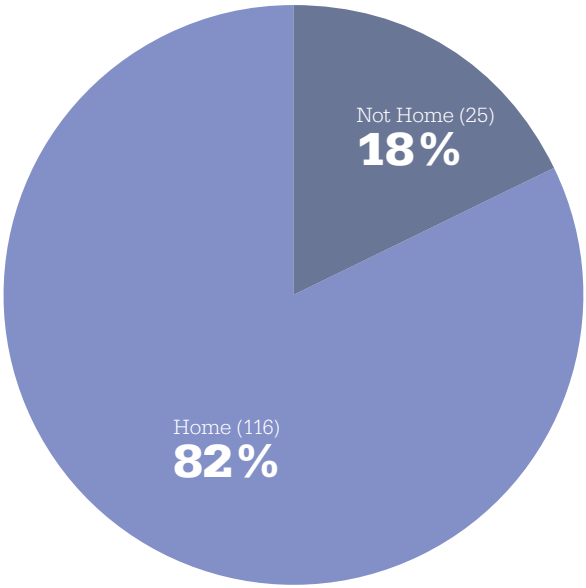
- There were 144 admissions in the unit, 25 of which were respite admissions.
- 82% of patients admitted to the unit were discharged back to their own home, and
- 18% of patients admitted were enabled to transition to residential care.

Figure 2



Total number of admissions: 144

Figure 3



Total number of discharges: 141

Maples Unit

The Maples Unit cares for patients between 18 – 65 years with complex medical, neurological and physical disabilities. The service caters for adults with a chronic disability due to conditions that do not require ongoing specialist rehabilitation medicine input.

There has been an increased emphasis on rehabilitation in line with the hospital strategy, as well as providing continuing care for more complex conditions. Six of the 28 beds are dedicated to slow stream rehabilitation, with the majority of that patient group being referred from St. Vincent's University Hospital, Mater Misericordiae Hospital, St. James's Hospital, and the National Rehabilitation Hospital Dun Laoghaire. A further six beds are reserved for patients with disorders of consciousness and neuro-palliative conditions.

Respite services are also provided for a growing number of patients from the community and the take-up of the respite beds increased by 31 per cent during last year.

Residents' meetings continue to play an important role on the Maples Unit. Facilitated by nursing and social work staff, these meetings are held every six weeks, and enable the patients and staff to address any issues that may arise. Patient feedback is that these meetings are a "good opportunity to voice concerns and also compliment the service".

Patients were also able to avail of the Transition Lodge. This facility enables patients to practice their day to day skills in a homely environment and is an important stepping stone for some on their rehabilitative journey.

The unit aims 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 inpatient services. However, one of the many challenges that faced the Maples Unit during 2011 was the lack of funding in the community, which made it difficult to discharge patients home.

SPARC Unit

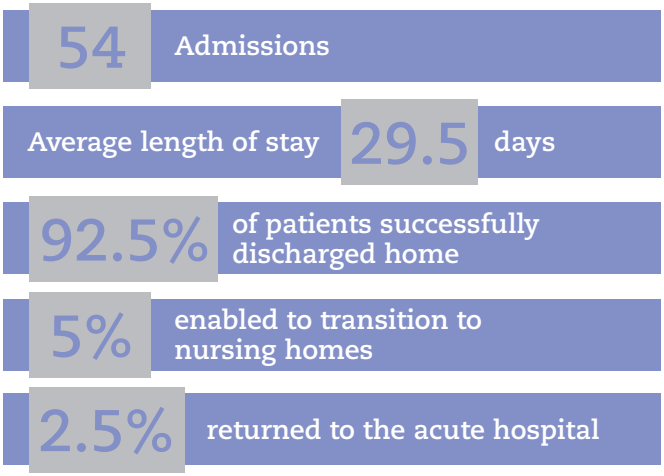
The Short-term Post Acute Rehabilitative Care (SPARC) service commenced in June 2011. It provides short term inpatient rehabilitation for patients aged 65 years and over, who are medically stable and fit for discharge from acute care, but who require a further period of multidisciplinary care to optimise recovery and independence.

The service facilitates timely discharge from acute care or, for appropriate patients, can prevent admission to an acute hospital bed by taking them directly from the Emergency Department. Indeed, 25% of admissions to date have been from the Emergency Department. The ten beds have been constantly full and an average length of stay of 28 days was achieved.

The multidisciplinary team provides a service characterised by a comprehensive assessment resulting in a structured individual care and treatment plan involving medical, nursing, active therapy, treatment and opportunity for recovery. This leads to a rehabilitative and goal orientated approach for each patient. The service is an excellent example of cross-boundary team working and successful links with acute and community services have been developed.

