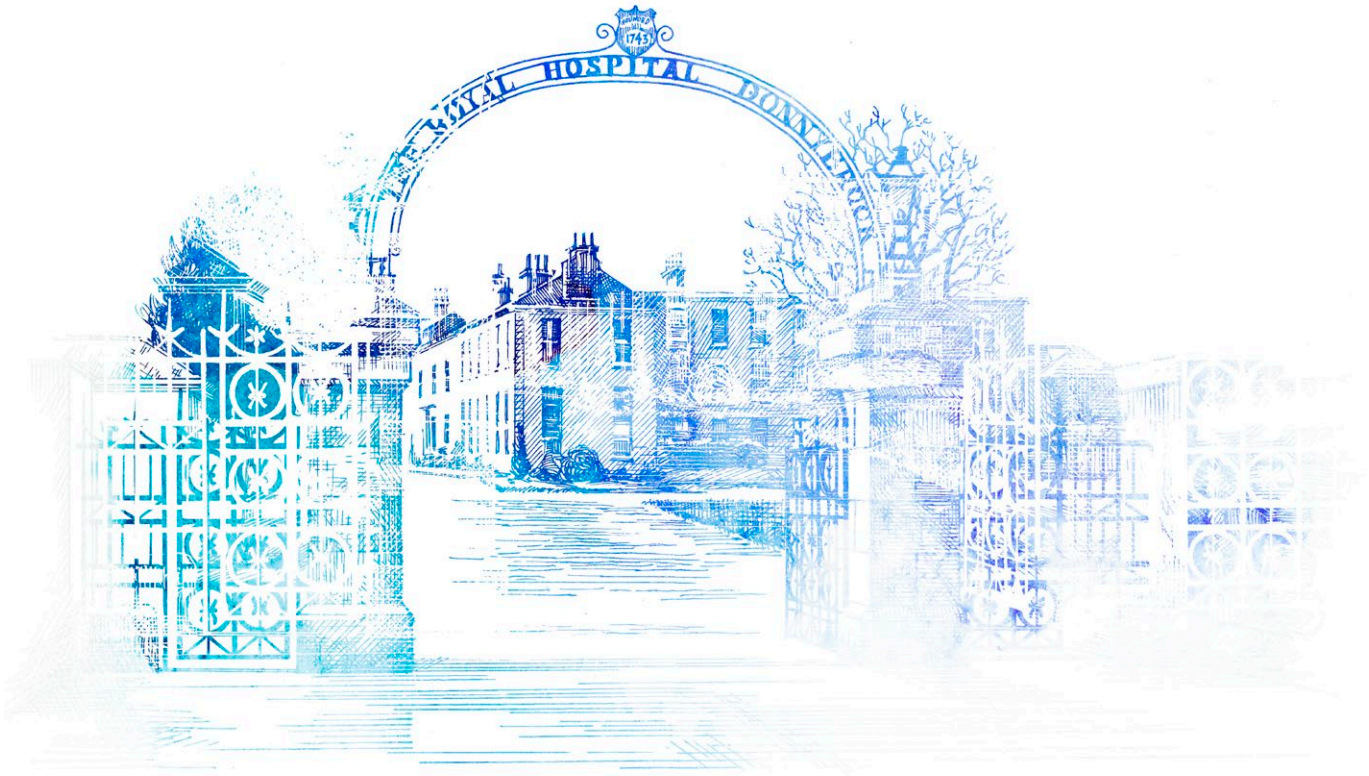
THE ROYAL HOSPITAL DONNYBROOK

Annual Report & Accounts 2012




THE ROYAL HOSPITAL DONNYBROOK
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Contents

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Director of Nursing
Olivia Sinclair
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Dr. Jacqueline Stowe

CONSULTANTS IN GERIATRIC MEDICINE

Dr. J. J. Barry
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SENIOR STAFF

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Marie McMahon

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Anne Dooley
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Noreen Frawley
Emer Kennedy
Mary Mae Salomon
Sinead McDonnell
Dileta Pauziene

Acting Clinical Nurse Managers (Night)
Sajini Lambino
Snow Slaiciunaite

Physiotherapy Manager
Barbara Sheerin

Acting Occupational Therapy Manager
Jo Cannon

Principal Medical Social Worker
Mary Duffy

Senior Speech & Language Therapists
Marie Haughey
Julie Scott

Senior Dietitian
Zoe McDonald

Podiatrist
Brid Waldron

Senior Clinical Psychologist
Eimear Cunningham

Pastoral Care
Carolyn O'Laoire

General Services Manager
Thomas O'Brien

Chairman's Statement

I have pleasure in presenting the Annual Report for 2012 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 (01) 406 6629.

The past year was one of the most challenging we have faced. The current and likely future economic and financial outlook continues to cause concern. The hospital agreed a reduction in its 2012 budget with the Health Service Executive (HSE) as part of its Service Level Agreement process. However, due to national economic circumstances, the funding level provided by the HSE was significantly lower than the agreed amount.

During 2012, it also became apparent that the outlook for 2013, and beyond, was likely to be even more difficult financially. In view of this, the hospital management continued to pursue all possible cost savings, while maintaining the high level of patient care.

