

RHD

The Royal Hospital Donnybrook



ANNUAL REPORT & ACCOUNTS

2022

Contents

Structures and Committees	02
Chairman's Statement	04
Governance	06
Chief Executive's Report	10
Medical Director's Report	12
Director of Nursing Report	14
Rehabilitation Nursing Report	16
Day Hospital	18
Residential Care	20
Occupational Therapy	22
Physiotherapy	24
Speech and Language Therapy	27
Medical Social Work	28
Summary Financial Information	30
List of Governors	34



Structures & Committees

Board of Management

Brendan Pigott, [Chairman \(resigned September 2022\)](#)
 Conor O'Connor, [Chairman \(appointed September 2022\)](#)
 Colm Moloney, [Hon. Treasurer](#)
 Caroline O'Shea
 Cllr. Dermot Lacey ([nominated by Dublin City Council](#))
 Cllr. Paddy McCartan ([nominated by Dublin City Council](#))
 Dorothy MacCann, [Vice-chair](#)
 David Gunning
 David Robinson
 Oisín Quinn
 Ruth Deasy
 Alan Gough
 Josephine Ryan
 Ann O'Doherty

Audit Committee 2022

Alan Gough, [Chairman](#)
 Eugene Hillery
 Orla Murphy
 Paul Davis
 Colm Moloney

Nominations and Governance Committee 2022

Brendan Pigott, [Chairman \(resigned September 2022\)](#)
 Conor O'Connor, [Chairman \(appointed September 2022\)](#)
 Caroline O'Shea
 Frank Kennedy
 Dorothy MacCann

Remuneration Committee 2022

Brendan Pigott, [Chairman \(resigned September 2022\)](#)
 Conor O'Connor, [Chairman \(appointed September 2022\)](#)
 Caroline O'Shea

Executive Committee 2022

Brendan Pigott, [Chairman \(resigned September 2022\)](#)
 Conor O'Connor, [Chairman \(appointed September 2022\)](#)
 Caroline O'Shea
 Dorothy MacCann
 David Gunning
 Colm Moloney

Clinical Governance Committee 2022

Ann O'Doherty, [Chair](#)
 Dr. Lisa Cogan
 Dr. Morgan Crowe
 Dr. Tim Cassidy
 Dr. Paul Carroll
 Dr. Donald McShane
 Dr. Nichola Boyle
 Josephine Ryan
 Rev. Sonia Gyles
 Conor Leonard
 Dr. David Robinson
 John Lavelle

Estates Committee 2022

Caroline O'Shea, [Chair](#)
 David Gunning
 Conor Leonard

Hospital Management Team 2022

[Chief Executive Officer](#)
 Conor Leonard

[Medical Director](#)
 Dr. Lisa Cogan

[Director of Nursing](#)
 John Lavelle

[Head of Finance](#)
 Kieran Farrell

[Occupational Therapy Manager](#)
 Jo Cannon

[Human Resources Manager](#)
 Sharon Lawlor

[Physiotherapy Manager](#)
 Elaine Ross

[Principal Medical Social Worker](#)
 Aoife O'Neill

[Speech and Language Therapist Manager](#)
 Rosanne Staveley

Consultant physician in Stroke Medicine

Dr. Tim Cassidy

Consultant in Neurorehabilitation Medicine

Dr. Paul Carroll

Consultant physicians in Geriatric Medicine

Dr. Lisa Cogan
 Dr. J. J. Barry
 Dr. Morgan Crowe
 Dr. Nichola Boyle
 Dr. Diarmuid O'Shea

The Royal Hospital Donnybrook is a registered charity. Charities Regulatory Number: 20001605

The Hospital's Annual General Meeting will be held on Thursday 28 September 2023 at 5.00pm in the Concert Hall at the The Royal Hospital Donnybrook.

Chairman's Statement

On behalf of the Governors and Board of Management I would like to thank most sincerely our hospital management, staff and volunteers for their dedicated service over the past year.



I would also like to thank Brendan Pigott who completed his term as Chairman in September 2022, following 10 years as a Board member and as a member of the Audit Committee prior to that. Brendan was Chairman when Covid-19 emerged and he had the arduous job of steering the Hospital and its Board through that unprecedented period. We are most grateful to him for navigating the Board through that challenging time.

Michele McCormack and Deirdre Ann Barr resigned during 2022 and we thank them most sincerely for their input at Board level and on the Clinical Governance Committee.

The Chief Executive refers in his report to the ethos of care and respect that is the hallmark of RHD. He notes that this extends not just to the expert clinical care that our medical, nursing and allied health professionals deliver to our patients and residents but to all aspects of RHD.

I couldn't agree more with the CEO. It is very much at the forefront of the Board's thinking as we chart our way through the difficult issues that RHD faces. I outline some of these issues below.

However, in the midst of any difficulties it is important for us to acknowledge the very dynamic and innovative approach that our staff bring to caring for patients and residents. I have often been struck by how, with very meagre financial resources and difficult issues, management and staff have found innovative ways of tackling problems that would have overwhelmed others. It is this ability to draw on each other's experience, and to find ways of working through and around problem issues when solutions simply have to be found, that gives me great hope for the future. That hope must be tempered by realism but if we can get the required support from the HSE then I am confident that RHD will come through the undoubted difficulties ahead.

Residential Care

We are very grateful to the HSE for the capital grant of €2.4m that the CEO refers to in his report. This allows us to reconfigure some existing bedrooms and to convert a vacant ward thereby restoring most of the capacity that we could not use during 2022. This comes after recent expenditure of €2.0m to update fire safety equipment and infrastructure in 2021. The roof in the main concourse area of the hospital is currently leaking and this will require significant expenditure to repair along with other capital items. It has proven extremely difficult over an extended period of time to get appropriate and timely levels of funding for absolutely necessary capital works at RHD. This has resulted in extended delays which have increased the cost of such works way beyond what they would have cost if the absolute necessity of the required works was acknowledged earlier by the HSE. We currently have an application into the HSE for a new purpose built residential unit. The cost of ad hoc and incremental capital expenditure, usually necessitated by a mini-crisis, is in our view a very expensive and inefficient way to proceed. Further incremental capital expenditure will inevitably be required to allow us to maintain services at current levels. The business case for funding a new residential unit seems very strong to us versus the cost of incremental improvements.

We acknowledge the funding challenges that the HSE and the State face in managing capital expenditure in the face of huge demands from many sources. However the infrastructure challenges that RHD faces are well known over an extended period and further delay will only lead to increased cost in both the short term and medium term.

Primary Care Centre (PCC)

The delay in gaining planning approval for a PCC on our grounds was deeply frustrating for all who have worked on this project. A single appeal was rejected by ABP in December 2022. By the time the planning process was concluded, the world was in a different place. This has resulted in the developer and the HSE having to re-engage on the project. We await the outcome of that process.

Operating Expenditure

Our financial results show a surplus for the year of €1m. However the surplus is somewhat illusory as we received a number of "once off" grants / funding allocations in 2022, amounting to €2.4m (including €768k post year-end which relates to 2022). Without these "once-off" grants / allocations, RHD would have incurred a deficit of €1.4m. We are very grateful to the HSE and the Minister for Health for these grants / funding allocations (part of which was a package announced by the government for voluntary organisations in 2023). However, clearly the challenge is that our day to day costs are ongoing rather than "once off". The Board is acutely aware of the challenge that "once-off" grants and funding allocations pose for RHD both from a strategic and an operational perspective.

As of the date of this report (end of August), we still have no agreed budget from the HSE for 2023. It would appear that it will be autumn before this is finally resolved. As Governors will be aware, we had to postpone last year's AGM to September pending negotiations over our 2022 budget allocation. The same has happened this year. RHD's costs are known and we submitted cash flow projections to the HSE well in advance of 2023 showing the scale of the projected deficit in the absence of increased funding. We had been subjected to cuts in expenditure just prior to Covid, which we recognised as unsustainable at that time. The reduced level of activity in the hospital throughout Covid meant that these cuts were 'masked' by reduced cost throughout the Covid period. However, now that activity in the hospital is back to more normal levels, these cuts have come home to roost. The scale of our

projected deficit for 2023 is at a level that is completely unmanageable for RHD. This is on the back of costs many of which are not within our control (staff salaries which are HSE determined and non-discretionary overheads).

