

THE ROYAL
HOSPITAL
DONNYBROOK

Annual Report
& Accounts 2013





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Board of Management

Frank Cunneen

Chairman

(retired 31 December 2013)

Jerry Kelly

Vice-Chairman

(Chairman from 1 January 2014)

Robin Simpson

Vice-Chairman

(from 1 January 2014)

Michael Forde

Hon. Treasurer

Peter Gleeson

Alastair Graham

Miriam Hillery

Cllr. Paddy McCartan

(nominated by Dublin City Council)

Prof. Geraldine McCarthy

Caroline O'Shea

(from June 2013)

Brendan Pigott

Lord Mayor of Dublin, Óisín Quinn

(nominated by Dublin City Council)

Graham Richards

Philomena Shovlin

Victor Stafford

Nominations and Governance Committee 2014

Jerry Kelly

Chairman

Miriam Hillery

Graham Richards

Robin Simpson

Victor Stafford

Audit Committee 2014

Brendan Pigott

Chairman

Michael Forde

Robin Simpson

Katrina Strecker

(from June 2013)

Clinical Governance Committee 2014

Tom Hayes

Chairman

Dr. Lisa Cogan

Dr. Morgan Crowe

Miriam Hillery

Graham Knowles

Prof. Geraldine McCarthy

Philomena Shovlin

Olivia Sinclair

Remuneration Committee 2014

Jerry Kelly

Chairman

Michael Forde

Robin Simpson

Executive Committee 2014

Jerry Kelly

Chairman

Graham Knowles

Philomena Shovlin

Michael Forde

Brendan Pigott

Robin Simpson

Senior Management Team

Chief Executive

Graham Knowles

Medical Director

Dr. Lisa Cogan

Director of Nursing

Olivia Sinclair

Financial Controller

Paul Flood

Human Resources Manager

Mary Hansell

The Royal Hospital Donnybrook
is a registered charity – No. CHY 982

Consultant in Rehabilitation Medicine

Dr. Paul Carroll

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
Dileta Pauziene

Clinical Nurse Managers (Night)
Sajini Lambino
Snow Slaiciunaite

Physiotherapy Manager
Barbara Sheerin

Occupational Therapy Manager
Jo Cannon

Principal Medical Social Worker
Mary Duffy

Senior Speech & Language Therapists
Julie Scott & Marie Haughey

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

It is a great pleasure for me to introduce the annual report for the first time. After over seven years of dedicated service in the chair, and twelve years in total on the Board, Frank Cunneen retired at the end of 2013. Frank was an outstanding Board member who gave excellent service. As Chairman, he was always available to offer advice in his most genial manner and, during his term of office, the hospital made very good progress on a number of fronts, despite the budgetary constraints of recent years.

I know I speak for all members of the Board, and the Senior Management Team, in recording our deep appreciation of the leadership, support and friendship that Frank Cunneen brought to the chairmanship. We wish him health and happiness in the future.

The past year was another challenging one for the hospital because of the continuing funding constraints we experienced. Nonetheless, thanks to the diligent work of our management team, we have managed to break even financially, as is the tradition of this hospital.

Following discussions with the HSE and local GPs, the hospital applied for planning permission for a new primary care centre, to be located in a renovated Bushfield House (the former Nurses' Home). Planning permission was granted by Dublin City Council for the building renovations, but not for a new entrance from Ranelagh, which is considered by the Board to be critical to providing accessible primary care services to the residents of both Ranelagh and Donnybrook. An appeal has been lodged with An Bord Pleanála.

The hospital continues to enjoy excellent cooperation with St. Vincent's University Hospital and its consultants. We are particularly pleased to report that our Medical Director, Dr. Lisa Cogan, has been appointed an honorary consultant by the hospital. While the Minister for Health has announced new Hospital Groups, and appointed the chairmen, there has not been any contact yet from the HSE about how sub-acute hospitals, such as ours, will relate to the new groups.

Decisions expected in 2014 from the Health Information & Quality Authority (HIQA) may have a major bearing on the future strategy to be adopted by the Board. Two major decisions are awaited on the specification of facilities for both continuing care patients and rehabilitation patients. A key priority for the Board of Management during 2014 will be to review the hospital's strategy. As of now, the wind-down of continuing care, and the move to rehabilitation, has been stalled at the request of the HSE. Nonetheless, about two-thirds of our patients are now in the rehabilitation rather than the continuing care category.

I wish to thank our Senior Management Team, and all staff, for their continuing dedication to the hospital. The many plaudits we receive from patients and their families are testimony to the quality of the work done by our staff.