In line with the recommendations of the Nominations and Governance Committee, the Board of Management continued to renew Board membership. I am delighted to report that Mr. Brendan Pigott has joined the Board. He has considerable management and professional accountancy experience and has been a valuable member of the Audit Committee. In 2012, 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.

It is my sad duty to record the passing of Finbar Costello, who had been a member of the Management Committee since 1990. His valuable contribution, informed by his wide business experience, continued despite failing health. May he Rest in Peace.

During the year, the Board of Management gave particular consideration to the intention announced by the Minister of Health to join hospitals into Groups, and later Hospital Trusts. The Board has been actively engaged in examining the implications of this development and the challenges and opportunities which may be presented by the development of such structures.

The step-down facility providing Short-term Post Acute Rehabilitative Care (SPARC) was expanded from 10 to 18 beds and, in 2012, it treated 183 patients from acute hospitals that had undergone their medical treatment, but had not yet been placed in an appropriate setting for rehabilitation or discharge. I am delighted to report that of those who completed their rehabilitation programme, 96% have been discharged home. This unit was designed as part of the hospital's strategic move to develop further rehabilitation facilities. Such developments are much needed to ensure that older people are cared for appropriately in the right setting and to reduce pressure on the acute hospital system. It is now underpinned by the National Clinical Programme for Older People and we will continue to work with the HSE and other partners to pursue local implementation of the national strategy.

The Clinical Governance Committee continued to provide oversight on all aspects of the hospital. The Audit Committee is operating an internal audit programme on a three year cycle and provides oversight of the hospital's risk management system.

On behalf of the Board of Management, I would like to thank every member of staff for their ongoing commitment and adherence to the highest standard of medical and nursing care in the best traditions of the RHD.

The Voluntary Housing Association (VHA) continued its varied work; the wheelchair accessible apartments in Bloomfield are very popular and work on upgrading the Cullenswood houses

continues. The VHA is cooperating with the Ageing Well Network by participating in the "Oprah" (Old People Remaining At Home) research project.

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 the golf outing in Elm Park Golf Club which must rank as one of the fundraising "Majors". Their ongoing financial support to various projects is an invaluable support to the hospital, especially in these financially challenging times.

I would like to also thank those who have given donations and/or made bequests to the hospital. Their generosity is much appreciated.

I would also like to advise that the teaching activities carried out in conjunction with UCD, both in medicine and nursing, continue to make their contribution.

I would like to say a special word of thanks to the Volunteers, of all ages, including a number of transition year secondary school students, who visit patients and residents in the hospital. They provide companionship to many who, otherwise, have few visitors.

The Royal Hospital Donnybrook (RHD) continues to benefit from the contribution of a Board of Management with a depth and breadth of competence. I wish to 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, the position of Chair would be much more difficult.

Frank Cunneen | *Chairman*

"During 2012, it also became apparent that the outlook for 2013, and beyond, was likely to be even more difficult financially. In view of this, the hospital management continued to pursue all possible cost savings, while maintaining the high level of patient care."

Chief Executive's Report

The primary executive and operational focus for the year 2012 centred on the achievement of planned levels of service delivery, within available finances and specified quality parameters. This was achieved within the funding initially agreed with the HSE. Whilst a further unexpected cut in this funding was partially offset by further in-year cost savings in preparation for 2013, it resulted in a deficit for the year.

We continue to have active dialogue with both the HSE and St. Vincent's University Hospital (SVUH) regarding the care and treatment of patients who would benefit from appropriate non-acute inpatient services. The fact that people are in SVUH when their needs could be more appropriately met in the RHD is acknowledged by all three parties. Patients continue to remain in acute hospital beds with consequences that are felt right through the acute hospital system, including the delays that are seen in the Emergency Department.

Our Strategic Plan envisaged the development of off-site rehabilitation services at this hospital to better support the local health economy. Whilst we have re-engineered one unit (the new Short-term Post Acute Rehabilitative Care, or SPARC unit) that plan has been suspended by the HSE.

We know that we can play a more significant role in the National Clinical Programme for Older People, the main policy framework that is now driving the type of service change envisioned in our Strategic Plan. Equally, we have a responsibility to highlight the fact that the delivery of rehabilitation is resource intensive. Put simply, the delivery of true off-(acute) site rehabilitation needs to be appropriately resourced. Services need to be able to deliver the agreed outcomes. If this does not happen, then the system, and ultimately the patients, will suffer as services will be labelled as one thing, but deliver another. The imbalance of services between acute, off-site rehabilitation and community/primary care will only continue and may, in fact, be exacerbated.

The development of appropriate inpatient and community services for adults with disabilities is frustratingly slow. This needs to be placed within not just a local or regional context, but within the national one. Once more, this will be driven by

the development of the National Care Programme for Rehabilitation. Inpatient services need to be developed within that context. The suspension of our Strategic Plan means that we will continue, in the short to medium term, to have a mixed use unit as part of our adult services. We will have ongoing dialogue with the HSE in this regard.