At the moment, we are receiving periodic tranches of funding from the HSE to allow us to maintain current services. The challenges of running a hospital without an agreed and manageable budget speak for themselves. The fact that this is replicated across the voluntary hospital sector only heightens our concern. We do not underestimate the challenges that the HSE and the State face in addressing healthcare funding. The demands on them are huge and resources are limited. Notwithstanding this, surely there must be a better way of allocating resources in a way that recognises that essential services need to be appropriately funded?

Notwithstanding the above challenges, both I and your Board approach them in a very positive fashion. We are very grateful to the HSE for every euro that they allocate to us. We recognise the challenges that they face. We believe that every euro allocated to RHD is spent very effectively and delivers real value to the HSE. Over 80%+ of our Rehabilitation patients return home to independent living and the remainder who go to other residential settings do so with a much improved quality of life. For this we are truly grateful to all who work at RHD. To see someone improve following care at RHD is inspirational. RHD is a hospital that relieves pressure on the acute care system in Dublin by providing expert rehabilitation services that deliver patients home to independent living. The Board of RHD believes that RHD has a key role to play assisting improved efficiency throughout the healthcare system in Dublin. In addition our residential services provide consultant led care which again can relieve pressure on other parts of the healthcare system.

As a Board the challenge is to meet not just the current needs of our patient and residents. The real challenge is the absolute necessity of new and more appropriate facilities that meet the needs of our patients and residents in line with the ethos outlined by the Chief Executive. This is a challenge that the RHD Board takes on in a determined and positive fashion on behalf of our patients and residents and the entire staff at RHD.

Conor O'Connor
Chairman

Governance

The Royal Hospital Donnybrook (RHD) was founded in 1743 and 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 by decision of the Governors with the consent of the Oireachtas.

The Governors of The RHD are drawn from the local community. At AGMs, the Governors receive the annual report and accounts and 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 for election by the Board. 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
- Estates Committee

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

The attendance record of the Board Members at Board meetings and committee meetings during 2022 is shown in the chart on the following page.

Board Member's Attendance

for period 01.01.22 to 31.12.22

	BOARD OF MANAGEMENT	EXECUTIVE COMMITTEE	AUDIT COMMITTEE	NOMINATIONS & GOVERNANCE COMMITTEE	REMUNERATION COMMITTEE	CLINICAL GOVERNANCE COMMITTEE	STRATEGIC ESTATES COMMITTEE
Brendan Pigott	2/3	6/6	0/0	2/2	1/1	0/0	0/0
Conor O'Connor	5/5	5/6	0/0	2/2	1/1	0/0	0/0
Caroline O'Shea	4/5	6/6	0/0	2/2	1/1	0/0	6/6
Dorothy MacCann	5/5	4/6	0/0	2/2	0/0	0/0	0/0
Tom Hayes	1/5	1/6	0/0	0/0	0/0	0/0	0/0
Michelle McCormack	1/2	0/0	0/0	0/0	0/0	0/2	0/0
Oisín Quinn	5/5	0/0	0/0	0/0	0/0	0/0	0/0
Cllr. Paddy McCartan	4/5	0/0	0/0	0/0	0/0	0/0	0/0
Ruth Deasy	5/5	0/0	0/0	0/0	0/0	0/0	0/0
Cllr. Dermot Lacey	5/5	0/0	0/0	0/0	0/0	0/0	0/0
Alan Gough	3/5	0/0	4/4	0/0	0/0	0/0	0/0
David Gunning	4/5	6/6	0/0	0/0	0/0	0/0	6/6
David Robinson	2/5	0/0	0/0	0/0	0/0	1/4	0/0
Deirdre-Ann Barr	5/5	0/0	0/0	0/0	0/0	4/4	0/0
Colm Moloney	4/5	6/6	4/4	0/0	1/1	0/0	0/0
Josephine Ryan	2/2	0/0	0/0	0/0	0/0	1/1	0/0
Prof. Ann O'Doherty	1/2	0/0	0/0	0/0	0/0	0/1	0/0

Member does not sit on this committee

Governance / continued

An externally facilitated evaluation of the Board of Management and the Board committees was undertaken in 2022.

Risk Management is a standard item on the agenda for every Board meeting. The Board is satisfied it has appropriate risk management and other internal controls in place to ensure the safety of patients and the appropriate control of expenditure.

The RHD has a Code of Governance Manual which has the following contents:

1. Statutory Instruments and Bye-Laws for the Management of the Hospital

2. Principal Duties of Board Members

3. Ethical Behaviour

- 3.1 Code of Conduct
- 3.2 Protected Disclosure

4. Board of Management

- 4.1 Standing Orders of the Board
- 4.2 Reserved Powers of the Board
- 4.3 Terms of Reference of Committees of the Board
- 4.4 Annual Conflict of Interest & Eligibility Letter
- 4.5 SIPO Obligations

5. Risk Management

- 5.1 Risk Management Overview
 - 5.1.1 Risk Management Policy
 - 5.1.2 Annual Report on Risk Management
- 5.2 Clinical Governance
 - 5.2.1 Clinical Governance Overview
 - 5.2.2 Annual Clinical Governance Report
- 5.3 Financial Procedures
 - 5.3.1 Financial Procedures Overview
 - 5.3.2 Financial Procedures Manual
- 5.4 Procurement Policy
- 5.5 Internal Audit
 - 5.5.1 Internal Audit Charter
 - 5.5.2 Internal Audit Programme Overview
 - 5.5.3 Internal Audit Plan

6. Nominations & Governance

- 6.1 Board Nominations Procedures
- 6.2 Nomination Criteria
- 6.3 Induction Programme
- 6.4 Re-election of Board Members
- 6.5 Procedure for Appointment of Governors

7. Health Services Executive

- 7.1 Service Level Agreement (SLA) – Introduction
- 7.2 SLA Compliance Procedures
- 7.3 Annual Compliance Statement
- 7.4 S.13.1 Code of Practice for the Governance of State Bodies