I also wish to thank all members of the Board for their dedication to the hospital. I particularly wish to thank our Honorary Treasurer, Michael Forde. Apart from the retirement of Frank Cunneen, there were other changes on the Board during 2013. Brendan Pigott took on the chairmanship of the Audit Committee and we welcomed Caroline O'Shea to the Board. Katrina Strecker joined the Audit Committee. In January 2014, Robin Simpson was elected as Vice-Chairman of the Board. He has given excellent service to the hospital over many years and his advice and counsel will be greatly valued by me.

A revised structure of Clinical Governance was developed for introduction in early 2014, under the guidance of Tom Hayes, Chairman of the Clinical Governance Committee.

Once again, I wish to record our appreciation of the excellent work done by The Friends of The Royal Hospital Donnybrook under the leadership of Peter Gleeson. In these difficult times, with practically no money available from the HSE for capital expenditure, the support the hospital receives from The Friends is invaluable.

The Royal Hospital Donnybrook Voluntary Housing Association continues to thrive under the leadership of Robin Simpson. Renovation of the Cullenswood housing units is now well advanced and heading towards completion. Work has begun on researching potential new developments.

Regarding the recent controversy surrounding payments to some senior hospital executives, I would like to assure all donors that no money received by the hospital, either directly from donors or via The Friends of the Royal Hospital Donnybrook, has been used to provide any so-called 'top-ups' to any member of the management of the hospital.

Jerry Kelly
Chairman

“A key priority for the Board of Management during 2014 will be to review the hospital’s strategy. As of now, the wind-down of continuing care, and the move to rehabilitation, has been stalled at the request of the HSE. Nonetheless, about two-thirds of our patients are now in the rehabilitation rather than the continuing care category.”

Governance

The Royal Hospital Donnybrook (RHD) was founded in 1743 with the proceeds from the second performance of Handel's Messiah. It is one of the oldest charities in Ireland. It received its Royal Charter in 1800 and is consequently a charter corporation. The bye-laws of the RHD can only be changed with the consent of the Oireachtas.

The Governors of the RHD are drawn from the local community. At AGMs, the Governors elect the Board of Management.

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

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

- **Executive Committee**
- **Nominations & Governance Committee**
- **Audit Committee**
- **Clinical Governance Committee**
- **Remuneration Committee**

There are written Terms of Reference for each of these committees.

The RHD derives most of its income from the Health Service Executive with which it has an annual Service Level Agreement. Employees of the hospital are subject to public pay policy guidelines and regulations.

Chief Executive's Report

I am very proud to serve as Chief Executive Officer of The Royal Hospital Donnybrook, where dedicated and exceptional staff provide high-quality care for our patients and residents, and support for their families. We pursue our goals by following one basic belief: always put the needs of patients first.

In terms of activity and financial targets, 2013 was another successful year for the organisation. We exceeded our occupancy targets across the hospital, whilst maintaining and improving upon the 300% patient turnover increase I reported last year. Moreover, we provided additional capacity to the local health system through the provision of an average of six extra beds in our SPARC (Short-Term Post Acute Rehabilitative Care) facility and, through non-recurring efficiencies elsewhere, were able to absorb the cost on this occasion. I believe that we were one of the very few mainstream healthcare organisations that released the cost savings associated with the Haddington Road Agreement from the inception of that agreement. That was not an accident; it was achieved because of the way we – especially clinical leaders and support staff – manage our resources. The reason we focus on resource management so intensively is simple: the more effective and efficient we are, the more people who need our services we can reach.

Our strategic plan, which would complete our journey by transforming all remaining continuing care beds into rehabilitation, remains stalled at the request of the HSE. Clear national policy and regulatory direction are expected this year that will have a very significant bearing on the development of this plan. We will be working with organisations such as HIQA, the HSE and the Department of Health, over the coming months to map out a clear future for the organisation.

Last year I reported that we continued to have a mixed use unit (long term care and rehabilitation) as part of our services for adult disabilities. I am pleased to say that in 2013 we developed a bespoke unit for the ten continuing care residents and concentrated rehabilitation on one 30-bed unit. However, this remains a very challenging area of service provision. Importantly, individuals with complex health, social and personal issues can remain in the rehabilitation service for unacceptably long periods of time.

Towards the end of 2013, the charitable sector faced significant challenges where public trust and confidence were seriously dented. This hospital cannot be immune from the fallout. This hospital has a charitable ethos going back over a quarter of a millennium; it is a time to stay true to our principles as confidence is rebuilt. During this challenging period, I wish to restate my admiration and appreciation for the ongoing dedication and commitment of our Friends, Volunteers, donors and Board members, who have remained unwavering in their support for the hospital. Following the retirement of Frank Cunneen, Chairman of seven years, I welcome Jerry Kelly as our new Chairman.