The hospital has seen a significant drop in its income in recent years, alongside unavoidable cost pressures. Against that backdrop, we have sought to improve performance. Inpatient admissions and discharges have increased by over 300% across the hospital over the last four years. This is due not just to the re-engineering of one unit, but also refocusing and reducing length of stay in others. This challenges not just direct care staff, but support staff right across the hospital, and all of its underpinning systems and processes.

Continued focus on the quality and safety of care remains a key priority for the Board and staff; our patients, residents and their families are entitled to nothing less.

In the midst of all these changes, it is essential for us all to remember that the ethos of the RHD is based on its charitable origins. While this undoubtedly influences the approach of both the Board and the staff, for which I am truly grateful, it is manifestly most evident in the contribution of our Friends, Volunteers and donors. Our charitable ethos has been a guiding light for over 250 years and there is responsibility on all of us to ensure that this continues. I am confident that we will all live up to the challenge.

Graham Knowles | *Chief Executive*

"Services need to be able to deliver the agreed outcomes. If this does not happen, then the system, and ultimately the patients, will suffer as services will be labelled as one thing, but deliver another."

Clinical Services

Introduction

Throughout 2012, clinical staff, working collaboratively in multidisciplinary teams, continued to provide quality, person-centred resident and patient care in all service areas of the hospital. In the face of the ongoing challenges in the health service, quality and safety remain central to service provision in the RHD.

Quality and Safety

The hospital's clinical governance framework is now clearly established, and continues to facilitate each of the quality and safety subgroups and working groups to report on service issues and improvements through the Clinical Governance Committee. Service reviews and clinical audits carried out in 2012 have led to several quality initiatives in areas such as medication management, infection control and admission and discharge processes.

The Health Information and Quality Authority (HIQA) carried out an inspection of our residential units for older people in February 2012. This inspection focused on the actions required following the registration inspection in 2011. While areas requiring improvement were identified, the positive inspection reports continue to show the commitment of all staff involved in the provision of services to our residents and their combined efforts to achieve the appropriate standards and regulations. The HIQA National Standards for Safer, Better Healthcare, and the Draft National Standards for Residential Centres for People with Disabilities, published in 2012, are applicable to our other service areas and we have commenced a review of these services against the standards. The experience of our residents and patients was captured throughout 2012 in the resident, patient and family forums and their feedback, and along with service reviews, will inform quality initiatives and service improvements throughout 2013.

Research, Training and Education

Throughout 2012, the RHD maintained its commitment to providing continuous professional education and training to its staff. The learning and development group, chaired by the Director of Nursing, convenes regularly. Its aim is to ensure that the learning and development needs of all staff are systematically identified, and that there are arrangements in place to support and facilitate staff to maintain and further develop the competencies required to maximise their contribution to the delivery of safe, high quality services. The Education Coordinator led the provision of clinical practice updates and in-service education sessions. Training sessions on infection control and hygiene were relevant to HIQA; fire prevention and safety, and safer moving and handling training were relevant to the Safety, Health and Welfare at Work Act, and information sessions on data protection awareness were relevant to the Data Protection Act.

In the area of rehabilitation medicine, a senior physiotherapist and occupational therapist have been accredited as trainers for the Functional Independent Measure and Functional Assessment Measure (FIM-FAM) tool. The Irish centre for training in the use of FIM-FAM is the RHD. Two international trips were made by an interdisciplinary team to view specialist neuro-rehabilitation facilities, and they will help inform our current practice and develop future services.

The multidisciplinary research group meets monthly, with a particular focus on the presentation of RHD audit and research

projects at upcoming geriatric medicine and rehabilitation conferences. Three RHD papers were presented at the annual Irish Gerontological Society meeting in September 2012. Two papers related to our complex continuing care residents. One paper examined the compliance with antithrombotic treatment in patients with atrial fibrillation and another on bone protection medication in this group. A third paper described the SPARC (Short-term Post Acute Rehabilitative Care) service as an exemplar of an effective off-site geriatrician-led rehabilitation facility.

In the area of geriatric medicine, the RHD remains a designated university teaching centre for the UCD Medical School. In 2012, as part of their "Medicine in the Community" module, 160 medical students rotated through the complex continuing care and over-65 rehabilitation service. Dedicated teaching sessions are given by the Medical Director and Consultant Geriatricians, and there is also input from members of the allied health team. Within the allied health professions, we continue to provide undergraduate training opportunities and have links with training colleges and universities. Our nursing department continued its relationship with University College Dublin as a placement site for undergraduate nursing students. Twenty-two students undertook their older persons' placement in 2012, and feedback from students and preceptors remains very positive.

The "Dynamics of Quality Care" conference was hosted in the RHD in May 2012. This is a joint initiative held in conjunction with the Department of Medicine for the Elderly in St. Vincent's University Hospital. 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 Clinical Programme for Older People, and ethics in long term care.

Clinical nurse managers and their colleagues will present the annual report on activity and developments for 2012 for their specific service areas. In conclusion, very special thanks is due to all of our front-line staff for the dedication and commitment they have shown throughout 2012, 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*

General Rehabilitation

The General Rehabilitation Unit provides services to frail, older adults with complex needs who require a period of rehabilitation following illness or injury. Through comprehensive interdisciplinary team assessment and rehabilitation, patients are enabled to achieve their maximum potential in activities of daily living.

