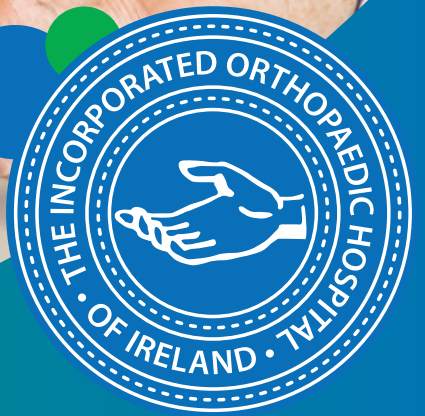




Clontarf Hospital

Annual Report
2025

*Excellence in
Rehabilitation Care*



HOSPITAL HISTORY

Our Founder - 1876

Dr. Robert Lafayette Swan founded a hospital in 1876, to treat children with orthopaedic and bone conditions. Initially, he operated from his house on Ushers Island, Dublin 2. The hospital moved to Great Brunswick Street and then to Merrion Street.

The Era of Paediatric Orthopaedics (1876–1940s)

Rehabilitation involved long stays, fresh air on the famous verandas, and physiotherapy in some of Ireland's first hospital gymnasiums. Due to the length of stay, the hospital became a community, adding a school in 1911, a dental clinic, and even a Girl Guides troop.

The Move to Clontarf (1942)

The mid-century move to Blackheath House allowed the hospital to scale up. In the 1950s, new funding built a dedicated Nurses' Home and expanded the gymnasium, solidifying the hospital's reputation as a centre for recovery.

The Pivot to Adult Rehabilitation (1970 onwards)

By the 1960s, better nutrition and medical advances meant fewer children suffered from the conditions of the past. In 1972, the Hospital Board made the strategic choice to pivot to adult orthopaedic rehabilitation. This eased the burden on major hospitals like the Mater and Jervis Street. The 1996 and 2009 redevelopments turned the old "veranda" style wards into a modern 160-bed facility.

Today

Today, the hospital remains a cornerstone of the Dublin North and East region, specifically focusing on the complex rehabilitation needs of adults with neurological and orthopaedic conditions and older persons rehabilitation.

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In 2025,
the overall patient
experience score was

9.5
out of 10.

***"A genuine and caring
experience that can only be
described as exceptional"***
- Patient, Clontarf Hospital 2025

***"Thanks to every member of staff
who are doing amazing work and
helping me through my rehab journey"***
- Patient, Clontarf Hospital 2025



SECTION 1

2025 OVERVIEW

Clontarf Hospital Services in 2025 at a glance



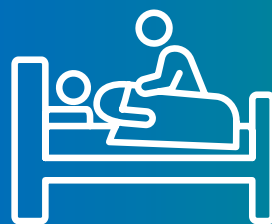
293

Whole time
equivalent staff



1,573

Patients
cared for



152

Beds



**31.2
Days**

Average length
of stay



21,146

Physiotherapy Hours



1,573

OT Patients Seen



1,298

Social Work Referrals



2,510

SLT Therapy Hours



620

Continence Assessments



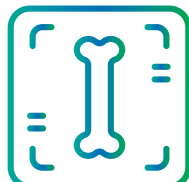
1,705

IPC CNS Referrals



977

Total Inpatient X-rays



1,996

Total Outpatient X-rays



810

Dietetic Referrals



685

Incidents Reported



9.5/10

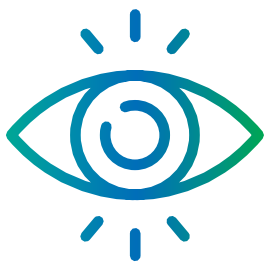
Overall Inpatient
Experience Score



95%

Medication reconciliation
on admission

Our Vision, Mission and Values



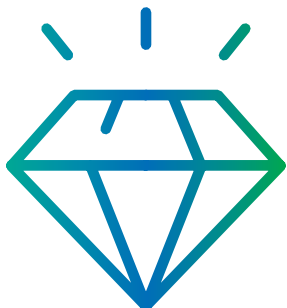
Our Vision

To be a centre of excellence in rehabilitation patient care supported by skilled and caring staff



Our Mission

To provide patients with timely access to personalised, innovative and effective rehabilitation care allowing them to achieve their optimum level of independence, health and wellbeing in their communities.



Our Values

Person-Centred Care

We care for our patients, their families and staff in ways which are meaningful and valuable to the individual patient, ensuring they are well-informed, involved and supported on their rehabilitation journey.

Integrity

We work in an honest, transparent and professional manner.

Trust

We strive to build trust with our patients, their families, our staff and our partner hospitals through open, honest and collaborative relationships.

Mutual Respect

We are committed to mutual respect between patients, staff and all who visit the hospital as well as respect for our environment and for sustainability.