Graham Knowles
Chief Executive

Clinical Services

The RHD is proud of the personal, caring culture that exists across the organisation. This does not happen simply out of goodwill and by having positive values. It has to be underpinned by robust work practices, protocols and policies. Despite the challenges of increasing demands and diminishing resources, we continued to provide the highest level of quality care in 2013.

Quality and Safety

Throughout 2013, hospital staff from all disciplines and departments continued to deliver high quality services to patients and residents. The multidisciplinary team approach, together with our commitment to person-centred care, continues to deliver positive outcomes for our service users. The clinical governance framework, overseen by the Clinical Governance Committee, continued to facilitate each of the quality and safety subgroups and working groups in their development and improvement initiatives.

Central to our approach to quality and safety is the focus on capturing the experience of our service users, residents and patients, and their families. During the summer of 2013, service user experience surveys were carried out across all rehabilitation units. The results of the surveys demonstrate that the experience of individuals using our rehabilitation services is very positive. The Residents' Council and Family Forums are well established and continued to meet during 2013, providing us with useful feedback for improving service user experience.

Our team of recreational assistants and volunteers provided an extensive range of social and recreational activities to residents and patients during the year. Transition year students from schools around the Dublin area continued to participate in the Aos Óg programme and Gaisce - The President's Award. Gaisce's

mission is to contribute to the development of all young people through the achievement of personal challenges. The Aos Óg programme is designed for the purpose of aiding and enhancing the personal and social development of young persons.

Research, Training and Education

Throughout 2013, the RHD maintained its commitment to providing continual professional education and training to its staff. The Learning and Development Group, chaired by the Director of Nursing, met 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 they require to maximise their contribution to the delivery of safe, high quality services. Staff have attended necessary relevant training sessions on Infection Control & Hand Hygiene, Fire Prevention & Safety, Safer Moving & Handling and information sessions on Data Protection awareness. Amongst other training that took place was training staff to recognise potential abuse and what action should be taken. There were also training sessions in Automated External Defibrillator (AED) and Cardio Pulmonary Resuscitation (CPR) procedures.

A collaboration between the Occupational Therapy and Physiotherapy Departments has resulted in the RHD becoming the only Irish training centre for the Functional Independent Measure and Functional Assessment Measure (FIM-FAM) tool. This is used to track the progression in functional independence of patients undergoing neurological rehabilitation. The demand for training nationally has grown steadily and we are delighted to report that 2013 was our busiest training year. Our FIM-FAM trainers have completed training sessions for colleagues in both acute and non-acute hospital settings.

In November 2013, the Occupational Therapy Department organised and hosted a national two-day training course for 21 physiotherapists and occupational therapists on the 'LSVT (Lee Silverman Voice Technique) ® BIG' - a modern therapeutic treatment modality for Parkinson's Disease. LSVT®Big uses high amplitude movement techniques to enhance the mobility and functional independence of patients. The course was facilitated by two accredited trainers who travelled to Ireland from the USA.

The Medical Director and Director of Nursing attended a two-day course at the King's Fund London on "Improving the Care of Frail Older People". They were also accepted into the "Diploma in Quality Leadership and Healthcare" programme, a joint initiative between the Royal College of Physicians Ireland, the HSE Directorate of Quality and Patient Safety, and the Department of Health. The aim of this programme is to introduce senior health leaders to the concepts and theories underpinning continual quality improvement.

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. It is an opportunity for each discipline to share research relevant to their area of practice and recent developments, and to promote interdisciplinary working. In the area of neuro-rehabilitation, a multidisciplinary group of medicine, nursing, speech & language and medical social work staff attended a seminar on goal attainment measurement in Northwick Park Rehabilitation Hospital, London.

In the area of geriatric medicine, the RHD remains a designated university teaching centre for the UCD Medical School, and 2013 was the fifth year of the "Medicine in the Community" module. Two hundred and twenty medical students rotated through the complex continuing care and over-65 rehabilitation service. Dedicated teaching sessions are given by the Medical Director, Consultant Geriatricians, as well as with input from members of the allied health team. Within the allied health professions, we continue to provide undergraduate training opportunities for training colleges and universities. The Department of Nursing continued its relationship with University College Dublin as a placement site for undergraduate nursing students. Thirty students undertook their older person's placement in 2013 and feedback from students and preceptors was positive.

The "Dynamics of Quality Care" conference was hosted in the RHD in May 2013. This was a joint initiative with the Department of Medicine for the Elderly in St. Vincent's University Hospital (SVUH). It was attended by almost 100 delegates from acute, continuing and primary care organisations.