The multidisciplinary team continues 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. The respite service continues to assist the efforts of older people, their family and carers to continue living in their own home and as part of their community.

In total, 164 patients were admitted in 2012 and of these 32 were respite patients.

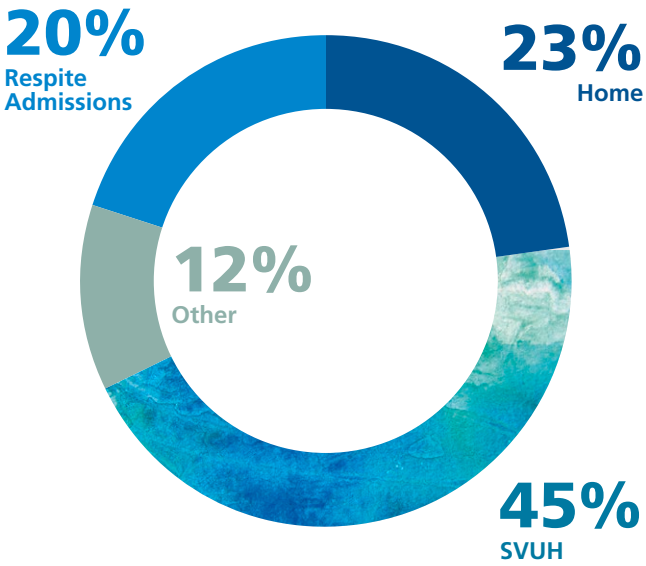
The publication of the National Clinical Programme for Older People in 2012 acknowledges the vital contribution of rehabilitation to the health and well-being of frail older people who have experienced functional loss as a result of illness or injury. The General Rehabilitation Unit team will seek to ensure that the Model of Care described in the national programme will guide service provision in the coming year.

The Protected Mealtimes project (implemented in 2011) was audited during 2012. Further improvements to enhance this important initiative, which has been shown to improve nutritional intake and patient experience at mealtimes, were identified and implemented.

We are delighted that, in general, patient experience of the General Rehabilitation service is very positive, with over 97% of respondents rating the services as excellent.

Mary Mae Salomon | *Clinical Nurse Manager & General Rehabilitation Multidisciplinary Team*

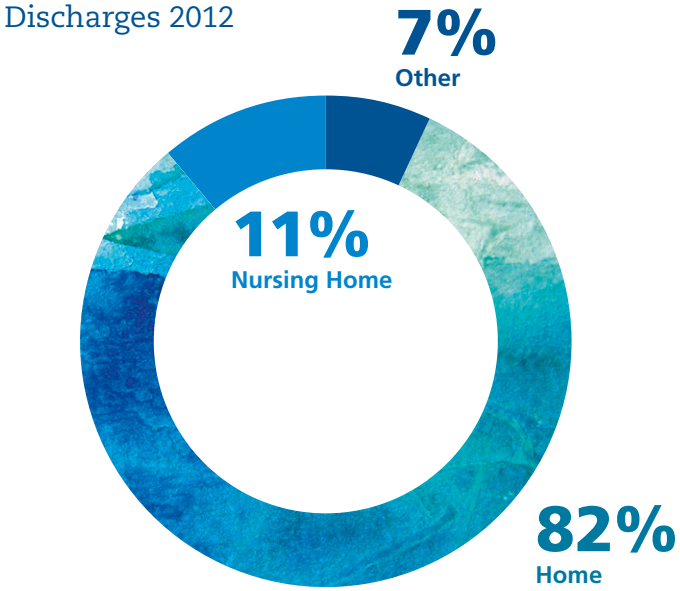
Admissions 2012



General Rehabilitation Activity in 2012:

- There were 164 admissions in the unit, 32 of which were respite admissions.
- 82% of patients admitted to the unit were discharged back to their own home.
- 11% of patients admitted were enabled to transition to residential care.

Discharges 2012



"Thank you for caring. When someone takes time to listen, someone gives you inner strength through words and deeds... would hope if hospitalisation is needed again that it will be in the Royal."

General Rehab Patient

Stroke Unit

The Stroke Unit operates its 12 beds within an interdisciplinary team model comprising of medical staff, nursing, physiotherapy, occupational therapy, social work, speech and language therapy and dietetics. The team aims to provide a dedicated, comprehensive and patient-centred rehabilitation service to older people diagnosed with stroke. Most importantly, through team assessment and rehabilitation, the unit assists individuals to reach their maximum level of function and independence in all aspects of life.

In 2012, 40 patients were admitted to the Stroke Unit and, of those, 31 were successfully discharged into a home environment. This represents an 82% return to community living. The comprehensive nature of the discharge planning process within the unit is a key to these successful outcomes and patient experiences.

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. Moreover, the stroke team has also built up successful networks with community services to assist in this often complex area.

As a team, we have welcomed feedback from all patients and their relatives in helping us to 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, successful functional outcomes and patient satisfaction remain crucial to the philosophy of the Stroke Unit.