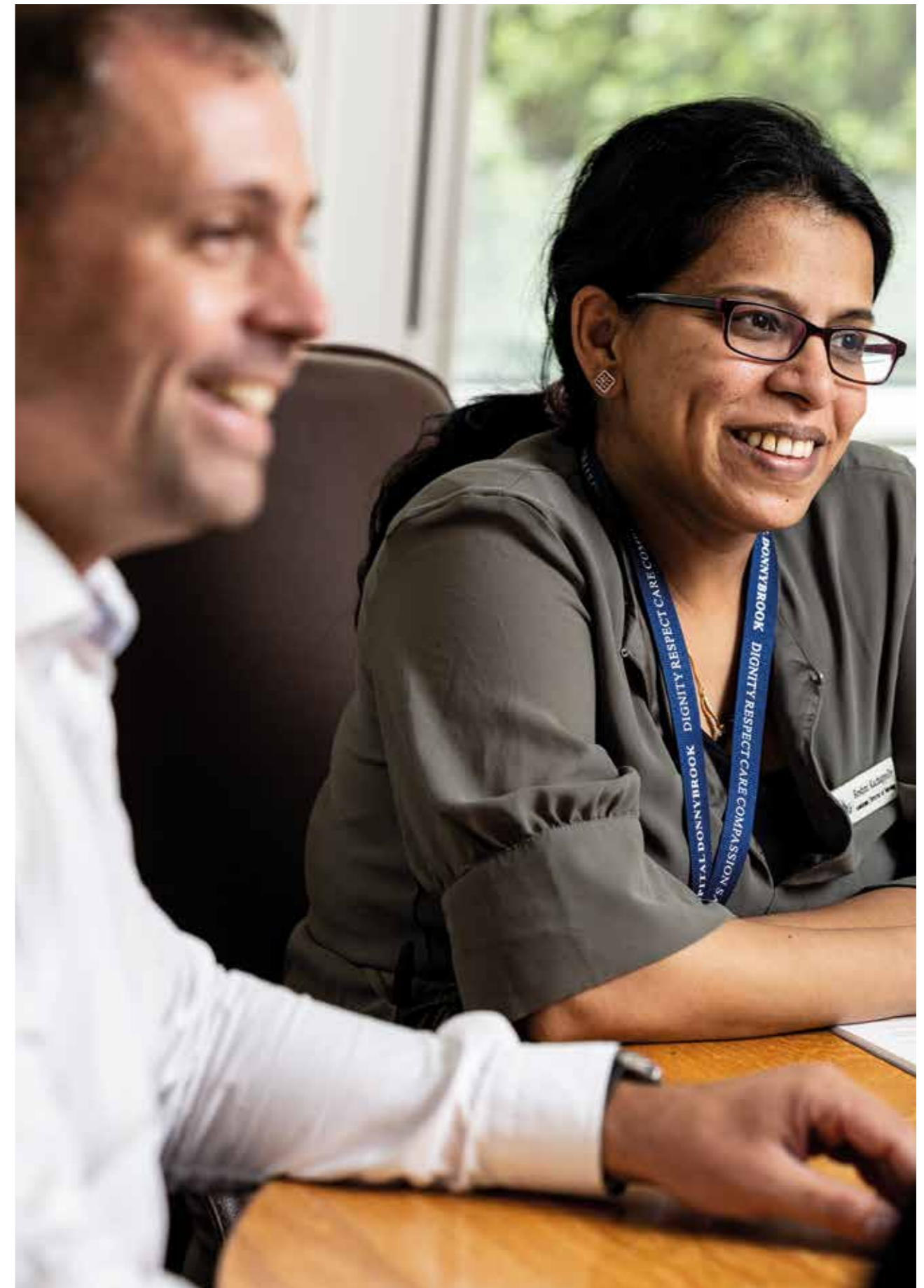
8. Governance Code

- 8.1 Charities Regulator, Charities Governance Code

A copy of the Code of Governance Manual is given to all new members of the Board and Committees as part of their induction programme. All staff and Board Members are required to sign the Code of Conduct on appointment. Upon joining the Board and its Committees and annually thereafter, all Members are required to declare related party interests. Subsequently, all members are required to declare any such conflict of interest or loyalty on attendance at each meeting.

The RHD derives most of its income from the Health Service Executive with which it has an annual Service Arrangement. Employees of the Hospital are subject to public pay policy guidelines and regulations. The RHD complies with such guidelines and regulations. No member of staff was in receipt of any payments from donations received by The RHD or via The Friends of The Royal Hospital Donnybrook during 2022 or prior years.

Ongoing compliance with public pay policy is monitored by the Remuneration Committee and a report is provided annually by the Internal Auditor to the Committee.



Chief Executive's Report

Healthcare is fundamentally a person-to-person business. What we do may be supported by fantastic technology, may be underpinned by research and audit and be completely reliant on maintenance, contractors, engineers, architects and numerous suppliers to keep our 'wheels turning', but fundamentally it is about quality interactions between people.



For me, one of the most special things about working at RHD is the quality of the people. From the care that is delivered to patients, to the mutual respect and care evident between those working here, to the kindness, courtesy and respect extended to families and loved ones, to the respect shown to the multitude of suppliers and contractors on whom we completely rely, the quality is evident. That extends to our Board, whose voluntary service there, and on sub-committees, is key to provision of safe

services. When I look back on any given year, quality interactions are the essence of RHD that I hope to see. I am confident that I can see them clearly in 2022.

Financial Crisis

The dominant financial theme for 2022 was a crisis in funding. The decision by the Health Quality and Information Authority at the end of 2021 to effectively close 16 residential care beds pending refurbishment resulted in a very substantial loss of income, whilst the costs of running the service remained nearly identical. Protracted negotiations with the HSE ensued, resulting in the RHD Annual General Meeting being postponed from May until September.

Our local HSE office eventually committed to providing additional funding, enabling us to reach year end with only a modest deficit. Careful cost control was needed, requiring us to postpone all desirable, but non-essential maintenance tasks.

Capital Allocation

A key part of addressing our finances was to secure capital funding to reverse the bed loss arising from the HIQA decision. A capital grant of €2.4M was received to reconfigure eight existing bedrooms and to convert a vacant ward, thereby restoring 14 of the lost beds. Following a tender process, the contract was awarded and works commenced in November. It is expected that these will be completed by Q3 2023. We will continue to need additional financial support until beds reopen.

Residential Care

The works outlined above will still leave us with bedrooms with 3 or 4 residents which, in the longer term, are likely to be deemed unsuitable

by HIQA. In line with our strategy, in August we submitted a proposal for a purpose-built residential unit on the grounds. This would relocate all residential care to a new building, enabling the hospital to focus on rehabilitation services. While the HSE were broadly supportive at our regular meetings, there was no official response by year end.

Primary Care Centre (PCC)

We continue to work toward having a PCC on our grounds. An appeal relating to the approved location of a proposed pedestrian entrance was taken to An Bord Pleanála (ABP) at the end of 2021. A protracted process ensued, during which the world changed radically. War started in Ukraine and triggered widespread inflationary pressures. By the time the appeal was eventually rejected on Dec 22nd, increased building costs resulted in a need for negotiations between the developer and the HSE. These were still in progress at year end.

Covid-19 & Activity

Covid-19 book-ended the year and also made an unwelcome summer appearance. It was joined by other respiratory illnesses, such as 'flu, at year end. The vast majority of patients and staff thankfully only had mild illness, but unfortunately these infections were a contributory factor in the death of a small number of very frail patients. I would like to extend our sympathy to all their loved ones.

Despite the decreased severity, patients, residents and staff still had to experience 'lock-down' for extended periods, meaning they were restricted to wards and had far fewer of the normal supporting interactions that they would usually have with peers. I would like to acknowledge that these were difficult periods for all concerned. I thank the staff for their ongoing dedicated service through-out.

Support services

A significant number of tenders were progressed throughout the year. Contracts for cleaning, printing, grounds maintenance, ICT support and pharmacy services were all updated. The Hospital staff demonstrated their agility in rapidly adopting an enhanced electronic pharmacy prescribing system, Digicare, in a matter of weeks. Doctors can now review and, where appropriate, prescribe patient medication remotely using their phones.

Technology brings many benefits, but also the worry of hacks and ransomware. We conducted a detailed Penetration Testing exercise during the year. That triggered a number of actions to enhance our security.

Health Information and Quality Authority (HIQA)

Despite the financial headaches arising from their decisions, we volunteered a HIQA inspection of our rehabilitation services. The HIQA remit is being extended beyond residential care, to licencing of general hospital activity. They sought volunteers for a trial inspection and we obliged. A team of inspectors undertook a detailed review of a range of performance areas and overall, the Hospital did very well. It will be useful experience for our future inspections.

Friends of RHD

I would like to thank the Friends for their on-going support. A very significant donation this year was a Danish electric tri-shaw, which enables us to take residents and patients out on the grounds for a cycle, to get the wind in their hair!

Staffing

The quality of our staff is reflected in the wide range of studies and audits that get presented at national and international fora. I am delighted that departments have been represented at national physiotherapy and occupational therapy conferences, as well as at the key national Irish Geriatric Society annual meeting.

As ever, there are ongoing changes in personnel. We said goodbye to Assistant Director of Nursing Marie Smith, who moved to Tallaght University Hospital after 17 years of service. We wish her every success in her new role. We were joined by our new Assistant Director of Nursing, Saverio Brusca and we welcome him and wish him the best in his RHD future. Three key personnel took maternity leave; congratulations to them on their new arrivals!

Finally, may I thank all my colleagues for their support during 2022. It is a great privilege to serve as CEO.

Conor Leonard
CEO

Medical Director's Report

It gives me great pleasure to provide you with my report for 2022. This was a year where Covid lingered and continued to make its presence felt. We had a number of small outbreaks which thankfully did not cause severe illness for our patients and residents.

However it did cause great inconvenience to them and their families. Once again our wonderful RHD healthcare and support staff did their utmost to support patients with kindness and dedication. We continued to allow visiting to all areas of the Hospital.

Our Residential service continues to care for many residents who have complex medical and nursing care needs. Where possible all medical complications are managed in house and advanced care planning is an important component of our care. The physical environment in the multi-occupancy rooms remains a challenge around privacy and dignity and peer to peer interactions. A refurbishment programme is ongoing to improve quality of this accommodation. Notwithstanding our deficits in physical environment our residential beds are still in demand. Residents are under the care of a consultant geriatrician and have access to a multidisciplinary team (MDT) as well as our excellent activities programme. Discussions are ongoing with our local GP Practice, Morehampton Clinic, to provide day to day medical cover to our residents.