In the following pages, clinical nurse managers and their colleagues present the annual report on activity and developments for 2013 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 2013, 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

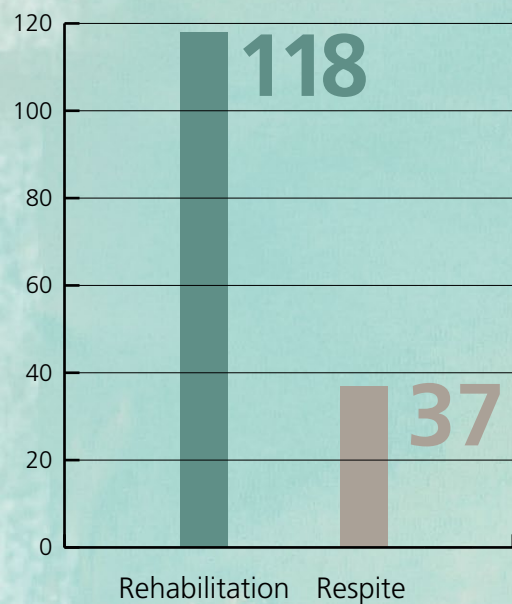
The services of the General Rehabilitation Unit are provided for adults who are over 65 years old and who are medically stable but who have complex needs associated with old age. Referrals to the unit are accepted from consultant geriatric physicians at St. Vincent's University Hospital, St. Michael's Hospital Dun Laoghaire, St. Columcille's Hospital Loughlinstown and the RHD Day Hospital.

The unit operates through interdisciplinary team assessment and rehabilitation, and facilitates service users to achieve their maximum potential in physical, social and psychological aspects of their well-being. During 2013, the General Rehabilitation team continued to maintain the highest standard of care to patients by:

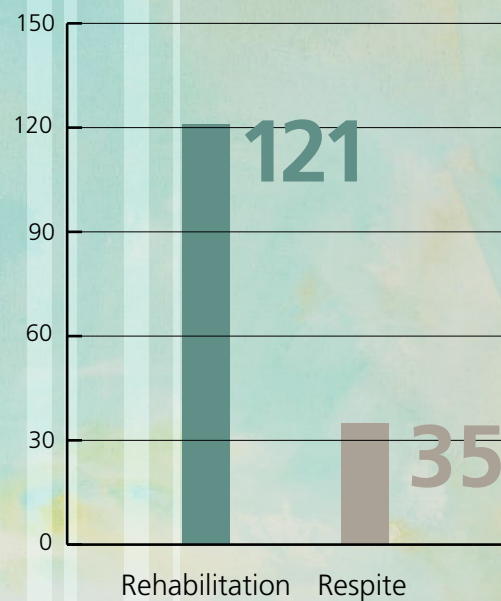
- Observing protected mealtimes, which has a big impact on patients' recovery;
- Capturing the patients' experience; a patients' survey carried out in August 2013, showed positive results and it has helped us to focus on quality improvement initiatives;
- Facilitating multidisciplinary team in-house education sessions to increase the knowledge of staff relative to rehabilitation for the older adult;
- Attending staff training days and conferences, including the Irish Gerontology Conference and the European Seating Symposium;
- Ensuring best practice on seating in the unit. Where appropriate, patients are granted the opportunity to explore powered mobility options.

Mary Mae Salomon
Clinical Nurse Manager

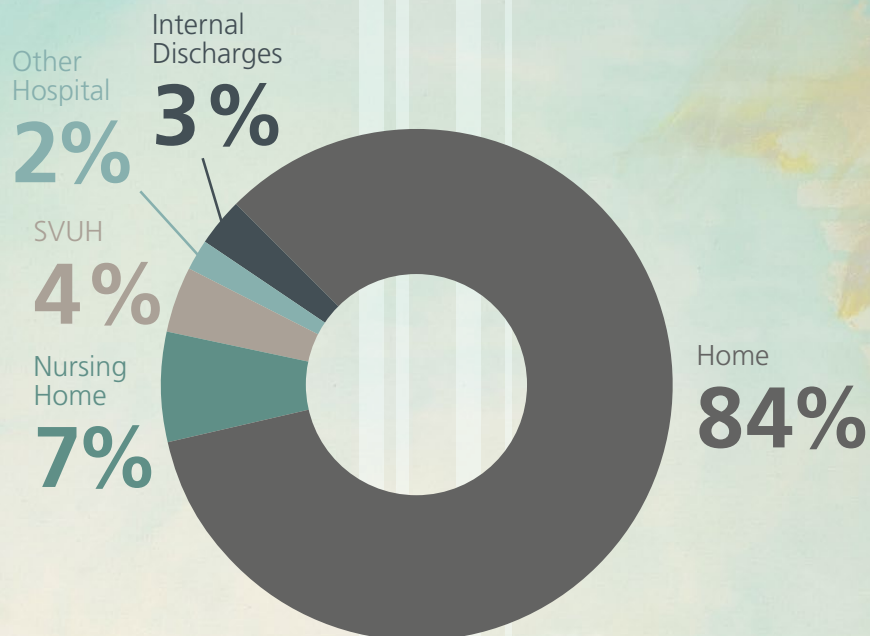
Admissions 2013



Discharges 2013



Discharges to (excluding respites)