Marie Smith | *Clinical Nurse Manager & Stroke Multidisciplinary Team*

"It was marvellous to be kept informed of progress all the time and to find the staff so approachable. We felt we were people, not just numbers."

Stroke Unit Patient

SPARC Unit

The SPARC *(Short-term Post Acute Rehabilitative Care)* service provides specialist geriatrician-led, multidisciplinary team rehabilitation to older people following their acute hospital discharge. Our primary source of referral is St. Vincent's University Hospital. The service commenced in June 2011 as a ten-bed unit, expanding to eighteen beds in 2012. During the year, 183 patients were admitted to the service.

Both the ward Clinical Nurse Manager and the Medical Director perform pre-admission assessments in St. Vincent's University Hospital. Referrals are received from the medical and surgical specialities and the Medicine for the Elderly Liaison Service. The majority of patients are referred with falls and non-surgical fractures. Other referrals include those patients who are recovering from an acute medical illness or surgical procedures.

Patients with increasingly complex rehabilitation needs are referred to us; 12% of our patients could not complete their rehabilitation programme as they became acutely unwell and were transferred back to St. Vincent's University Hospital. However, 96% of patients who completed their rehabilitation programme were successfully discharged home. The programme aims to provide a four to six week period of rehab with the median length of stay being 32 days. The median age is 82 years with 20% over the age of 90.

The success of the unit rests on the commitment to the delivery of high quality interdisciplinary, evidence based, and specialist geriatric rehabilitation care. Twice weekly multidisciplinary team ward rounds involving medical, nursing and allied health staff ensure a structured individual care and goal orientated approach for each patient. All patients receive physiotherapy and occupational therapy assessment with access to medical social work, nutrition, and speech and language therapy on referral. The development of the service has relied on successful collaboration with our acute medicine colleagues as well as the community service providers.

SPARC Unit Activity in 2012

Admissions	**183**
Became acutely unwell necessitating emergency transfer back to St. Vincent's University Hospital	**23 (12.5%)**
Remained with us and completed their rehab programme	**160**
Of that 160 who completed their rehab programme with us	**154 (96.25%) successfully discharged home**
	2 (1.25%) went to a nursing home
Average Length of Stay	**32.0 days**
Mean Age	**82 years**
Over 90 years of age	**20%**

Dr. Lisa Cogan | *Medical Director*
Noreen Frawley | *Clinical Nurse Manager & SPARC Multidisciplinary Team*

"Without the care and support - medical, practical, emotional - she received in your wonderful SPARC unit, from every member of your marvellous staff, she simply could not have coped."

Patient's Relative

Residential Care For Older People

During 2012, the philosophy of our staff involved in the care of residents in complex continuing care was to provide individualised personal and high quality health and social care. The quality of life of our residents is foremost and we focus on enhancing and maintaining a good quality of life for each individual. We achieve this by ensuring that the needs of each resident are assessed and met within a safe, comfortable and flexible environment.

"This is a lovely place, the food is lovely and I get out for walks. My brother and niece are very happy that I am here."

Residential Care Patient

Our team comprises nursing, medical and allied health staff, pastoral care, household, hygiene, recreational and volunteer staff, and all play a part in the delivery of a high quality service to our residents. All staff continued to receive training and education during the year in order to maintain and add to their skills and knowledge to deliver personalised care. It is important to us that during their time here, the resident and their families are partners in their care with the multidisciplinary team. The involvement of the resident in planning their evolving care and social needs is vital to their quality of life and well-being.

The Residents' Council met quarterly in 2012 and its outcomes have helped to initiate improvements in our service to our residents, from unit level to recreational areas, as well as external influences such as talks for residents from invited speakers, and offers of holiday breaks or trips abroad. We thank those residents who have given their time to attend meetings and set agendas during the year. We also provide a family forum at unit level where families can exchange information with staff in order to enhance the quality of care to their relatives in the unit environment.

The residential units, comprising 56 beds, were inspected by HIQA for registration purposes. The HIQA report (available on our website: www.rhd.ie) was very positive overall. We benchmark our standards against the National Quality Standards for Residential Care Settings for Older People in Ireland, which are driven by HIQA and the Quality Standards for End-of-Life Care from the Hospice Friendly Hospitals.

Anne Dooley/Dileta Pauziene | *Clinical Nurse Managers & Residential Care Multidisciplinary Team*

Day Hospital

The Day Hospital provides medical, nursing and therapeutic interventions for people living in the community who have ongoing health and rehabilitation needs. The goal of our service is to promote and maintain independence, safety, health and well-being for older people to enable them to live at home for as long as possible, thereby reducing acute hospital admissions.

"Thank you for accepting me in the Day Hospital, you have a wonderful set-up there and the staff must have been handpicked, different but all excellent."

"During my six weeks in your care, the efficiency, kindness and courtesy of all the staff was excellent."