While the service has been in operation for a relatively short period, feedback from patients and families is extremely positive.

Activity July 2011 to December 2011



"The whole experience and facility is excellent. Everyone I met treated me very well. I would have no hesitation returning to the unit and would recommend The Royal Hospital Donnybrook to everyone. I could not speak highly enough of all the staff".

Patient from SPARC

Residential Care Service

Throughout 2011, the Residential Care Service continued to provide high quality, person-centred health and social care to older persons with complex continuing care needs. The most important measure of what we do relates to the quality of life of our residents and, together with them and their families, we continue to focus on enhancing and maintaining quality of life for each individual. This is achieved through ensuring that the total needs of each resident are assessed and met within a safe, comfortable and flexible environment.

Collaborative teamwork with nursing, medical and allied health staff, pastoral care, recreational staff and volunteers, is key to our ability to deliver a high quality service. Training and education to provide staff with the skills and knowledge required to deliver person-centred care also remained a priority in 2011.

It has always been our philosophy that the resident and their families are partners in care with the multidisciplinary team, and involvement of the residents in their own care and the operation of their unit was prioritised in 2011. The Residents' Council met quarterly, and thanks are due to those residents who have given their time to attend meetings and set the agendas. The council has informed quality improvements in 2011, including improving access to the computer room, menu choices, and suggestions for the recreational and activity schedule.

The residential units were inspected by HIQA in January 2011 as part of the application for registration. The report on this inspection was very positive and, while there are areas requiring some improvement, overall the inspection underlined the quality of care and service we deliver to our residents.

"I'm here five years now and it is like home from home"

Resident in Continuing Care

Phoenix Unit

The Phoenix Unit provides rehabilitation services to people under 65 years with neurological disabilities. We have defined three service streams we offer: needs assessment (three weeks); therapeutic reassessment enabling people to remain in the community (four weeks), and continuing neurological rehabilitation (six months). Referrals come mainly from St. Vincent's University Hospital, the National Rehabilitation Hospital, the community and, occasionally, from other hospitals.

We have developed an operational policy for the Phoenix Unit which clearly describes admission and discharge criteria for all three groups of patients and the patient pathway from admission to discharge. An information booklet was developed to ensure better communication between the team and the patient.

We continue to utilise the FIM+FAM as an ongoing standardised outcome measure. This has facilitated goal setting for each patient, increased interdisciplinary working, and improved the evaluation of the patient's needs for discharge.

Excellent nursing and therapy relations have resulted in therapy continuing in the evenings and at weekends, thereby optimising recovery and promoting greater patient autonomy.

One of the primary aims of our service is the reintegration of people in the community. It has been very satisfying this year to see people leaving the unit with the increased confidence and assertiveness necessary to do so.

"I don't get hampered doing my own thing"

Phoenix Unit Patient

THE ROYAL HOSPITAL DONNYBROOK

Summary Financial Information
Year Ended 31 December 2011

The full set of audited accounts, with accompanying notes and the Independent Auditors' Report, are available on the hospital's website www.rhd.ie or by phoning the Corporate & Clinical Affairs Office at (01)406 6629. Copies will also be available at the hospital's AGM on 28th June 2012.

Ordinary Income and Expenditure Account

Year Ended 31 December 2011

	2011 €	2010 €
Ordinary expenditure		
Pay expenditure	16,126,777	16,553,249
Non-pay expenditure	4,798,221	5,286,921
	20,924,998	21,840,170
Ordinary income	2,511,037	2,179,609
Net expenditure for year	18,413,961	19,660,561
Allocation from HSE towards net expenditure for year	18,750,326	19,892,719
Surplus for year	336,365	232,158
Accumulated surplus brought forward	338,958	106,800
Accumulated surplus carried forward	675,323	338,958