Stroke Unit

The Stroke Rehabilitation Unit operates its 12 beds within an interdisciplinary team model comprising of medical staff, nursing, physiotherapy, occupational therapy, social work, speech and language therapy, psychology and dietetics. Through interdisciplinary team assessment and rehabilitation, the unit facilitates patients achieving their optimal physical, social and psychological potential, while ensuring dignity and respect at all times.

In 2013, the number of admissions to the Stroke Unit almost doubled, with 63 patients accessing a comprehensive stroke rehabilitation programme. Of these, 52 were successfully discharged into a home environment. This represents an 84% return to community living. It is important to note that the patients who were discharged to long term care (LTC) achieved their individual goals and this is still seen as a successful outcome.

The comprehensive nature of the patient-centred goal planning process plays a key role in 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 also 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. We also work closely with our colleagues in our Day Hospital. Once patients are discharged, we offer a review and re-assessment where necessary. This continues to be a successful way of enabling patients to maintain their level of independence at home.

We have also 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. During the year, we also produced a Stroke Rehabilitation Unit leaflet aimed at potential service users.

With an increasing incidence of stroke in Ireland, as a team, we continue to take our role in education about all aspects of stroke seriously. In 2013, two stroke patient education weeks were run and a "Stroke Awareness for Carers Day" is scheduled for 2014.

Stroke research, by the senior physiotherapist, has been completed on a patient and care-giver rated outcome measure of spasticity impact and was published in the February 2014 issue of Physical Therapy Reviews. This research abstract has also been published in the Irish Gerontological Society Journal 2013.

The unit is also engaged in a large scale, multi-centre research project looking at the nature of falls, post stroke, in the Irish context.

Marie Smith
Clinical Nurse Manager



SPARC Unit

The Short Term Post-Acute Rehabilitative Care (SPARC) Unit provides specialist, geriatrician-led multidisciplinary input for patients who are medically stable and fit for discharge from acute hospital care. The aim is to optimise patients' recovery and independence and facilitate a safe home discharge.

All patients have a pre-admission senior nursing or medical assessment to ensure that they would benefit from a dedicated period of rehabilitation. The multidisciplinary team meets twice weekly to discuss each patient and an individualised rehabilitation programme is coordinated.

The aim is to improve functional performance of older adults after their acute hospitalisation and help in the management of pain, review prescribed medicines, and other patient concerns. All patients receive medical, nursing, occupational therapy and physiotherapy input. They are also referred to a medical social worker, dietician, wound care specialist and speech & language therapist based on clinical need.

The rehabilitation programme involves a comprehensive geriatric evaluation followed by a multi-component and interdisciplinary intervention. Where indicated, the occupational therapist completes an assessment of the patient's home

environment. Following that, a service coordinated by the hospital called 'Action Van' installs equipment, or makes minor adaptations to the home environment. The process of care also includes referral and follow-up with mainstream hospital services (such as orthopaedic, outpatient and geriatric day hospital programmes), community allied health professionals, social work and associated resources, including home help support and day care.

On discharge, a comprehensive typed discharge summary with input from all relevant allied health disciplines is sent to the patient's GP and public health nurse. There is a strong ethos of rehabilitation in the unit, with all patients dressed daily and encouraged to have their meals in a communal dining area.

Noreen Frawley

Clinical Nurse Manager

SPARC Unit Activity

Admissions in 2013	184
Women patients admitted	119 (64%)
Men patients admitted	65 (36%)
Admitted with a fracture or after a fall	107 (58%)
Mean age of patients	82
Average length of stay	32.5 days

Discharges

Readmitted to acute hospital	26 (14% of 184 admissions)
Of the 158 (86% of the total admissions) who completed their rehab with us	149 (94%) went home
	9 (6%) went to a nursing home

“The process of care also includes referral and follow-up with mainstream hospital services (such as orthopaedic, outpatient and geriatric day hospital programmes), community allied health professionals, social work and associated resources, including home help support and day care.”

Residential Care Service

During 2013, the Residential Care Service team in the Cedars and Oaks units provided holistic health and social care of a personal, individualised and measurable high quality to the continuing care residents. Our aim is to enhance or maintain a good quality of life for each individual, by ensuring that the physical, social, psychological and spiritual needs of each resident are assessed and met within a safe, comfortable and flexible environment.