Compassion

We are transparent, accountable and honest in all that we do, maintaining the trust placed in us.

Chairperson's Statement



Introduction

On behalf of the Board of Directors, I am pleased to present the Annual Report for Clontarf Hospital for the fiscal year 2025. This year has been defined by the remarkable resilience of our board and executive team, clinical innovation, an unwavering commitment to achieving our strategic objectives, and restoring hope and independence to our patients, with the commitment and dedication of our wonderful staff. Having taken over the Chairperson's role from Mr Aidan Gleeson in 2025, I would like to thank him for his dedication and commitment to Clontarf Hospital and for leading and developing the hospital through the post pandemic years. I would also like to welcome our new Chief Executive, Ms Loraine Kennedy who took up her post in 2025 and to thank Ms Michelle Fanning, the outgoing Chief Executive for her years of dedicated service to the hospital.

Elevating Patient Outcomes

Our primary mission remains the delivery of evidenced based high quality rehabilitative care. Over the past twelve months, we served our patients across our inpatient and outpatient programmes, achieving a high satisfaction rate in all national and local evaluations. Through the dedication of our multidisciplinary medical, nursing, health and social care, estates, catering, administrative, IT and managerial teams many individuals have successfully reclaimed their lives after life-altering injuries, illnesses and frailty.

Strategic Plan

To remain at the forefront of rehabilitative medicine, we developed our strategic plan 2025-2028 that focuses on enhancing patient centred care underpinned by robust governance structures, improving patient access to rehabilitation services, enhancing our workforce to meet service demands, developing our educational and research capacity and strengthening the hospitals rehabilitation services and stepping up to the sustainability agenda. These advancements ensure our clinicians can focus on optimising patient recovery.

Finance and Governance

Financially, the hospital remains prudent, although the reduction in VHI income continues to be a challenge for the hospital consistent with other hospitals. The Board continues to uphold the highest standards of governance, risk management, audit and clinical compliance to safeguard the future of our hospital.

Acknowledgements and Thanks

On behalf of the Board of Directors, I would like to express my deepest gratitude to Mr. Justice Maurice Collins, President of Clontarf Hospital, for his continued support and dedication to the hospital.

Many thanks to the outgoing Board members Mr Aidan Gleeson, Mr Desmond Stark, Mr William Whitford and Ms Johanna Doyle for their commitment and dedication to the hospital. I am delighted to welcome our new Board members Ms Nicola Mc Guinness, Mr Thomas McGrath, Mr Tommy MacDonnell and Mr Ian Maguire, who bring a wealth of experience and skills to the governance of Clontarf Hospital.

I want to express my deepest gratitude to our doctors, therapists, nurses, administrative and support staff, whose empathy and expertise drive our values and excellent care every day. I also thank the executive leadership team for their strategic vision, and our stakeholders for their continued trust and support. 2026 marks Clontarf Hospital's foundation 150 years ago, thanks to the vision and dedication of Dr Robert Lafayette Swan, of the Royal College of Surgeons of Ireland.

Looking Ahead

As we look to the coming year, our focus centres on delivering our strategic plan for the benefit of patients and to ensuring continuity of care long after a patient leaves our doors. Together, we will keep his legacy alive and continue to redefine the boundaries of rehabilitation services and empower our patients to build brighter futures.

Dr Geraldine Regan

*Chairperson of the Board of Directors,
Clontarf Hospital*

Board of Directors

Clontarf Hospital is governed by a Board of Directors, who give their time voluntarily and bring a wide range of expertise to the governance of the hospital. The Board is responsible for setting the strategic direction of the hospital and ensuring that the hospital operates in accordance with its charitable objectives. During 2025, the Board met eight times and oversaw the appointment of the new Chief Executive Officer, the launch of the new Strategic Plan 2025-2028 and the continued development of our rehabilitation services.

President	Mr Maurice Collins (Non-Director)
Board of Governors	Ms Eimear Christian Mr Aidan Gleeson, (Chairperson, Resigned on 30 June 2025) Ms Emma Horgan (Deputy Chairperson from 1 July 2025) Ms Ann Jackson Mr Ken Jordan Ms Celine McGillicuddy Ms Sinead Murray (Resigned on 27 February 2025) Mr John Byrne Dr Mairead Philips Dr Geraldine Regan (Resigned as Deputy Chairperson on 30 June 2025 and commenced as Chairperson on 1 July 2025) Ms Nicola McGuinness (Appointed on 28 January 2025) Mr Desmond Stark (Resigned on 1 January 2025) Mr William Whitford (Resigned on 29 August 2025) Mr Thomas McGrath (Appointed on 25 February 2025) Mr Thomas MacDonnell (Appointed on 25 March 2025) Ms Johanna Doyle (Board Member from 25 March to 18 July 2025) Mr Julian Maguire (Appointed on 25 November 2025)