Day Hospital Patient

Our service is provided by a geriatrician-led multidisciplinary team including:

- Occupational Therapy
- Physiotherapy
- Nursing
- Medical Social Work
- Speech & Language Therapy
- Dietician
- Podiatry

Most referrals come from St. Vincent's University Hospital as well as other south Dublin hospitals and GPs. The team is also part of an essential support network to patients and their families/care givers here at the RHD, following discharge from the Stroke, General Rehabilitation and SPARC Units.

We have a good working relationship with local community services which helps ensure patients are given every possible assistance to maintain independent living and a good quality of life.

Our occupational therapists and speech and language therapists have continued to develop our special interest in treating Parkinsonian movement disorders through specific, intensive and more frequent input. These patients have reaped great benefit from this input, and this has been reflected in standardised measures recording outcomes.

The number of clients attending the Day Hospital in 2012 was 432, and there were 206 new admissions during the year.

Maura Fitzgerald | *Clinical Nurse Manager & Day Hospital Multidisciplinary Team*

Maples Unit

The Maples Unit continues to provide a holistic approach in managing the care of young adults between 18 - 65 years with complex medical, neurological and physical disabilities. The unit comprises 28 beds, providing a multidisciplinary approach to rehabilitation, continuing care, and medical and nursing respite to young adults living in the community. Six of the 28 beds are dedicated to slow stream rehabilitation. Seven patients who attended our rehabilitation programme were successfully discharged home.

We have ten 'Fair Deal' beds which accommodate young adults with complex continuing care needs who have completed their rehabilitation programme. Within this group are patients in a minimally conscious state who still need considerable multidisciplinary input as part of a maintenance programme. Patients are referred from hospitals in the Dublin/Mid-Leinster Region including, St. Vincent's University Hospital, St. James's Hospital, The Mater Misericordiae University Hospital and The National Rehabilitation Hospital.

The new draft National Quality Standards for Residential Services for People with Disabilities were published in October 2012. The Maples team, together with members of the senior management team, will benchmark our service against these standards in 2013.

The demand for respite services for clients under 65 with a chronic disability has increased over the last number of years. The Maples Unit provides the opportunity to our clients to avail of up to four weeks respite a year, supporting their families and carers within the community. During 2012, there was a 28% increase in the uptake of our respite facility.

The Maples residents' meetings, which are held every six to eight weeks, provide ongoing feedback between our service users and staff. These meetings are facilitated by both medical social work and nursing, and provide a forum for discussing current issues and introducing new ideas. One innovation has been the creation of a children's play area in the ward to accommodate the growing number of small children who visit friends and relatives in the unit. The Volunteers of The Royal Hospital Donnybrook were a great help in sourcing the furniture for this project.

Some of the difficulties that faced the Maples Unit during the year were trying to source funding for home care packages and for home adaptation grants for housing alterations required to enable patients to be discharged home. This resulted in increased lengths of stay in hospital for some patients that could have been avoided. The team has, however, collaborated well with community services, ensuring that the process of returning home, for those who are able to return to independent living, has been as smooth as possible.

Dr. Lisa Cogan | *Medical Director*
Elaine Foley | *Clinical Nurse Manager*
& Maples Multidisciplinary Team

"The care and attention received in the Maples from all the therapists, nurses, care assistants, drivers in transport, and indeed the lovely catering crew, superbly assisted my overall recovery process. The physical setting of the RHD also provides great pleasure – walks in the gardens, the lovely reading room and the concert hall were a soothing balm after the hurly burly of hospital life."

Maples Unit Patient

Phoenix Unit

The Phoenix Unit is a 12-bed unit providing a dedicated rehabilitation programme to young adults with varying degrees of neurological disabilities requiring the specialist services of a rehabilitation consultant. The service offers continuing neurological rehabilitation, needs assessment and therapeutic reassessment.

The unit has undergone some changes over the past year. In October 2012, Dr. Áine Carroll, Consultant in Rehabilitation Medicine was appointed the National Director of Clinical Strategy and Programmes with the HSE. The service is currently under the direction of a locum consultant, Dr. Jacqueline Stowe.