On behalf of the Board of Management

Frank Cunneen *Chairman*
Michael Forde *Treasurer*

Ordinary Balance Sheet

Year Ended 31 December 2011

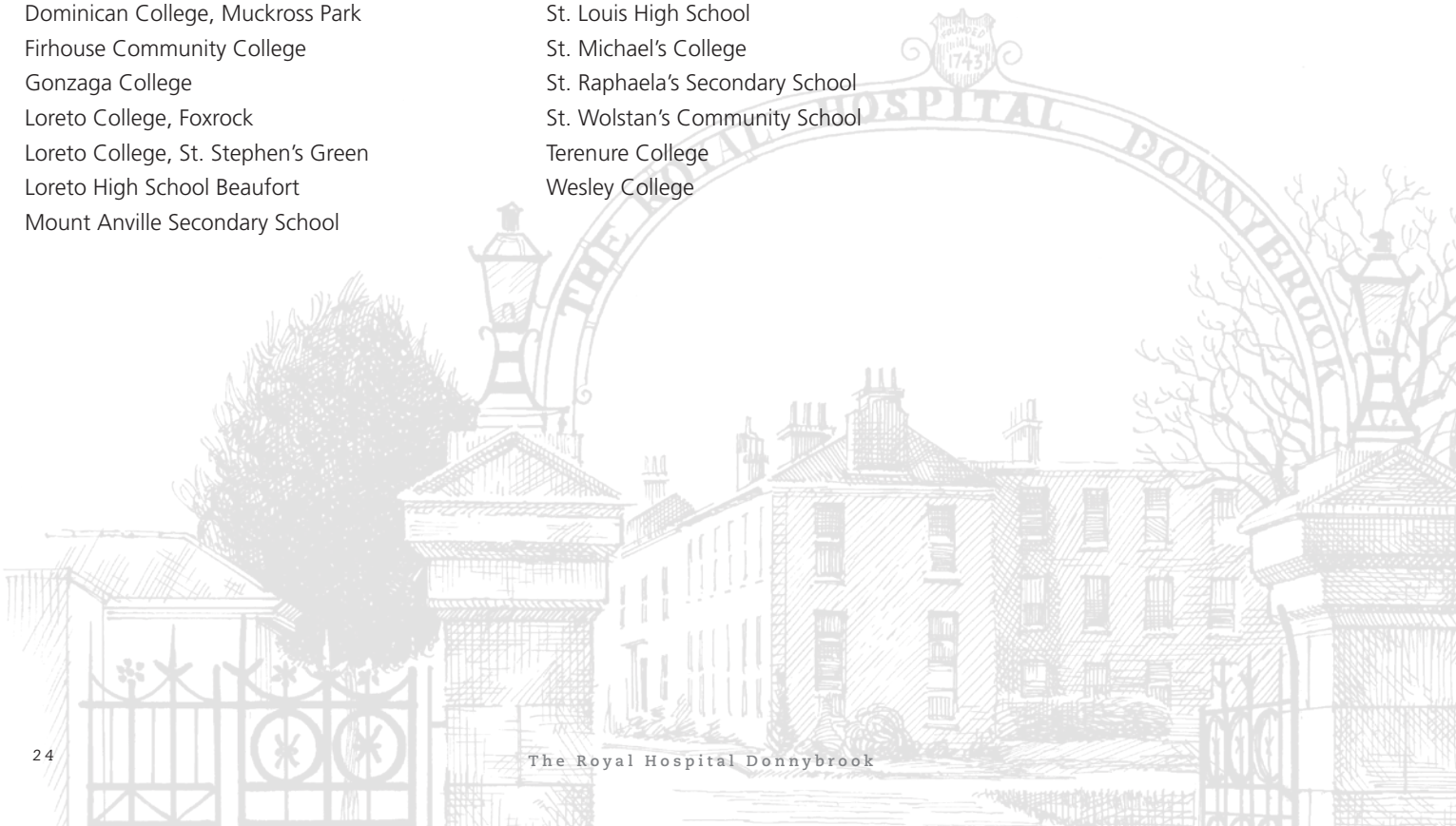
		2011 €	2010 €
Ordinary assets			
Allocations due	- Revenue	1,903,475	1,954,694
	- Capital	114,107	(397,915)
Debtors and prepayments		278,088	273,860
Bank balances and cash		2,095,947	2,634,472
		4,391,617	4,465,111
Ordinary liabilities			
Creditors and accrued expenses		(2,840,732)	(3,079,474)
Patient Funds		(875,562)	(1,046,679)
		(3,716,294)	(4,126,153)
		675,323	338,958
Represented by:			
Accumulated surpluses carried forward		675,323	338,958

On behalf of the Board of Management

Frank Cunneen *Chairman*
Michael Forde *Treasurer*

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

Ballinteer Community School
Belvedere College
Blackrock College
Catholic University School
Clonkeen College
Coláiste Eoin
Coláiste Íosagáin
Dominican College, Muckross Park
Firhouse Community College
Gonzaga College
Loreto College, Foxrock
Loreto College, St. Stephen's Green
Loreto High School Beaufort
Mount Anville Secondary School
Mount Carmel Secondary School
Notre Dame School
Our Lady's Grove
Rathdown School
Sandford Park School
St. Andrew's College
St. Dominic's College
St. Louis High School
St. Michael's College
St. Raphaela's Secondary School
St. Wolstan's Community School
Terenure College
Wesley College



List of Governors

Mrs. Y. Acheson
Mrs. Iris Agnew
Mrs. J. Ansell
Mr. John H. Archer
Mr. Thomas Bacon
Mrs. Barbara Baynham
Mr. Walter Beatty
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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 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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