Board Sub-Committees

The Board operates through five sub-committees, with the finance sub-committee meeting eight times per year and the other sub-committees meeting quarterly, with all reporting to the Board:

Sub-Committee	Chair
Quality, Safety and Risk Management	Dr Mairead Philips
Finance	Mr. John Byrne
Governance, Remuneration and Nominations	Ms Emma Horgan
Audit	Ms Emma Horgan
Ethics	Dr Geraldine Regan

Board Attendance Schedule 2025

Surname	First Name	Attended	Possible	% Attendance
Christian	Eimear	7	8	90%
Gleeson	Aidan	5	5	100%
Byrne	John	8	8	100%
Horgan	Emma	7	8	90%
Jackson	Ann	7	8	90%
Jordan	Ken	7	8	90%
McGillycuddy	Celine	7	8	90%
Murray	Sinead	1	1	100%
MacDonnell	Tommy	4	5	80%
Phillips	Mairead Dr	6	8	75%
Regan	Geraldine Dr	8	8	100%
McGrath	Thomas	3	3	100%
McGuinness	Nicola	7	7	100%
Doyle	Johanna	2	3	66%
Whitford	William	3	5	60%
Maguire	Julian	1	1	100%

Message from the CEO



Introduction

It was both a privilege and an honour to take up the role of CEO of Clontarf Hospital in April 2025. I want to begin by expressing my sincere appreciation to my predecessor, Ms. Michelle Fanning, for her leadership and her generosity during a smooth and well-managed transition. The strong foundations she helped build are evident throughout this report.

Operational Performance and Patient Outcomes

2025 was a year of strong, sustained performance. We welcomed 1,573 patients across the six specialist rehabilitation pathways, with an average patient length of stay of 31.2 days. Our teams' skilled and patient-centred approach to recovery, active length-of-stay management, structured discharge planning, and close collaboration with acute hospitals, community services, and families enabled us to support patients in achieving their rehabilitation goals and returning home where possible.

Clontarf Hospital also demonstrated its agility and commitment to the wider health system during 2025. In response to system-level pressures, we provided 16 additional beds in support of the HSE Unscheduled Emergency Care Programme, facilitating the admission of 91 patients from the Mater University Hospital and Beaumont Hospital until July 2025.

Quality Care and Sustainability Progress

Strengthening the quality and safety of our services remained a central focus throughout the year. The establishment of the Hospital Quality and Patient Safety Committee and the Incident Oversight Group represents meaningful progress in our governance structures, reinforcing our accountability and our unwavering commitment to safe, high-quality care. We also took an important step forward on our Environmental, Social and Governance agenda with the appointment of a dedicated Energy Officer, a signal of our long-term commitment to sustainability.

Strategic Roadmap

A significant achievement of 2025 was the launch of our Strategic Plan 2025–2028 in June 2025. This plan provides an ambitious and clear roadmap for the Hospital's future, built around five strategic priorities: delivering high-quality, person-centred rehabilitation services underpinned by strong clinical governance; improving access aligned with population health needs; strengthening and expanding our workforce capability; developing our role as a clinical research partner in rehabilitation medicine; and enhancing our reputation as a centre of excellence. It is a plan worthy of this Hospital and of the people it serves.

Acknowledgements and Thanks

At the heart of every outcome described in this report are our people. Our multidisciplinary team members and our administrative and support staff bring expertise, compassion, and dedication to work that genuinely changes lives. To each of them, and to our volunteers, I offer my deepest gratitude.

I also want to acknowledge our patients and their families. Your trust in us is central to everything we do, and we remain committed to supporting you at every stage of your rehabilitation journey.

I would also like to extend my sincere thanks to our Chairperson, Dr Geraldine Regan, and to the Board of Directors for their leadership, governance, and continued support. My thanks equally to the Executive Management Team.

Looking Ahead

As Clontarf Hospital celebrates 150 years of patient care in 2026, we honour our rich legacy. We will continue to evolve as a hospital anchored in excellence, innovation, and patient-centred care. By shaping our services to meet the needs of future generations, we will ensure that Clontarf Hospital's greatest achievements are still ahead of us.

Lorraine Kennedy

Chief Executive Officer,
Clontarf Hospital



SECTION 2

DEPARTMENT REPORTS

Overview of Our Care Pathways

Clontarf Hospital provides specialist rehabilitation services across six care pathways, serving adults and older persons with complex rehabilitation needs in the North Dublin area.

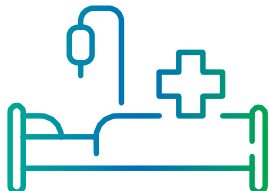
Our Six Rehabilitation Pathways

Pathway

Integrated Care for Older Persons (ICPOP) Pathway with the Mater Hospital

Clinical Focus

Clontarf Hospital has 16 ICPPOP beds under the clinical governance of an ICPPOP Consultant Geriatrician. Patients aged over 65 years with complex comorbidities are admitted to this pathway either directly from the Mater Hospital Emergency Department Frailty Team or directly from home. These beds support admission avoidance for the Mater Hospital and also prevent Emergency Department presentations for those admitted directly from home.