In 2022 there were 475 admissions to our four Consultant-led multidisciplinary rehabilitation units. The Rehabilitation Coordinator, as a single point of contact, has increased the 'flow' of patients from the Acute Hospital. Both internal and external pathways and processes continue to improve. A noticeable feature of older patients admitted to all our rehabilitation services is that they are frailer with multiple medical comorbidities than pre-Covid. We have a number of patients who have reached a new functional level and do not require active rehabilitation but have to remain with us to wait for extra community supports, housing adaptations or nursing home placement. A small but increasing number of our patient have a deterioration in

their clinical condition and become end of life.

In February the Hospital had a scheduled Health Information & Quality Authority Inspection of our rehabilitation services. Overall, the outcome was very positive. The inspection focussed on four key risk areas, infection control, medication safety, transitions of care and the deteriorating patient. RHD subsequently set up a deteriorating patient working group, which meets monthly. All patients who are at risk of deteriorating are discussed, along with acute hospital transfers. Education and training of The ISBAR (Identification, Situation Background and Recommendation) clinical handover tool is being given to nursing staff.

Our Pharmacy service has been externally provided for a number of years. Early in 2022 we had to unexpectedly switch to the services of a new pharmacy provider, Stacks Pharmacy. This transition has been a significant piece of work, especially for nursing and medicine. We subsequently chose to change our electronic prescribing system to Stacks own system. The medication management group meets monthly and has worked hard to ensure safe and effective prescribing, greatly aided by this new e-prescribing system. All medication errors, near misses and other opportunities to improve quality of service are reviewed regularly with the new pharmacy provider.

There continues to be challenges with medical staffing with gaps in service delivery appearing more frequently. This is reflective of all hospitals. Our MDT Rehabilitation team has been without dietetic or podiatry support for periods, which impacts on type of patients that we accept. Notably we were successful in recruiting a very experienced psychologist who is now a valuable member of our MDT. A number of Quality



Improvement projects were progressed during the year. These include a hip fracture group which is a collaboration with St. Vincents University Hospital. Our own initiatives include local ward-based projects such as a daily 'ward walk' and a novel 'Ready Steady Home' programme that prepares patients for leaving the hospital. The ongoing teamwork and collaboration between our nursing, medical and health and social care professionals, supported by all members of the Hospital staff, is at the core of what makes RHD a special place to be a patient or a resident.

A very warm thank you, to each and every one of you.

Dr. Lisa Cogan
Medical Director

Director of Nursing Report

The role of the Director of Nursing is to provide leadership for our nursing staff and to provide direction and support implementation of the Hospital strategy.

The role also encompasses

- Leading the nursing team, in demonstrating compassion through effective relationships based on empathy, respect and dignity
- Drive the delivery of excellent clinical standards of care, to maintain a proactive culture and to demonstrate clinical effectiveness and continuous quality improvement in nursing.

2022 has been a very successful year for the Department of Nursing, Quality & Risk. Many initiatives, processes and projects have been enhanced and introduced. One of the most significant enhancements to the service is the roll-out of a full suite of auditing across the department. This has been possible through the support of local ward managers. It has brought us valuable data, highlighting areas of high standards and areas where improvements are required. Average compliance with auditing across the department is 90.7%, a figure we could not have achieved without our staff, who always aim for excellence in quality and patient/resident care.

HIQA inspections during the year highlighted areas for improvement in our residential centre. We are delighted to confirm that in November a construction team commenced on site to bring our resident rooms into compliance with modern standards, with increased comfort and space for our residents. This work is aimed for completion in summer 2023.

We were delighted to bring our Occupational Health Service back in house in 2022, with the appointment of a Clinical Nurse Manager 3 to manage this service. This is a fantastic service to support staff and we look forward to the development of this service in the future.

Our Volunteer Service recommenced after a hiatus during Covid-19. This service was very

much missed by the residents, patients and staff and it is fantastic to have the support of new and returning volunteers. At year-end we have over 40 active volunteers working throughout the service.

The Covid-19 pandemic continued throughout 2022. At times it created significant strain and curtailment within our services. We encountered multiple outbreaks throughout the year, all of which were dealt with and managed effectively by our various teams. The commitment to RHD was very evident and we wish to thank all staff for their support and dedication.

2022 saw the introduction of the Clinical Site Nurse Management team. This role is a development from the previous "Nursing Office". This team has expanded and now comprises 5 full time CNM2 grades. A member of this team is on duty 24 hours a day, 7 days a week, 365 days a year to support the daily operations of the wards and to provide clinical support to nursing teams and management across the hospital. It is hoped to further develop this role in 2023.

Following significant challenges with our previous pharmacy provider, we were delighted to get on board with Stacks Pharmacy and their e-prescribing system 'DigiCare'. The team at Stacks are fully committed to support the hospital improve all our processes. Our medication management system was made electronic for all stages of medication management. This has resulted in increased oversight of our medication management system and ultimately a safer environment for patients, residents and staff.

Throughout the year the Catering Department have made great strides to achieve high standards. The developments in this area have resulted in very positive Environmental Health Officer reports and increased choice for patients and residents.



Many more initiatives are planned for 2023. To close out 2022 I would like to take this opportunity to thank all staff in the department and those who continuously support the department. Without the support we could not achieve the high standards of care for our patients and residents.

John Lavelle
Director of Nursing

Rehabilitation Nursing Report

I am proud to have joined The Royal Hospital Donnybrook in November 2022 as Assistant Director of Nursing for the Rehabilitation Services. I could certainly feel the welcoming atmosphere from all staff across the various departments.

Despite the venerable age of the building, I discovered a very dynamic environment. This is reflected in all the practice and process changes undertaken throughout the year. The Nursing Management Team was reshaped, and now has enhanced structure and roles.

The end of the 2022 hopefully represented the exit from the pandemic challenges. During this year our nursing staff dealt professionally, and with a commendable dedication, to maintaining the patient at the centre of the care.

The rehabilitation services continued smoothly, in the 'SPARC' unit (Short-term Post-Acute Rehabilitative Care), the General Rehabilitation Unit and the specialist units of the Stroke and Neurorehabilitation services. Each has its distinct character and works in a network internally and externally, with the referring Hospitals.

SPARC unit

The SPARC unit provides rehabilitation for patients over 65 years, with the goal of achieving the best functional level of independence. The service is provided in 30 beds and the approach

is multidisciplinary and enhanced by tailored individual and group activities. Patients interact socially as part of the rehabilitation process. In SPARC it is striking that patients rarely stay in bed for long, as they are involved in many activities through the day. The availability of a dedicated dining-room greatly adds to the unit. It provides an enjoyable experience for our patient having their meals: the focus remains on the positive social aspect of dining, whilst also helping us to ensure that their nutrition is adequate.

General Rehabilitation Unit

The General Rehabilitation Unit is a 30 bed unit and it provides services to adults 65 years of age and above with complex needs who tend to require a longer period of rehabilitation.

The aim is to help patients to achieve their maximum potential in physical, social and psychological aspects of their wellbeing.

All patients are positively involved in activities offered by Physiotherapist, Occupational Therapist and other professionals. Nursing Staff

Ready Steady Home	Practice of practical tasks for being at home e.g shopping in a supermarket
Early Risers	Ward-based exercise programme to start the day
Ward Walk Group	Peer supported indoor walking challenge
Fit2Function	Bending, stretching, reaching through the day to day activities like cooking
Balance Class	Reducing the risks of falls
Cognition Corner	Exercise resources for the mind available at ward level

maintain a safe environment, offer support and encourage patients to take part in individual and group activities in cooperation with other professionals.

Stroke Rehabilitation Unit

The Stroke rehabilitation unit offers 18 beds and has as primary goals to encourage and foster functional improvement and neurological recovery. Organised processes of care, timely rehabilitation and high intensity of rehabilitation therapies are important factors which have been identified as promoting better overall outcomes for individuals with stroke. Effective stroke rehabilitation programmes are characterised by a multidisciplinary team working cohesively and closely to provide a comprehensive and individualized rehabilitation programme for each patient. These programmes vary in terms of the types of therapies offered as well as their intensity and duration.