Our team comprises nursing, medical, allied health, pastoral care and household staff, supported by cleaning operatives, recreational assistants and volunteers. All play a part in the delivery of our high quality service to the residents. All staff continue to receive internal and external training and education in order to maintain and add to their skills and knowledge. We also have a system for those who have received training to share their knowledge with peers in order to improve quality of service delivery.

We are currently reviewing our falls risk assessment tools as a multidisciplinary group to increase falls prevention. We also have a volunteer advocate through the HSE's Advocacy Programme and use the Connect Aid to help our residents with IT initiatives, such as Skype and email, to keep in touch with family and friends. It is important to us that each resident, and their families if they wish, are partners in care with the multidisciplinary team. Involvement of the resident in planning for their evolving care and social needs is vital to their quality of life and well-being.

The Residents' Council comprises representatives from each of the continuing care units. The outcome of its meetings has helped to provide improvements in our service from unit level to recreational areas, and 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 quarterly at unit level where families can exchange information with staff about the unit and hospital environment, and to ensure families are familiar with services available to them, such as transport for trips out, complaints procedure, and external events nearby such as the Alzheimer's Café in Avila which may be of interest to them.

The residential units, comprising 56 beds, are inspected by HIQA for registration purposes and were routinely inspected in May 2013. The HIQA report is available on the hospital's website and was very positive overall. We benchmark our standards against the National Quality Standards for Residential Care Settings for Older People in Ireland, which were developed by HIQA, and the Quality Standards for End-of-Life Care from the Hospice Friendly Hospitals.

Anne Dooley & Dileta Pauziene
Clinical Nurse Managers

Day Hospital

The Day Hospital facilitates up to 25 clients per day, and is providing an essential community service that enables people to stay safely in their own homes, while reducing acute hospital admissions. We also provide medical, nursing and therapeutic interventions for people living in the community who have ongoing health and rehabilitation needs

It is an easily accessible service that aims to promote clients' independence, health and well-being. The work is undertaken by an established interdisciplinary team committed to rehabilitation, health education and empowerment of the service users.

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

- Occupational therapy
- Physiotherapy
- Nursing
- Medical social work
- Speech & language therapy
- Dietician
- Podiatry
- Psychology

The majority of the 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 clients and their families/care givers at the RHD, following discharge from the Stroke Rehabilitation, General Rehabilitation and SPARC Units.

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

Our occupational and speech therapists have received special training in Lee Silverman Voice Treatment (LSVT) and have continued to develop our special interest in treating Parkinsonian movement disorders through specific, intensive and more frequent input. These clients have reaped great benefit from this input, and this has been reflected in standardised measures recording outcomes.

We have been trialing a monthly memory clinic in the Day Hospital. We review referrals for this service from the primary care team in Sandymount.

We also have a monthly stroke review clinic led by Dr. Morgan Crowe. This service is for clients who have had a stroke; who are currently attending the Day Hospital, and who have been in-clients in the Stroke Rehabilitation Unit. The client is seen by the consultant and a full multidisciplinary assessment is carried out if necessary.

The number of clients attending the Day Hospital in 2013 was 460, and there were 217 new admissions during the year. This represents a 5.5% increase from 2012.

Emer Kennedy
Clinical Nurse Manager



Maples Unit

The Maples Rehabilitation Unit was reconfigured in September 2013 to provide 30 beds for adults who are under 65 years of age. It is divided between two rehabilitation services under the direction of Dr. Lisa Cogan (Medical Director) and Dr. Paul Carroll (Rehabilitation Consultant).

Dr. Cogan's service comprises 18 beds providing a multidisciplinary approach to rehabilitation and maintenance care to young adults with disability living in the community.

During 2013, the team continued to work through the challenges of sourcing funding for home care packages. In spite of the difficulties, nine patients were successfully discharged home, and ten were admitted to the new continuing care unit, one to a more appropriate facility, and two patients to our over-65 continuing care wards.

Another challenge facing young adults with chronic complex disabilities is the lack of age-appropriate, continuing care facilities. As a result, there are several patients who continue to wait for a more suitable placement to become available. As a team, we continue to support and care for them and their families.

The Maples Unit has two respite beds providing a medical and nursing service to young adults with varying degrees of disability who wish to remain living in the community. The interest in this service has continued to grow as there are increasing demands on families and care workers.

Dr. Paul Carroll, Consultant in Rehabilitation Medicine, joined the team in December 2013. His service consists of 12 beds divided into seven rehabilitation beds, three therapeutic reassessment beds and two needs assessment beds.

The aim of these 12 beds is to focus on short term rehabilitation, with a view to these patients moving back home, or to an alternative facility, depending on their progress and needs.