2025 Highlights

In 2025, this pathway supported 133 admissions. 81% of patients were admitted to Clontarf Hospital directly from the Mater Hospital Emergency Department and 19% of patients were admitted directly from home.

Pathway

Older Persons Rehabilitation Pathway with the Mater Hospital

Clinical Focus

This 32-bed pathway provides intensive interdisciplinary rehabilitation to patients aged over 65 years who are transferred from the Mater Hospital following an acute admission for illness or injury. Patients on this pathway have defined rehabilitation goals with the aim of discharge to home. The service is led by a Consultant Geriatrician.



2025 Highlights

In 2025, 301 patients were supported by this pathway.



Pathway

Older Persons Rehabilitation Pathway with Beaumont Hospital

Clinical Focus

This 32-bed pathway delivers intensive interdisciplinary rehabilitation to patients aged over 65 years who are transferred from Beaumont Hospital following an acute admission for illness or injury. Patients on this pathway have specific rehabilitation goals focused on discharge to home. Clinical leadership is provided by a Consultant Geriatrician.

2025 Highlights

261 patients were supported by this pathway in 2025.



Pathway

Specialist Rehabilitation Pathway with Mater Hospital

Clinical Focus

In September 2024, a pilot for a five-bed unit to provide Level 2b specialist rehabilitation for patients aged 18 years and over admitted to the Mater Major Trauma Centre with life-changing injuries was commenced. The service continues to operate under the governance of a Consultant in Rehabilitation Medicine and now includes neurorehabilitation. This pathway supports a reduction in acute hospital bed-days for the Mater Hospital and a reduction in waiting lists and admission avoidance for the National Rehabilitation Hospital (NRH).

2025 Highlights

In 2025, 22 patients were admitted to this pathway.



Pathway

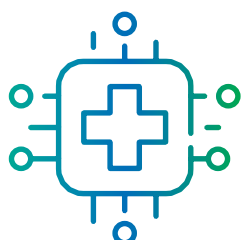
Specialist Rehabilitation Pathway with Beaumont Hospital

Clinical Focus

This 16-bed pathway provides Level 2b specialist rehabilitation, including neurorehabilitation and amputee rehabilitation, for patients aged 18 years and over transferred from Beaumont Hospital. Care is delivered under the clinical governance of a Medical Consultant. This pathway supports a reduction in acute hospital bed-days for Beaumont Hospital and a reduction in waiting lists and admission avoidance for the National Rehabilitation Hospital (NRH).

2025 Highlights

130 patients were admitted to this pathway in 2025.



Pathway

Orthopaedic Rehabilitation Pathway

Clinical Focus

This 43-bed pathway provides rehabilitation for patients aged 18 years and over following orthopaedic surgery for elective and trauma patients. Patients are referred from multiple acute and scheduled care hospitals and remain under the clinical governance of their referring Consultant Orthopaedic Surgeon.

2025 Highlights

630 patients were admitted to this pathway in 2025.

Integrated Care for Older Persons (ICPOP) Pathway with the Mater Hospital

Patient Activity

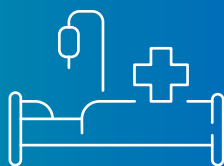
Admissions: **133**

Discharges: **130**

% Discharged Home: **81%**

Average Length of Stay: **32.6 Days**

Mean Length of Stay: **26.5 Days**



Patient Complexity

Average Scores on Admission:

Rehabilitation Complexity Score (RCS-E): **9.27**

% Clinical Frailty: **73%**



Outcomes

Average score changes from admission to discharge:

Barthel: **+2.7**

Elderly Mobility Scale: **+5.50**

FIM (Ot Subset): **+5.34**

Timed Up and Go: **-22.44 seconds**

EQ5D5L Health Score: **+13.40**



Older Persons Rehabilitation Pathway with the Mater Hospital

Patient Activity

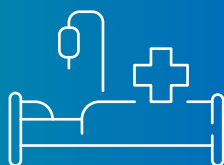
Admissions: **301**

Discharges: **295**

% Discharged Home: **83%**

Average Length of Stay: **34.4 Days**

Mean Length of Stay: **31.0 Days**



Patient Complexity

Average Scores on Admission:

Rehabilitation Complexity Score (RCS-E): **9.67**

% Clinical Frailty: **65%**



Outcomes

Average score changes from admission to discharge:

Barthel: **+3.2**

Elderly Mobility Scale: **+4.18**

FIM (Ot Subset): **+6.42**

Timed Up and Go: **-21.81 seconds**

EQ5D5L Health Score: **+9.84**



Older Persons Rehabilitation Pathway with Beaumont Hospital

Patient Activity

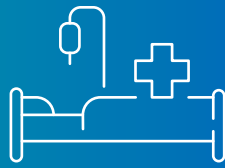
Admissions: **261**

Discharges: **263**

% Discharged Home: **73%**

Average Length of Stay: **40.3 Days**

Mean Length of Stay: **30.0 Days**



Patient Complexity

Average Scores on Admission:

Rehabilitation Complexity Score (RCS-E): **9.75**

% Clinical Frailty: **60%**



Outcomes

Average score changes from admission to discharge:

Barthel: **+1.3**

Elderly Mobility Scale: **+4.51**

FIM (Ot Subset): **+3.69**

Timed Up and Go: **-21.16 seconds**

EQ5D5L Health Score: **+15.39**



Specialist Rehabilitation Pathway with the Mater Hospital

Patient Activity

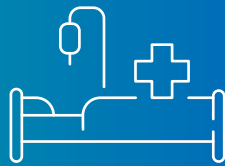
Admissions: **22**

Discharges: **21**

% Discharged Home: **84%**

Average Length of Stay: **60.8 Days**

Mean Length of Stay: **53.0 Days**



Patient Complexity

Average Scores on Admission:

Rehabilitation Complexity Score (RCS-E): **11.6**



Outcomes

Average score changes from admission to discharge:

Barthel: **+5.7**

RCS-E: **-5.35**

FIM/FAM: **+29.4**

Timed Up and Go: **-7.88 seconds**

EQ5D5L Health Score: **+14.42**



Specialist Rehabilitation Pathway with Beaumont Hospital

Patient Activity

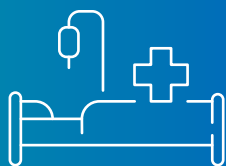
Admissions: **130**

Discharges: **130**

% Discharged Home: **75%**

Average Length of Stay: **43.6 Days**

Mean Length of Stay: **41.5 Days**



Patient Complexity

Average Scores on Admission:

Rehabilitation Complexity Score
(RCS-E): **10.33**



Outcomes

Average score changes from admission to discharge:

Barthel: **+4.2**
Timed Up and Go: **-17.26 seconds**
FIM (OT Subset): **+7.81**
FIM (PT Subset): **+4.02**
EQ5D5L Health Score: **+17.90**



Orthopaedic Rehabilitation Pathway

Patient Activity

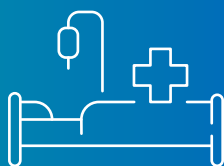
Admissions: **630**

Discharges: **632**

% Discharged Home: **93%**

Average Length of Stay: **21.4 Days**

Mean Length of Stay: **19.0 Days**



Patient Complexity

Average Scores on Admission:

Rehabilitation Complexity Score
(RCS-E): **8.37**

% Clinical Frailty: **33%**



Outcomes

Average score changes from admission to discharge:

Barthel: **+3.8**
Timed Up and Go: **-21.15 seconds**
FIM (OT Subset): **+4.31**
EQ5D5L Health Score: **+16.45**



Medical Department

The Medical Department operates across the five rehabilitation wards, each with a distinct clinical profile and patient cohort. Weekly multi-disciplinary team meetings on each ward ensure that patient progress is reviewed, rehabilitation plans are adapted, and discharge planning is advanced in a structured and timely manner in collaboration with the multi-disciplinary team (MDT), the patient and their family. The department is led by Consultant Geriatricians and Consultants in Rehabilitation Medicine working in close collaboration with all members of the multidisciplinary team.

Key Clinical Developments in 2025

Comprehensive Geriatric Assessment (CGA)

100% compliance was achieved in performing CGAs within 48 hours of admission in 2025. The CGA process is led by the Consultant Geriatrician and encompasses a structured assessment of medical, functional, cognitive, psychological, social and environmental factors. Findings directly inform the individualised rehabilitation plan and goal-setting process, undertaken collaboratively with the patient and their family.

Polypharmacy Review

The Hospitals Drug and Therapeutics Committee (DTC) ensures that prescribing practices are clinically effective, safe and subject to robust governance. All patients receive a comprehensive medication review as part of the CGA process. A particular focus in 2025 was placed on reducing the anticholinergic burden of medication regimens in older patients, in collaboration with the Pharmacy Department.

Antimicrobial Stewardship

In conjunction with the DTC, a restricted-prescribing policy for broad-spectrum antibiotics was implemented, resulting in a 14% improvement in compliance with National Green Light prescribing guidelines. This initiative significantly reduces the risk of *Clostridioides Difficile* and antimicrobial resistance within the geriatric rehabilitation setting.

VTE Prophylaxis

95% compliance was achieved in Venous Thromboembolism risk assessment upon admission, which is a key patient safety metric for patients undergoing prolonged immobilisation during rehabilitation. All patients are assessed using a validated risk tool, and appropriate prophylaxis prescribed and monitored throughout the rehabilitation stay.