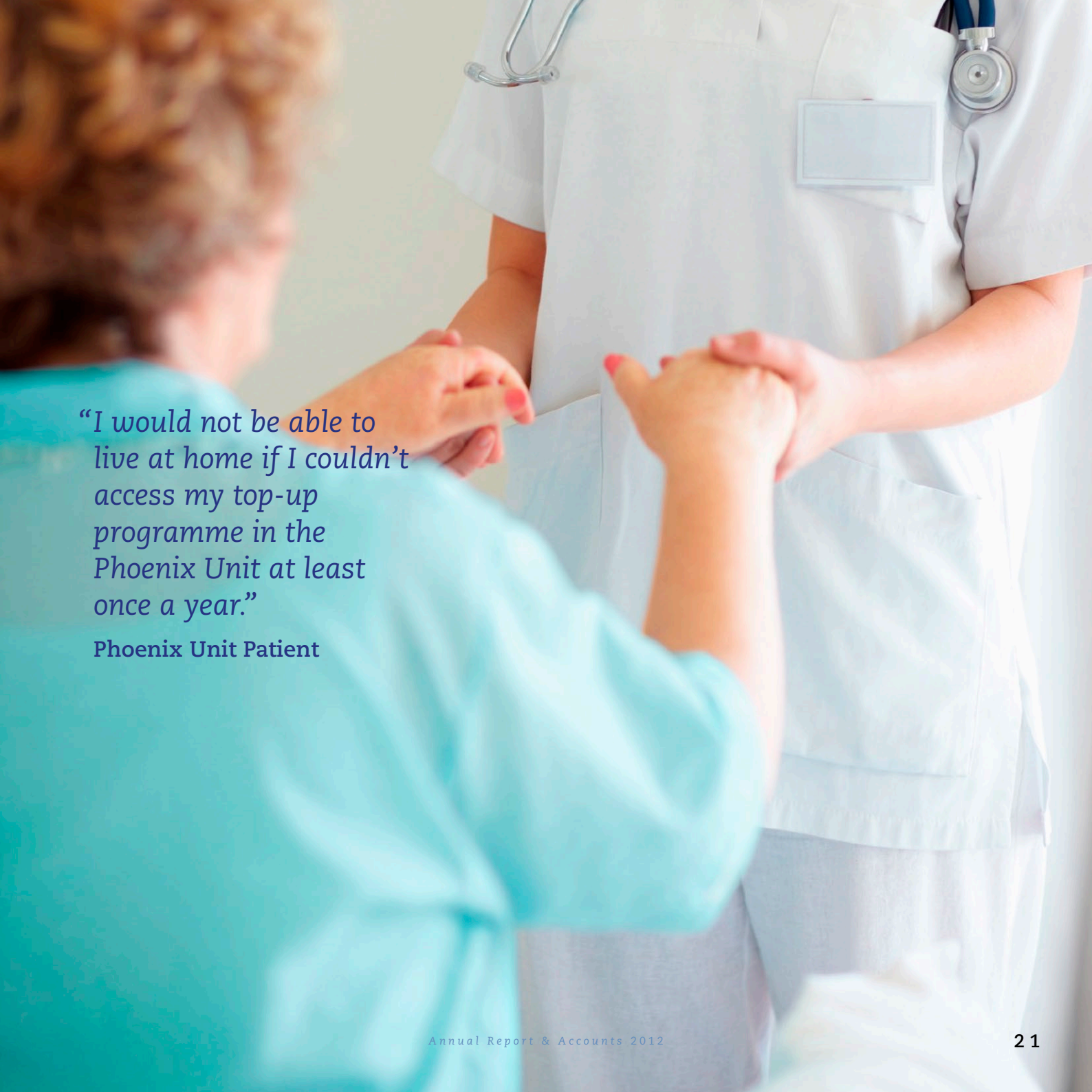
Two of our multidisciplinary team colleagues updated their skills using the FIM/FAM outcome assessment tool and have rolled out training within the hospital. Several other members of the team will attend Goal Attainment Scale training in Northwick Park Hospital in London. Both these tools will help streamline our goal planning, enabling both the team and the patient to plan a more realistic rehabilitation programme.

The Transition Lodge, on the grounds of the hospital, remains a valuable resource for patients to use either on their own or with family and friends. It will continue to play a role in promoting independence as part of individual therapy.

Discharge planning, which commences on admission, has proved challenging due to the lack of funding for home care packages and housing adaptations. The Fair Deal process, for those requiring long term care, has been particularly challenging. Not alone is the process very complicated, especially for young adults, but sourcing suitable placements has led to increased lengths of stay within the unit.

2013 will bring its own new challenges for the unit, but we look forward to continuing our collaboration with community services to provide our patients with a service that will help them achieve their goals of remaining within their own communities, and living as independent lives as possible for as long as possible.

Elaine Foley | *Clinical Nurse Manager & Phoenix Multidisciplinary Team*



"I would not be able to live at home if I couldn't access my top-up programme in the Phoenix Unit at least once a year."

Phoenix Unit Patient

Finbar Costello, R.I.P.

Finbar Costello, who passed away on 31 October last, was a member of the Board of Management of The Royal Hospital Donnybrook (RHD) since 1990. It would be difficult to catalogue his varied career, from management, advertising, and marketing, and as a director of many business ventures, to his involvement with UCD rugby, both as a player and subsequently as a very active officer in many roles.

His achievements were recognised by the conferring of an Honorary LLD by UCD in 2005.

His involvement on the Board of Management of the RHD was characterised by a questioning attitude, aimed at ensuring that all issues were thoroughly scrutinised. His commitment was remarkable, despite recurring illness.

To his widow, Jo, and his family go our most sincere sympathies.

Ar dheis Dé go raibh a anam.

THE ROYAL HOSPITAL DONNYBROOK

Summary Financial Information
Year Ended 31 December 2012

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. Hard copies will be available at the hospital's AGM on Thursday 23rd May 2013.