Brain injury education for the patients in the Maples Unit was rolled out during 2013. This was a multidisciplinary approach to providing education for a number of patients who showed an interest in learning more about their condition. Due to its success, the team is planning to facilitate another session during 2014.

The multidisciplinary team continued to look at ways of improving the service by undertaking training in rehabilitation outcome measures. Four members went to the Northwick Park Rehabilitation Hospital in London for education on how to use goal attainment scaling. A pilot has been undertaken to help the team to focus goal setting on patient/family targets and systematically measure results achieved. The use of another rehabilitation outcome measuring tool, FIM/FAM, is ongoing; it is used to establish baseline measures, predict likely outcomes for a rehabilitation period, and measure results in motor and cognitive areas. Two team members have introduced the FIM/FAM tool to other hospital and community teams throughout the country.

Elaine Foley
Clinical Nurse Manager

Phoenix Unit

Towards the end of summer 2013, the Phoenix Unit became Phoenix Long Term Care (LTC). The reconfiguration of the unit was born out of a need to provide more space and privacy to younger adults under 65 who need complex nursing and medical care.

The unit caters for ten residents with varying degrees of neurological disability, who agreed to move from a busy rehabilitation unit to a more tranquil setting. Four of the residents now have their own single rooms, allowing for more privacy, space and individuality.

The service, under the direction of Dr. Lisa Cogan, provides a holistic approach, using individualised personal and social care plans in consultation with residents and their families. The quality of life of our residents is foremost and we focus on enhancing and maintaining a good quality of life for each individual.

Some of our residents availed of the hospital's multi-sensory programme. Coordinated by the occupational therapist, a dedicated group of volunteers and the speech and language therapy assistant, facilitated music therapy sessions, and hand massages, for those residents who require more gentle stimulation.

Positioning and seating is particularly important for the residents of Phoenix LTC. Regular seating clinics provide ongoing evaluations. Thanks to funding from the Friends of The Royal Hospital Donnybrook, some residents with challenging seating

issues were able to avail of moulded seating which provides the comfort and stability vital to their quality of life and well-being.

The unit also caters for the residents' family members, allowing them to have quality private time alone with the resident. So far, the feedback from relatives about the reconfiguration is very positive, and they are very pleased with the new environment. The facilities, including the new sitting room, kitchen area and garden, have enhanced the quality of their lives and the time spent with their loved ones.

The residents on Phoenix LTC have also been invited to attend the Residents' Council meeting, which takes place every quarter. Four of the residents are very keen to attend and to share their views/thoughts about long term care living. This meeting is essential for the residents to have a voice and the issues raised are brought to the attention of senior management.

Stella Augustine

Clinical Nurse Manager







The Royal Hospital Donnybrook Summary Financial Information *Year Ended 31 December 2013*

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 Tuesday 17th June 2014

Ordinary Income and Expenditure Account

Year Ended 31 December 2013

	2013 €	2012 €
Ordinary expenditure		
Pay expenditure	15,025,317	15,677,387
Non-pay expenditure	4,696,850	4,757,651
	<hr/>	<hr/>
	19,722,167	20,435,038
 Ordinary income	 2,195,331	 2,165,542
	<hr/>	<hr/>
Net expenditure for year	17,526,836	18,269,496
 Allocation from HSE towards net expenditure for year	 17,236,449	 18,178,579
	<hr/>	<hr/>
(Deficit) for year	(290,387)	(90,917)
 Accumulated surplus brought forward	 584,406	 675,323
	<hr/>	<hr/>
Accumulated surplus carried forward	294,019	584,406
	<hr/>	<hr/>

On behalf of the Board of Management

Jerry Kelly Chairman

Michael Forde Treasurer

Ordinary Balance Sheet

Year Ended 31 December 2013

	2013 €	2012 €
Ordinary assets		
Allocations due - Revenue	1,637,533	1,604,382
- Capital	(49,016)	114,107
Debtors and prepayments	164,332	201,189
Bank balances and cash	1,567,566	1,601,119
	<hr/> 3,320,415	<hr/> 3,520,797
Ordinary liabilities		
Creditors and accrued expenses	(2,394,903)	(2,234,721)
Patient Funds	(631,493)	(701,670)
	<hr/> (3,026,396)	<hr/> (2,936,391)
	<hr/> 294,019	<hr/> 584,406
Represented by:		
Accumulated surpluses carried forward	<hr/> 294,019	<hr/> 584,406