Outpatient Clinic for Older Persons

The primary strategic milestone for 2025 was the opening of the Outpatient Clinic for Older Persons. This clinic, led by the Consultant Geriatrician, provides follow-up care for complex patient's post-discharge. It represents an expansion of the hospital's clinical reach into the community and a key element of the Sláintecare integrated care model.

Dementia and Delirium Care

The department continued to develop its approach to dementia and delirium identification and management in 2025. The 4AT delirium assessment tool is now used by nursing staff on all wards, with consistent follow-up by the medical team. A monthly Dementia and Delirium Steering Group, with multidisciplinary membership, meets to review cases, share learning and develop policy. Staff education on delirium recognition and non-pharmacological management was delivered across all wards.

Update on the Specialist Neuro-rehabilitation Pathway with the Mater Hospital – 1 year on

- Outcome measures (FIM/FAM and Barthel) showed improved patient function from admission to discharge, demonstrating added value to this cohort of patients.
- RCS-e (Rehab Complexity Scale) Score improved for all patients.
- This project has added value to the Mater Hospital by saving acute bed-days (480 bed-days saved in the first six months of the pilot).
- 95% of patients went home directly and 5% went to assisted living.
- Added value to National Rehabilitation Hospital (NRH) by preventing inpatient admissions and reducing the NRH inpatient waiting list.
- Clontarf Hospital trialled and established links with IWA Vocational Rehab and Driving Assessment Services which adds further value to overall outcomes of patients under 65 years of age rehabbing following a life changing injury but who may not be eligible to access these services in NRH.

Shared Care Pathway between Clontarf Hospital and the National Rehabilitation Hospital (NRH) for Limb Absence Patients

- In 2025, our team continued to provide rehabilitation for patients following lower limb amputation, delivering multidisciplinary interventions aimed at maximising independence and quality of life. During the year, a formal shared care pathway was established with the National Rehabilitation Hospital for patients considered suitable for prosthetic limb fitting. This initiative has improved access to specialist prosthetic services and reduced waiting times for this important service.

Education and Training

- Weekly Journal Club for critical appraisal of emerging research in geriatric and rehabilitation medicine
 - UCD undergraduate medical student
 - Postgraduate continuous education for NCHDs including grand rounds, case presentations and external conference attendance
 - UCD GP Trainee Scheme
- 

New Staff

In 2025, we welcomed Dr Ruth Comber and Dr James Murphy, Consultant Geriatricians, who manage 20 inpatient beds as part of the Older Persons Rehabilitation Pathway with Beaumont Hospital.

Dr Mina Al-Emam

Locum Consultant Geriatrician

Dr Filipa Aguiar

Consultant Internal Medicine

Dr Lucy Chapman

Consultant Geriatrician

Dr Ruth Comber

Consultant Geriatrician

Dr Eva Gaynor

Consultant Geriatrician

Dr James Murphy

Consultant Geriatrician

Dr Roisin Purcell

Consultant Geriatrician

Prof Dermot Power

Consultant Geriatrician

Dr Shelina Seebah

Consultant Geriatrician

Dr Lilia Zaporozjan

Consultant in Rehabilitation Medicine

Nursing Department

The Director of Nursing provides professional and managerial leadership to the nursing service, supported by two Assistant Directors of Nursing (ADONs), the Nursing Out of Hours Team, a team of Clinical Nurse Managers (CNM2 and CNM1) on each ward alongside the expert practice from the Clinical Nurse Specialists, Clinical Practice Support and an Advance Nurse Practitioner. This structure ensures effective strong clinical oversight, consistent standards of care delivery, and a clear line of accountability from ward level to Board.

Our Nursing Team continues to demonstrate strong professional leadership in the delivery of safe, effective and person-centred care. 2025 was a highly productive and progressive year, with sustained focus on quality improvement, innovation and service development alongside a significant emphasis on strengthening clinical governance and fostering a culture that prioritises both patient safety and staff wellbeing.

Quality Care Metrics (MEG)

During 2025, the Nursing Team transitioned from the HSE Test Your Care tool to the national HSE MEG system. This was a significant step in strengthening standardisation, governance and assurance across all nursing metrics. The Delirium Audit Tool was also adopted, completing the full suite of MEG nursing metrics. The Nursing Team achieved Green results across all measured domains for 2025.

Key metrics measured under the MEG system include: falls rate and harm rate; pressure ulcer prevalence and incidence; medication management; hand hygiene compliance; restraint use; documentation standards; and patient experience. All metrics are reviewed monthly at ward level by CNM2s, reported bi-monthly to the Hospital Quality and Patient Safety Committee and at all Board meetings.