Specialist Neurorehabilitation Unit

The Specialist Neurorehabilitation unit is currently operating of 6 beds. It is a specialised neurological service for adults under 65 years of age with varying degrees of disability. The multi-disciplinary team caters for patients who have experienced a sudden decrease in their ability to look after themselves, following an acute neurological episode. It also provides a programme for patients with general deconditioning who have a chronic neurological condition.

Our philosophy of rehabilitation is to work with our patients to help restore and maintain the best possible level of functioning which will enable them to achieve their life goals. Our multidisciplinary team works with them, their families and friends to achieve their goals throughout their rehabilitation stay.

The care in the Rehabilitation services is improved also by the presence of a Tissue Viability Nurse on site ensuring that wound management process is managed timely and effectively. A constant presence of a CNS Infection and Prevention Control also had ensured a safe environment across all the units.

With the support of the Quality and Practice Development Department, audit and measurement of quality of care have continued, despite our challenges, to improve clinical practice. Nursing staff participated proactively,

reflecting an improved culture of professional nursing care. Through the year, staff responded with interest to internal and external training, academic courses and any opportunity for professional development.

Environmental audits and assessment have been performed through the 2022 in cooperation with our Quality and Risk Department, to make sure we met the safety and quality standards required.

The Royal Hospital also keeps its dynamism through external networks and innovation projects. In this regard I would like to mention with pleasure the partnership with UCD as nursing students continue to complete their specialist placement with us. The presence of the Nursing students promotes a continuous learning culture. I am quite sure that this will reflect in better clinical practice.

Nursing staff always strive to maintain and encourage a "rehabilitative", positive culture where the potential of each patient is empowered in order to maintain independence as much as possible. We could proudly state that thanks to the effort of all the MDT the very large majority of our patient are eventually discharged home. There is no doubt that the enthusiasm of our nursing staff, coupled with a holistic and person-centred approach has contributed to another year of success for The Royal.

I would like to thank all the staff across the Hospital for welcoming me into such a pleasant working environment.

Saverio Brusca
Assistant Director of Nursing

Day Hospital

The Day Hospital operates Monday-Friday and provides multidisciplinary specialist care to older adults requiring rehabilitation to improve their physical, cognitive and/or social function. Patients attend from home, either independently or by complementary hospital transport. We also provide outreach services.



In 2022 the Day Hospital provided over 2600 patient contacts, through a combination of attendances and tele-consultations via video links.

The unit is supported by a team of five consultants, four nursing staff, physiotherapy, occupational therapy, speech and language therapy, with input from dietetics and social work. Our essential admin support keeps the service working smoothly.

Key goals include:

- Admission avoidance – intervening to reduce risk of admission to acute hospital, or indeed RHD.
- Supporting patients post-discharge from SVUH and RHD.
- Empowering older adults to continue to live successfully and safely in their homes for as long as possible.

Performance Highlights from 2022

1. Successful restoration of the services and running without any closure (covid 19 remains a concerning factor).
2. Reconfiguration of our processes, resulting in a reduced waiting list from 3 months to 4-6 weeks.
3. A significant reduction in our 'Did Not Attend' rate.
4. The addition of of an emergency rehab pathway to enable patients to attend directly instead of going to an acute hospital.
5. Successful running of classes proved to reverse frailty of old age by our Physiotherapy team, Specialist interventions for Parkinson's patients by OT/SLT, Introduction of Music therapy as part of MDT interventions.
6. Nursing virtual consultations to facilitate independent community living.

The team continuously work on quality improvement to enhance our dynamic model of care. One of the biggest barriers to effective working is transport to the service; we hope to increase our transport service in coming years.

Anamica Pal
CNM II

Residential Annual Report

Our goal is to ensure that residents at RHD receive the highest quality care possible, enabling them to live their lives to the fullest. We strive to offer a secure and pleasant living environment that prioritises autonomy whilst focusing on safety and comfort.

RHD has a total of 50 residents in three units. These three units, along with the hospital kitchens, comprise part of the hospital referred by the regulator HIQA as the 'Designated Centre'. Both Ward 1 Cedars and Ward 2 Oaks have 19 beds apiece and cater to adults mostly over 65. The 12-bed Rowans Unit primarily cares for persons under the age of 65.

The needs of residents are served in every way possible, taking into account their physical, psychosocial, spiritual, and cultural requirements. A devoted team committed to providing person-centred care surrounds them. The coordination of a multidisciplinary team, under the direct supervision of our Medical Director, aims to enable the delivery of the best holistic patient care. It is a key tenet that no one person or field of study provides the breadth of expertise required to fully meet and address the numerous requirements of individuals who require care. The greatest standard of care is delivered to the residents through team-work, underpinned by our policies and procedures.

Operational Performance

The Services are evaluated by comparing to HIQA standards. HIQA carried out one inspection last year. The lay-out of two room reconfigured from 5 to 4 beds was carefully examined and broadly approved. HSE funding was obtained, and work commenced in November to convert the remaining 5-bed rooms to fewer beds, to fulfil the standards necessary to promote residents' privacy and dignity. This should be complete by mid-year 2023.

We are delighted to report that our interdisciplinary team of healthcare professionals, led by our nursing staff working closely with the medical team, healthcare assistants, physiotherapists, and social workers, continued to provide our residents with high-quality care. In 2022, 90% of our residents said they were

satisfied with the care they received. Our units also experienced a low rate of falls and other negative incidents, which reflects the exceptional focus of staff.

The care and social activities provided by our dedicated activity staff raises the standard of living for residents. We welcome participation of our residents, their family, and their friends, since it allows them to build and strengthen vital ties. Even though there were restrictions on activities in 2022, residents were still able to take part in small, inclusive ward celebrations like Halloween and Christmas parties, which included appropriate décor, festive food, beverages, and live music.

The Social Work team organise the Resident Forum meetings, which are now held every two months, so that residents should "have a say" in what concerns them. At this meeting, the Patient Advocacy Service team visits our residents to talk with them about their free, autonomous, and confidential advocacy services. Surveys are conducted every year to gauge resident satisfaction with care, the environment, and social living, the most recent of which was in November 2022.

To address their requirements in terms of religion or spirituality, all residents have access to pastoral care. People who are nearing the end of their lives (EoL) receive top-notch care, where possible in the company of their loved ones. If specialized services are required, we have help from our peers in the Community Palliative Care teams.

COVID 19 Pandemic

As the COVID 19 epidemic approached its third year, a booster immunization program was implemented. The vaccinations were enthusiastically received by our residents and staff alike. Despite having to deal with two outbreak situations in our centre in 2022, we were able to manage these safely, with no negative impact on our residents. Visiting by



loved ones was never interrupted, albeit residents, staff and visitors are now accustomed to the 'new normal' involving face covering, social distancing and sometimes virtual visiting. Public Health recommendations were meticulously followed to enable this.

Staff Learning and Development

Staff learning and continuous development are essential components of a successful organisation. It is the process of empowering employees to enhance their knowledge, skills, and abilities, which ultimately leads to better job performance and improved outcomes. The hospital management team strongly supports an environment that encourages continuous improvement and offers

regular instruction and training to all employees. Our dedicated nursing staff are always looking for ways to enhance nursing procedures and results.

Our goal is to ensure that residents at RHD receive the highest quality care possible, enabling them to live their lives to the fullest. We strive to offer a secure and pleasant living environment that prioritises autonomy whilst focusing on safety and comfort.

Eldho Aliyas

Assistant Director of Nursing/Person In Charge, Residential Service, RHD.

Occupational Therapy

Occupational Therapy (OT) is the use of assessment and treatment to develop, recover or maintain the daily living and work skills of people with physical, mental or cognitive disorders. Occupational Therapists focus on identifying and eliminating environmental barriers to independence and participation in daily activities by adapting the environment, modifying the task and teaching new skills.



The Occupational Therapy Department has 6 Senior Therapist and 4 Staff Grade Therapists. We also have 2 OT Assistants, who are vital in assisting with patient therapy sessions. OT's usually start the day by helping patients regain the ability to undertake self-care tasks such as washing and dressing, but the role of OT is so varied, as each patient will have individual therapy goals. Interventions include enabling patient to regain independence with meal preparation, or community integration to improving cognitive skills such as managing finances. We problem solve every-day tasks that can be so difficult after a serious illness

Our Occupational Therapist are all trained in completing complex seating assessments and they utilise our Seating Clinic daily. OTs look to enhance the quality of life for our residents. We are actively engaged in multisensory programmes and we facilitate return to education for patients of all ages, as appropriate.