On behalf of the Board of Management

Jerry Kelly *Chairman*

Michael Forde *Treasurer*

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

Alexandra College
Ballinteer Community School
Belvedere College
Blackrock College
Catholic University School
Clongowes Wood College
Coláiste Éanna
Coláiste Eoin
Coláiste Íosagáin
Coláiste na Sceilge, Kerry
Dominican College Sion Hill
Firhouse Community College
Gonzaga College
Grange Community College
High School Rathgar
Holy Child School, Killiney
Institute of Education
Loreto College Navan

Loreto College, St. Stephen's Green
Loreto Secondary School Bray
Mount Anville Secondary School
Muckross Park College
Newpark Comprehensive School
Notre Dame School
Oatlands College
Rathdown School
Sandford Park School
St. Andrew's College
St. Conleth's College
St. Dominic's College
St. Louis High School
St. Michael's College
St. Raphaela's Secondary School
The Teresian School
Wesley College

List of Governors

Mrs. Yvonne Acheson
Mrs. Iris Agnew
Mrs. J. Ansell
Mrs. Barbara Baynham
Mr. Walter Beatty
Rev. Canon R.H. Bertram
Mr. Keith Blackmore
Mr. R. Blakeney
Dr. Brian D. Briscoe
Mr. Frank Buckley
Mrs. Ruth Carnegie
Mr. Harry Carroll
Mr. J. D. Carroll
Mr. David P. Clarkin
Mr. Anthony E. Collins
Mr. L. Cosgrave
Mrs. Vera Cosgrave
Mrs. Catherine Coveney
Mr. Frank Cunneen
Mr. James Darlington
Mr. Mark Doyle
Mrs. Audrey Emerson
Mr. Derek England
Mr. Rodney Evans
Mrs. Flo Fennell
Mr. Vincent Finn
Mr. Michael Forde
Mrs. Sylvia Fry
Dr. Graham Fry
Mr. Colm J. Galligan
Mr. Peter Gleeson
Mr. E. R. A. Glover
Miss D. Graham
Rev. Alastair Graham

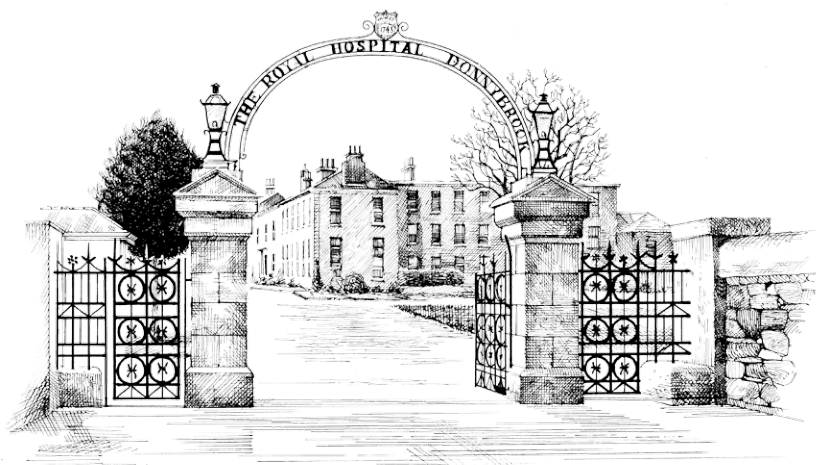
Mr. Randal N. Gray
Miss Ruth Handy
Dr. Carmencita Hederman
Mr. William P. Hederman
Mrs. Miriam Hillery
Mr. Laurence J. Holmes
Mrs. Olive Jones
Dr. Donal J. Kelly
Mr. Jerry J. Kelly
Miss Rosaleen Kennedy
Mr. Charles Kenny
Mrs. Gladys Kingston
Mr. J. P. Lovegrove
Mrs. Helen E. Lowe
Mrs. Patricia Madigan
Mrs. Margot McCambridge
Prof. Geraldine McCarthy
Mr. Brendan McDonald
Mr. Patrick McGilligan
Mrs. O. E. McGuckin
Mrs. Margaret Murphy
Mrs. T. Murphy
Mr. Gerard Murtagh
Mrs. Katherine Nixon
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. F. J. (Teresa) O'Reilly
Mrs. Beatrice Ormston
Ms. Caroline O'Shea

Mr. Liam O'Sullivan
Miss Terri O'Sullivan
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
Mrs. Breda Ryan
Mr. H. K. Sheppard
Mrs. Jeremy Sherwell-Cooper
Mr. Tom Shields
Ms. Philomena Shovlin
Mr. Robin Simpson
Mr. Victor Stafford
Mr. G. J. R. Symes
Rev. J. Teggan
Mr. Gary R. Tennant
Mrs. Sylvia Tennant
Mrs. Rosemary Thompson
Mr. John Tierney
Mr. Anthony Twomey
Mr. C. Garrett Walker
Mr. Raymond M. 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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