Overall Nursing Metrics for 2025

All Group All Locations	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025
Patient Monitoring and Surveillance	96.2% ➔	98.8% ⬆	100% ⬆	98.5% ⬇	100% ⬆	97.7% ⬇	98.8% ⬆	98.2% ⬇	100% ⬆	100% ➔	98.8% ⬇	97.4% ⬇
Healthcare Associated Infection Prevention & Control	100% ➔	98.7% ⬇	100% ⬆	90.6% ⬇	87.2% ⬇	100% ⬆	82% ⬇	100% ⬆	92.2% ⬇	96.6% ⬆	96.6% ➔	93.3% ⬇
Pain Assessment and Management	97.7% ➔	100% ⬆	98.9% ⬇	96% ⬇	97.3% ⬆	94.7% ⬇	97.9% ⬆	98.4% ⬆	94.8% ⬇	96.2% ⬆	99.1% ⬆	96.7% ⬇
Nutrition and Hydration	97.3% ➔	100% ⬆	100% ➔	99.2% ⬇	99% ⬇	98.5% ⬇	98% ⬇	99.4% ⬆	99.4% ⬆	100% ⬆	98.7% ⬇	99.3% ⬆
Continence Assessment and Management	100% ➔	96% ⬇	100% ⬆	100% ➔	96% ⬇	100% ⬆	98.7% ⬇	100% ⬆	95% ⬇	100% ⬆	96.6% ⬇	100% ⬆
Care Plan Development and Evaluation	98.9% ➔	100% ⬆	100% ➔	99% ⬇	100% ⬆	99.4% ⬇	97.3% ⬇	99% ⬆	99% ⬇	97.9% ⬇	100% ⬆	97% ⬇
Care Plan NMBI Guidance	98.9% ➔	100% ⬆	100% ➔	100% ➔	99.2% ⬇	100% ⬆	99.3% ⬇	100% ⬆	99.4% ⬇	100% ⬆	98.7% ⬇	100% ⬆
Medication Safety	100% ➔	100% ➔	100% ➔	100% ➔	100% ➔	100% ➔	99.4% ⬇	99.6% ⬆	99.7% ⬆	99.6% ⬇	100% ⬆	100% ➔
Medication Storage and Custody	100% ➔	100% ➔	99.4% ⬇	100% ⬆	100% ➔	100% ➔	100% ➔	100% ➔	100% ➔	99.5% ⬇	100% ⬆	100% ➔
Falls and Injury Management	100% ➔	100% ➔	100% ➔	100% ➔	98.7% ⬇	100% ⬆	100% ➔	100% ➔	100% ➔	98.9% ⬇	99.1% ⬆	100% ⬆
Delirium Prevention and Management	100% ➔	-	100% ➔	100% ➔	100% ➔	100% ➔	100% ➔	100% ➔	100% ➔	93.8% ⬇	100% ⬆	100% ➔
Wound Care Management	100% ➔	100% ➔	100% ➔	100% ➔	100% ➔	100% ➔	100% ➔	87.5% ⬇	100% ⬆	100% ➔	97.9% ⬇	100% ⬆
Pressure Ulcer Prevention and Management	100% ➔	100% ➔	100% ➔	96% ⬇	95.7% ⬇	100% ⬆	98.6% ⬇	95.1% ⬇	93.7% ⬇	100% ⬆	100% ➔	94.6% ⬇
Average Score	99.2% ➔	99.5% ⬆	99.9% ⬆	98.4% ⬇	97.9% ⬇	99.3% ⬆	97.7% ⬇	98.2% ⬆	97.9% ⬇	98.6% ⬆	98.9% ⬆	98.3% ⬇