Ordinary Income and Expenditure Account

Year Ended 31 December 2012

	2012 €	2011 €
Ordinary expenditure		
Pay expenditure	15,677,387	16,126,777
Non-pay expenditure	4,757,651	4,798,221
	20,435,038	20,924,998
Ordinary income	2,165,542	2,511,037
Net expenditure for year	18,269,496	18,413,961
Allocation from HSE towards net expenditure for year	18,178,579	18,750,326
(Deficit)/surplus for year	(90,917)	336,365
Accumulated surplus brought forward	675,323	338,958
Accumulated surplus carried forward	584,406	675,323

On behalf of the Board of Management

Frank Cunneen *Chairman*
Michael Forde *Treasurer*

Ordinary Balance Sheet

Year Ended 31 December 2012

		2012 €	2011 €
Ordinary assets			
Allocations due	- Revenue	1,604,382	1,903,475
	- Capital	114,107	114,107
Debtors and prepayments		201,189	278,088
Bank balances and cash		1,601,119	2,095,947
		3,520,797	4,391,617
Ordinary liabilities			
Creditors and accrued expenses		(2,234,721)	(2,840,732)
Patient Funds		(701,670)	(875,562)
		(2,936,391)	(3,716,294)
		584,406	675,323
Represented by:			
Accumulated surpluses carried forward		584,406	675,323

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*

Alexandra College
Belvedere College
Blackrock College
Catholic University School
Coláiste Eoin
Coláiste Íosagáin
Dominican College
Firhouse Community College
Gonzaga College
Grange Community College
High School Rathgar
Loreto Secondary School
Loreto College
Mount Anville Secondary School
Notre Dame School
Newpark Comprehensive School
Rathdown School
Sandford Park School
St. Andrew's College
St. Dominic's College
St. Louis High School
St. Raphaela's Secondary School
St. Conleth's
St. Michael's College
The Teresian School
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
Miss Brenda Beaumont
Rev. Canon R.H. Bertram
Miss Georgina Black
Mr. Keith Blackmore
Mr. R. Blakeney
Mr. Denis Boothman
Dr. Brian D. Briscoe
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
Mrs. Jean Cole
Mr. Anthony E. Collins
Ms. Colette Connolly
Mr. L. Cosgrave
Mrs. Vera Cosgrave
Mrs. Catherine Coveney
Mrs. Geraldine Cruess Callaghan
Mr. Frank Cunneen
Mrs. Deirdre Daly
Mr. James Darlington
Mrs. Daphne Dillon
Mr. Mark Doyle
Mr. H. N. Duffy
Mr. John Duffy
Mrs. Audrey Emerson
Mr. Derek England
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
Rev. Alastair Graham
Mr. Randal N. Gray
Dr. Thomas Gregg
Miss Ruth Handy
Mr. Harry Hannon
Dr. Carmencita Hederman
Mr. William P. Hederman
Mrs. Miriam Hillery
Mrs. J. B. Hodgins
Mr. Laurence J. Holmes
Mrs. Hassia Jameson
Mrs. Olive Jones
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
Mrs. L. Martin
Mrs. Margot McCambridge
Mrs. Joan McCann
Prof. Geraldine McCarthy
Mr. D. C. McCaughey
Mr. B. A. McDonald
Mr. Michael McDowell
Mr. Patrick McGilligan
Mrs. O. E. McGuckin
Dr. Mary McKiernan
Ms. Patricia Mulhall
Mrs. J. Mullen
Mrs. Margaret Murphy
Mrs. T. Murphy
Mr. Gerard Murtagh
Mrs. Katherine Nixon
Miss Gladys Norton
Mr. J. Nunan
Mrs. Catherine O'Connor
Mr. Michael G. O'Connor
Ms. Adrienne O'Donnell
Dr. Alan O'Grady
Mrs. Clare O'Halloran
Mr. Desmond O'Halloran
Mrs. Eileen O'Neill
Mrs. F. J. O'Reilly
Mr. F. J. O'Reilly
Mrs. Beatrice Ormston
Mr. Liam O'Sullivan
Miss Terri O'Sullivan
Mrs. Mary Pairceir
Mr. Derek Pearson
Mr. Brendan Pigott
Mr. Gordon Poff
Mrs. Anne Potterton
Mrs. Margaret Power
Mrs. Penelope Proger
Mr. Michael Purcell
Mr. Lochlann Quinn
Mr. John C. Reid
Mr. W. J. Reid
Mr. Thomas Rice
Mr. Graham Richards
Ms. Joyce Rigby-Jones
Mr. Henry N. Robinson
Mr. R. G. H. Roper
Mrs. Ruth I. Ross
Mrs. Breda Ryan
Mr. Malachy Ryan
Prof. Max Ryan
Mr. H. K. Sheppard
Mrs. Jeremy Sherwell-Cooper
Mr. Tom Shields
Ms. Philomena Shovlin
Mr. Robin Simpson
Mr. Victor Stafford
Ven. Edgar J. Swann
Mr. G. J. R. Symes
Mr. Frank E. Tate
Mr. Diarmuid Teevan
Rev. J. Teggin
Mr. Gary R. Tennant
Mrs. Sylvia Tennant
Mrs. Rosemary Thompson
Mr. John Tierney
Mrs. Anne Tunney
Mr. Anthony Twomey
Mr. Andrew P. Walker
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 the list of Governors is up to date. However, if you notice an error, please contact the Corporate and Clinical Affairs Office at (01) 406 6629.

Notes

Notes

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