Initiatives in 2022

Ready Steady Home

Appropriate patients are taken out into the community to see how they can function safely mobilising outdoors, within shops or on public transport. Patient feedback has been exceptional and data collection proved this was a value therapeutic intervention. This project was present at the OT National Conference and won an award.

Continuous Professional Education was a priority in 2022. OTs were able to attend training in Upper Limb Rehabilitation, Cognitive Rehabilitation and two staff members completed the Quality Improvement in Action course through The Royal College of Physicians.

Practice Education in association with Trinity College Dublin

RHD is one of only five Dublin clinical sites that have a part-time designated Tutor for Trinity College Dublin (TCD) OT education. We offer clinical placements for OT students from all four years of the degree course. In 2022 we facilitated 12 students from TCD.

Action Van Service

This service is an exemplar of a collaborative, integrated approach to increasing patient safety and facilitating discharges home from hospital. Managed by the RHD Occupational Therapy department, this HSE-funded service serves four OT departments in the hospitals in South Dublin, including St. Vincents University Hospital and two community areas. Each can prescribe the installation of essential equipment or minor adaptations to the home environment, which are then provided quickly and free of charge by the 'Action Van'. This facilitates a safer and faster discharge. In 2022 there were 360 referrals to this very busy, unique service.

Jo Cannon

Occupational Therapy Manager

Physiotherapy Report

The physiotherapy department works across the whole hospital. Our team consists of one manager, one clerical officer, five Senior Physiotherapy staff, one Senior Physiotherapy Clinical Tutor staff, six staff grade physiotherapists and five Physiotherapy assistant staff.

Our departmental Vision is “To advocate, enable and empower our patients to achieve their optimal wellbeing; To provide excellence in clinical care, through education, training and innovation; To deliver a holistic patient centred approach through collaborative teamwork within our integrated care campus”.

In 2022, as Covid-19 restrictions eased, we welcomed returned increased activity across all services (28.9% increase in new patient assessments and a 78.3% in patient treatments, comparison with 2021 data). We saw approx. 300 new patients and provided 10,098 patient contacts across all in-patient rehabilitation services. In the Day Hospital we saw 287 new and provided 2,563 patient contacts, plus we ran an experimental ‘spasticity’ clinic. We provided 5 assessments and 772 treatment session in residential services. We also were delighted to be able to start new and restart previously established local service initiatives. Currently we have approx. 17 classes/groups running on a weekly basis, including progressive resistance training (PRT),

- Cardiovascular retraining,
- ‘OTAGO’ based classes,
- stroke and neuro specific classes,
- music therapy-based exercise classes
- Ward walks

Some of the key highlights for 2022 have been:

- Very high patient satisfaction levels with the Physiotherapy service across all units through analysing quarterly feedback questionnaires data and service user information sharing days.

- > 94% compliance against National regulating Health and Social Care Professional body (CORU) documentation standards, through completion of biannual staff documentation audits in all areas.
- 100% compliance of all Physiotherapy staff obtaining CORU registration.
- > 90-100% average compliance with Online MEG monthly departmental health and safety audits in conjunction with local health and safety group.
- > 80% compliance across all Mandatory training requirements with inclusion of open disclosure training modules in 2022. Physiotherapy staff continue to play an active role in promoting and organising Manual handling and People handling staff training hospital wide including providing advice regarding hoist and sling equipment in conjunction with service Manager.
- Continued involvement of the all physiotherapy staff in local hospital wide groups in conjunction with all our colleagues. Physiotherapy staff contribute to NOCA Hip fracture database as part of Hip fracture group. We also played a vital role in the fall prevention group, through providing fall education initiatives and completing falls documentation audits in 2022. Many members also contribute to the local Dementia & Delirium, LGBTQ+. HSCP and pressure ulcer groups, Furthermore the health and wellbeing of every staff member in



hospital has always been at the forefront and physiotherapy staff have taken the lead in driving many local projects through the Hospital wellness group to support the physical and psychological health of staff in collaboration with occupational health.

- Re-commencement of student placements including securing 1 year funding for part-time Senior Physiotherapy Clinical Tutor post which has led to Increased capacity for Practice Education placements for Trinity College Dublin students, with three times more student placements (n=16) being provided on both RHD and PHC clinical sites in 2022.
- A very successful World Physiotherapy Day event promoting the profession and also providing education and management of osteoarthritis to patients, resident and staff.
- We also introduced a new local physiotherapy staff handbook and buddy system to help

orientation and welcome all new team members in conjunction with local induction and probation procedures.

- Our local equipment group also led an upgrade of our local storage areas ensuring leaner processes of storing equipment and through promotion of monthly departmental stock takes.
- Continued respiratory weekend sessions as appropriate during COVID19 outbreak(s)
- Promotion and development of the physiotherapy department digital health capacity with transferring to Outlook 365 incorporating new Physiotherapy SharePoint Website and promotion of MS teams, and OneDrive use locally for file storage.

continued...

Physiotherapy Report / continued

CPD/Publications/Research/QI/Audit(s)

Our local research and development group had a very successful year again, with 10 poster and oral presentations nationally and internationally at various conferences (ISCP, IGS and ACPIN conferences respectively). Also, in preparation of 2 yearly CORU CPD auditing, Physiotherapy staff completed a local mock CORU CPD points audit with 100% compliance with required CPD points and reflection process being demonstrated. Various CPD events for all staff occurred including 16 general in-services, various student presentations, PT assistant education series and promotion of online HSE-Land frailty and STAR programmes. We also ran a very successful end of rotation presentations, with 6 staff presenting on recent service developments and QI projects last July. We also have kept up good working relationships with the ISCP clinical interest group, CPNG, through providing onsite support for a recent vestibular course. The department plans to run more ISCP courses next Jan 2023. Finally, we updated our local Supervision and CPD policies to help support staff supervision, CPD and PPDs at all levels.

Friends funding

The physiotherapy department would also like to formally thank the Friends of RHD for providing 4 motomed cycling equipment to the department in 2022

I would like to acknowledge and thank every staff member for their commitment, going above and beyond every day and their resilience in the face of extraordinary times. Despite the disruptions of a global pandemic, we should all be proud that collectively, we have achieved ambitious plans for the future of the organisation. I would like to extend my warm appreciation for the work and support from Conor Leonard, the Hospital Management Team, The Friends, all Physiotherapy staff and each our colleagues this year, including investing in the infrastructure, continuing to develop post-acute rehabilitation services which without doubt impact positively on patients' lives.

Elaine Ross
Physiotherapy Manager

Speech & Language Therapy

The Speech & Language Therapy team is one of the smaller teams in RHD, with just under 4 full-time staff - but it is very dynamic! The team provides assessment, therapy, advice and support to people with difficulties in communication, eating, drinking and/or swallowing. To do this, we use evidence-based and innovative therapy techniques and resources.

Working in close partnership with our multi-disciplinary colleagues, we always strive to make positive differences in people's everyday lives and to promote a culture which supports patient and resident well-being.

Some 2022 Service Highlights in Speech & Language Therapy

We provided a therapeutic service to 178 people across our hospital services. We were also busy facilitating student placements for trainee Speech & Language Therapists, attending CPD courses (Clinical Professional Development) to develop our skills and enhance our services, participating in audit, providing education for hospital staff and presenting some of our work outside the organisation, all whilst continuing initiatives started previously and adding new ones also. Some examples:

'Connections Group' for residents. A joint Speech & Language and Music Therapy initiative to support conversation and engagement.

Dysarthria Support Group in Day Hospital, facilitated by Speech & Language Therapy.

Aphasia Group for in-patients, facilitated by Speech & Language Therapy.

Parkinson's Group Experimental interdisciplinary group to support patients with Parkinson's Disease in Day Hospital. Jointly facilitated by 4 disciplines – Speech & Language, Physio, Occupational and Music Therapy.

Dysphagia Days Team Education Days for all staff on how to support people with difficulty eating, drinking and/or swallowing.

IGS (Irish Gerontological Society) Conference 2022 Our team submitted 2 abstracts for presentation at the IGS conference, both relating to interdisciplinary initiatives:

1. The Stroke Team's Patient-Centred Goal Setting Framework and Process.
2. 'Our Language': An initiative to promote use of more person-centred language across the hospital. Both abstracts were accepted.

The Speech & Language Therapy team has thoroughly enjoyed working with patients, residents and multi-disciplinary colleagues in the Royal throughout 2022. We look forward to continuing the good work to provide a quality, person-centred service to all our patients and residents in 2023.

Rosanne Staveley
Speech & Language Therapist Manager

Medical Social Work

The Medical Social Work (MSW) department provides psychosocial and practical support to patients/residents and their relatives/friends during their stay.

This can include emotional support with life changes or events, thinking about or planning for the future, assistance accessing services, advice on entitlements, support with decision making, addressing concerns about the person's welfare or safety. Central to our philosophy is to uphold the rights of each individual and to maximise his/her potential for independence and self-determination.

During 2022 the MSW team worked collaboratively both internally and with external HSE key stakeholders including Home Support Services, Safe-Guarding Protection Teams, Community and Disability Services, to achieve the goals of each patient and resident.

With the introduction of a new referrals system we could continue to monitor caseloads to ensure prompt response and prioritisation.

Other initiatives included -

Lesbian Gay Bi-Sexual & Trans-gender group (LGBT):

Development of educational sessions, use of Pride Month to promote inclusion, amendment of RHD policies & practices, continued liaison with LGBT Ireland for support & guidance.

Music therapy

We were delighted to be successful in a funding application to the Friends of RHD to introduce Music Therapy for patients and residents. MSW facilitated the introduction, set-up and continued support of this hugely beneficial service.

Cycling Without Age

We were delighted to obtain funding from Friends of RHD for a 'Trio' bike for our residents/patients. We organised the purchase of the bike and set up pilot training through Cycling Without Age.

Residents Forum

Quarterly facilitation of the Residents Forum. The forum is open to all residents and is an opportunity to address any issues, share information and discuss any possible improvements we can make to our LTC.

End of Life (EoL) Care

Chaired by MSW team member, the EOL Working Group carried out a review in 2022 of membership/function. Goals identified included increasing representation from wards/units and to increase the number of CEOL (Compassionate End of Life reviews) facilitators.

An application for funding was made to the IHF Design and Dignity Scheme for refurbishment and reconfiguration of our Mortuary as a 'Bereavement suite'.

ADMCA (Assisted Decision Making Capacity Act)

MSW set up and chaired the ADMCA Working Group. The group will lead out on the preparation for and embedding of this important new legislation in our service provision and practice.

Safeguarding

We chair the Safeguarding Steering Group and the Designated Officers group and maintain a secure database to ensure records are maintained appropriately. We developed a patient/resident easy-read leaflet, a Child Safeguarding Statement and information display, and updated the hospital Safeguarding policy and procedures.

Care Planning Meetings

MSW team developed Person Centred CPM Guidelines for use by all MDTs, to ensure the person's wishes are at the centre of all we do and how we do it.



Goal Planning Initiative

MSW worked with all our rehabilitation professions, to develop goal planning processes and 'Our Language' workshops for Stroke Rehabilitation staff

Hospital strategic/operational projects

Through representation on the HMT the department continued to contribute to future planning of services.

Training/Continuing Professional Development

The Department maintained compliance with mandatory training. Other training included ADMCA, Navigating Conflict, Disenfranchised Grief, CEOL Networks, CEOL Facilitation, Participation in Health & Social Care Professions and the Staff Wellness groups.

The MSW team looks forward to 2023 and contributing to making what we do in RHD the very best it can be.

Aoife O'Neill
Principal Medical Social Worker



Summary Financial Information

for the year ended 31.12.22

The full Report and Financial Statement, with the accompanying notes and Independent Auditor's Report will be available after the Annual General Meeting on the Hospital's website, www.rhd.ie, or by phoning the Corporate & Patient Services Office at (01) 406 6629.

The Hospital's Annual General Meeting will take place in the Hospital Concert Hall at 5.00pm on Thursday 28 September 2023

Income and expenditure account for the year ended 31.12.22

	Unrestricted Funds	Restricted Funds	2022 €	2021 €
Income from				
Charitable activities	-	25,557,306	25,557,306	22,798,124
Donations and legacies	18,248	-	18,248	38,148
Investment Income	29,013	-	29,013	29,032
Total income	47,261	25,557,306	25,604,567	22,865,304
Expenditure on:				
Charitable activities	102,895	24,414,957	24,517,852	22,826,752
Other expenditure	79,165	-	79,165	102,432
	182,060	24,414,957	24,597,017	22,929,184
Net income	(134,799)	1,142,349	1,007,550	(63,880)
Transfer between funds	434,000	(434,000)	-	-
Other recognised gains/ (losses)				
Other gains/ (losses)	-	-	-	-
Net movement in funds	299,201	708,349	1,007,550	(63,880)
Reconciliation of funds:				
Total funds brought forward	2,238,572	473,951	2,712,523	2,776,403
Total funds carried forward	2,537,773	1,182,300	3,720,073	2,712,523

All the activities relate to continuing activities.
There are no recognised gains and losses other than as stated above.
Certain comparative amounts have been restated where necessary to conform with current period presentation

On behalf of the board of management

Conor O'Connor
Colm Moloney

Balance Sheet for the year ended 31.12.22

	2022 €	2021 €
Fixed assets		
Tangible assets	2,241,264	1,910,159
Current Assets		
Funding Due - HSE	3,424,680	2,344,082
Receivables and Prepayments	391,888	263,008
Cash and cash equivalents - Patient funds	381,171	379,630
- Hospital funds	1,133,786	1,543,588
	5,331,525	4,530,308
Creditors: amounts falling due within one year Payables and accrued expenses	(3,471,545)	(3,348,314)
Patient funds	(381,171)	(379,630)
	(3,852,716)	(3,727,944)
Net current assets	1,478,809	802,364
Total assets less current liabilities	3,720,073	2,712,523
Creditors: amounts falling due within one year Payables and accrued expenses	-	-
Total Net assets	3,720,073	2,712,523
The funds of the charity:		
Unrestricted funds	2,537,773	2,238,572
Restricted funds	1,182,300	473,951
Total charity funds	3,720,073	2,712,523

Certain comparative amounts have been restated where necessary to conform with current period presentation

On behalf of the board of management

Conor O'Connor
Colm Moloney

List of Governors 2022

Mrs. Yvonne Acheson
 Mrs. J. Ansell
 Ms. Fiona Ashe
 Ms. Tania Banotti
 Ms. Deirdre-Ann Barr
 Mr. Roy Barrett
 Mr. Charles Barry
 Ms. Myra Barry
 Mrs. Barbara Baynham
 Mr. Walter Beatty
 Mr Keith Blackmore
 Mr. R. Blakeney
 Dr. Alec Blayney
 Ms. Lainey Blayney
 Dr. Paul Brady
 Prof. Niamh Brennan
 Mrs Loretta Brennan-Glucksman
 Mr. James Breslin
 Dr Brian Briscoe
 Dr. David Brophy
 Mr. David Burnett
 Mr. Douglas Burns
 Mr. Alex Burns
 Ms. Daire Byrne
 Mrs. Joyce Byrne
 Mr Paddy Byrne
 Ms. Margaret Cagney
 Mrs. Ruth Carnegie
 Mr. David Carrigy
 Mr. John Carroll
 Mr. Harry Carroll
 Mr. J.D. Carroll
 Dr. Marguerite Carter
 Mr. David. P Clarkin
 Mr. Stephen Cloonan
 Judge Patrick Clyne
 Mr. Charles Coase
 Mr. Mark Collins
 Mr. Anthony. E. Collins

Ms. Anne Connolly
 Mr. AlanCooke
 Ms. JoanCostello
 The Hon. Ms. Justice Caroline Costello
 Mrs. Catherine Coveney
 Ms. Lucinda Creighton, T. D.
 Mr. Vincent Crowley
 Mr. Frank Cunneen
 Mr. Declan Cunningham
 Mr. James Darlington
 Mr. Sean Davin
 Mr. Joseph Davy
 Mr. Michael Dawson
 Mr. John de Vere White
 Ms. Ruth Deasy
 Mr. Hubert Dennison
 Dr. Audrey Dillon
 Ms. Connie Dowling
 Mr. Mark Doyle
 Mr. Mick Dwan
 Mr. Derek Earl
 Ms. Emily Egan Mcgrath
 Mrs. Audrey Emmerson
 Mr. Rodney Evans
 Mr. Patrick Ewen
 Ms. Denise Fanagan
 Ms Alison Fanagan
 Ms. Kaye Fanning
 Prof. Ronan Fanning
 Mr. Rossa Fanning
 Mrs. Flo Fennell
 The Hon. Ms. Justice Mary Finlay Geoghegan
 Mr. Vincent Finn
 Mr. Mark Fitzgerald
 Mr. Michael Forde
 Mrs. Sylvia Fry
 Dr. Graham Fry

Mr. Pascal Fuller
 Ms. Maureen Gaffney
 Mr. Jim Gahan
 Mr. Colm J. Galligan
 Ms. Alyson Gavin
 Mr. Cecil Geelan
 Ms. Ita Gibney
 Ms. Jill Gibson
 Mr. David & Mrs. Catherine Gibson Brabazon
 Ms. Catherine Gibson Brabazon
 The Honourable Mr. Justice Paul Gilligan
 Mr. Eamonn Glancy
 Mr. Michael Gleeson
 Mr. Peter Gleeson
 Mr. Pat Glennon
 Mr. E.R.A. Glover
 Mr. George Good
 Mr. Billy Gorman
 Mr. Alan Gough
 Mr. Hugh Governey
 Mr. Alan Graham
 Miss D. Graham
 Rev Alastair Graham
 Dr. Marie Elaine Grant
 Mr. Randal N. Gray
 Mr. Gerald Griffin
 Mr. Niall Gunne
 Mr. David Gunning
 Rev. Sonia Gyles
 Miss Ruth Handy
 Mr. John Harris
 Mr. Tom Hayes
 Mr. Ivan J. Healy
 Mrs. Eithne Healy
 Dr. Carmencita Hederman
 Mr. Eugene Hillery
 Mrs. Miriam Hillery

Dr. Claire Hogan
 Mr. John Hogan
 Mr. Laurence J. Holmes
 Judge Seamus Hughes
 Ms. Kathleen Hunt
 Dr. Una Hunt
 Mrs. Ruth Hurson
 Ms. Gemma Hussey
 Ms. Noella Hynes
 The Hon. Ms. Justice Mary Irvine
 Ms. Paula Jennings
 Mrs. Olive Jones
 Mr. Padraic Jordan
 Prof. Michael Keane
 Dr. Erika Keane
 The Hon. Mr. Justice Nicholas Kearns
 Mr. James Kelly
 Mr. Patrick Kelly
 Mr. Peter F. Kelly
 Mr. Patrick Kelly
 Mr. Niall Kelly
 Dr. Donal J. Kelly
 Mr. Jerry J. Kelly
 Mr. Frank Kennedy
 Mr. David Kennedy
 Miss Rosaleen Kennedy
 Mr. Charles Kenny
 Dr. Brian Keogh Dr. David Kevans
 Mrs. Gladys Kingston
 Cllr. Dermot Lacey
 Mr. John Lacy
 The Hon. Miss Justice Mary Laffoy
 Mr. Peter Ledbetter
 Mr. Victor Levingstone
 The Venerable Gordon Linney
 Mr. Jerry Liston
 Mrs. Helen E. Lowe
 Ms. Caroline Lundy
 Ms. Aine Lynch
 Mr. Brendan Lynch
 Mr. Peter Lynch

Mrs. Patricia Madigan
 Ms. Mary Mallon
 Mr. David Martin
 Mr. Michael Maughan
 Mrs. Gemma Maughan
 Mrs. Marcella Maughan
 Mrs. Margot McCambridge
 Ms. Dorothy McCann
 Cllr. Paddy McCartan
 Mr. Jim McCarthy
 Prof. Geraldine McCarthy
 Ms. Michele McCormack
 Mr. Timothy McCormick
 Ms. Sunniva McDonagh
 Mr. Brendan McDonald
 Mr. Lonan McDowell
 Mr. Michael McDowell
 Ms. Christine McElhinney
 Mr. Paul McEnroe
 Ms. Patricia McGettrick
 Mr. Patrick McGilligan
 Dr. Noel McGrath
 Mrs. Olive McGuckin
 Mr. Paul McLaughlin
 Mr. Paid McMenamin
 Mr. Paul McQuaid
 Mr. Donald P. McShane
 Mrs. Mary Geraldine Miller
 Mr. Matt Minch
 Mr. Tony Mulderry
 Judge Catherine Murphy
 The Hon. Mr. Justice Francis Murphy
 Mr. Mark W. Murphy
 Mrs. Margaret Murphy
 Mrs. T. Murphy
 Ms. Orla Murphy
 Mr. Eoghan Murphy, T. D.
 Mr. Gerard Murtagh
 Mr. Liam Nicholl
 Mrs. Katherine Nixon
 Mr. John D. Nunan

Mgr. Lorcan O'Brien
 Ms. Cathy O'Brien
 Ms. Moira O'Brien
 Mr. Jim O'Callaghan, S. C.
 Mr. Roland O'Connell
 Mr. Conor O'Connor
 Mr. Tom O'Connor
 Judge John O'Connor
 Mrs. Susan O'Connor
 Cllr. Claire O'Connor
 Mr. Michael G. O'Connor
 Mr. John O'Donnell
 Mr. Marc O'Dwyer
 Dr. Annemarie O'Dwyer
 Dr. Alan O'Grady
 Dr. Ann O'Grady-Walshe
 Mrs. Clare O'Halloran
 Mr. Desmond O'Halloran
 Ms. Maire O'Higgins
 Dr. Nial O'Leary
 Mr. John O'Leary
 Ms. Rosemary O'Loughlin
 Ms. Laura O'Mara
 Ms. Niamh O'Regan
 Mr. John O'Reilly
 Mr. Kenneth O'Reilly Hyland
 Mr. Paul O'Reilly Hyland
 Mr. Kenneth O'Reilly Hyland Junior
 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
 Ms. Liz Quinn
 Ms. Brenda Quinn
 Mr. Lochlann Quinn
 Mr. Oisín Quinn, S. C.
 Mr. Ruairi Quinn, T. D.

List of Governors 2022 / continued

Mr. Brian Ranalow

Dr. Fintan Regan

Mr. W. J. Reid

Ms. Cathy Reynolds

Mr. Graham Richards

Ms. Joyce Rigby-Jones

Dr. David Robinson

Mrs. Breda Ryan

Mr. Derek Scally

Ms. Edwina Scanlon

Mr. Brendan Scannell

Mr. Frank Scott Lennon

Mr. Sean Sexton

Mrs. Ruth Shanahan

Mr. H. K. Sheppard

Mrs. Jeremy Sherwell-Cooper

Mr. Tom Shields

Ms. Philomena Shovlin

Mr. David Simpson

Mr. James Simpson

Mr. Harry Simpson

Mr. Ian Slattery

Prof. Susan Smith

Mr. Barry Smyth

Ms. Jacqueline Smyth

Mr. Victor Stafford

Ms. Katrina Strecker

Mr. Colin Sullivan

Ms. Steph Sullivan

Mr. Garratt Sullivan

Mr. G. J. R. Symes

Mr. Malcolm Taylor

Ms. Heather Tennant

Mr. Gary R. Tennant

Mrs. Sylvia Tennant

Mr. Norman Thompson

Mrs. Rosemary Thompson

Mr. Donal Thornhill

Ms. Maura Thornhill

Mr. John Tierney

Ms. Mary Tunney

Mr. Anthony Twomey

Mr. Stephen Vernon

Mr. Arthur Vincent

Mr. C. Garrett Walker

Ms. Helena Walsh

Cllr. Barry Ward

Mr. John White

Mr. Gerry White

Mr. Joseph A. Whitten

Ms. Brenda Wilkes

Ms. Jane Williams

Mrs. Maeve Woods

Mr. James Wyse

Mrs. Susan Wyse

Mr. Mark Younge

RHD

The Royal Hospital Donnybrook

Dublin 4, Ireland

Telephone: +353(0)1 406 6600

email: info@rhd.ie

www.rhd.ie