Pressure Ulcer Rates 2025

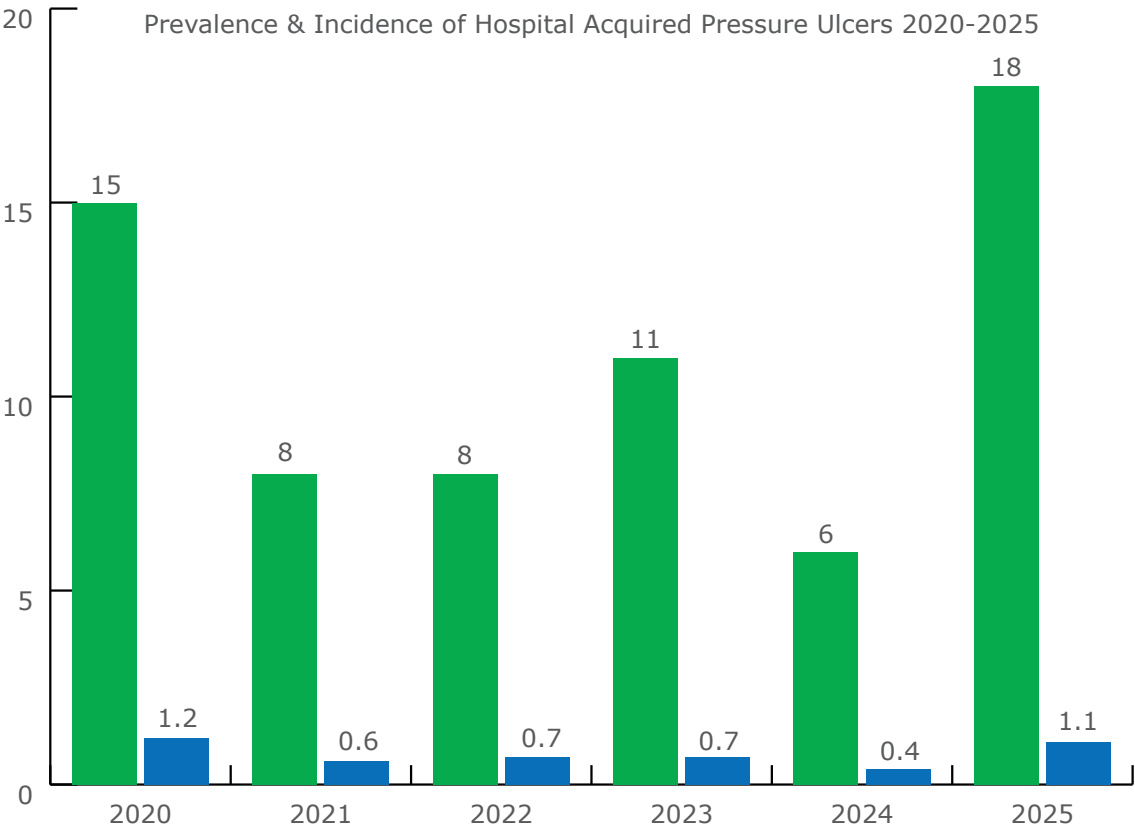


Figure 1: Pressure Ulcer Prevalence and Incidence 2020-2025

Prevalence Incidence

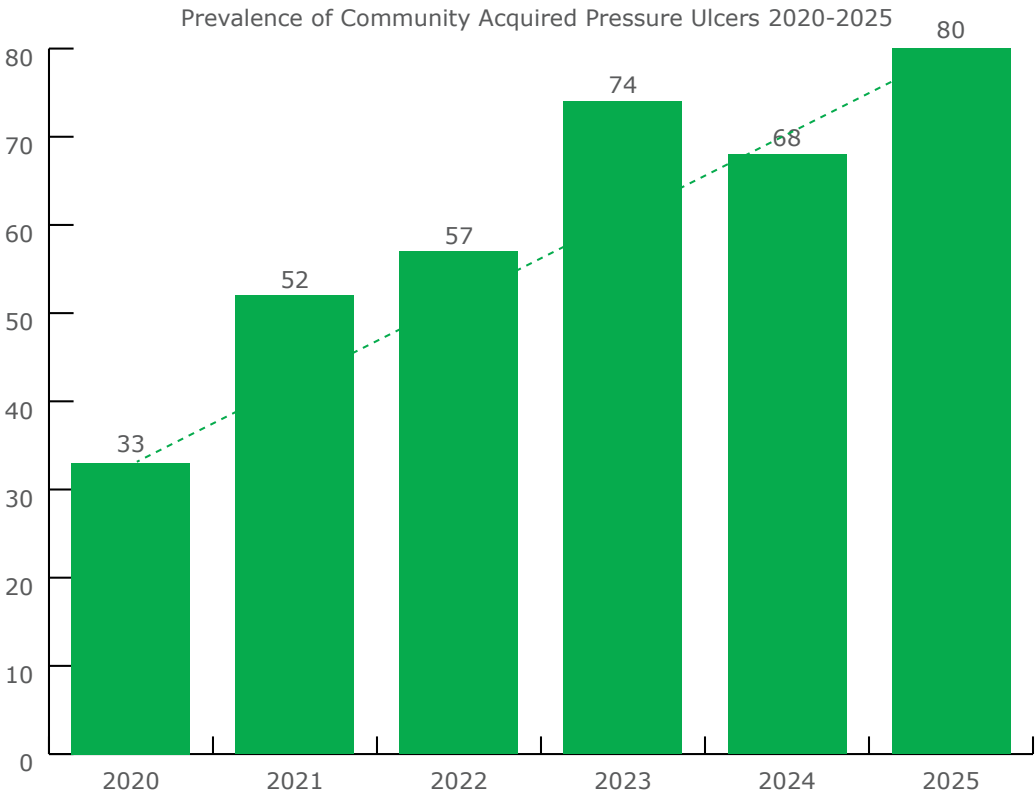


Figure 2: Prevalence of Community Acquired Pressure Ulcers 2020-2025

Prevalence
Linear (Prevalence)

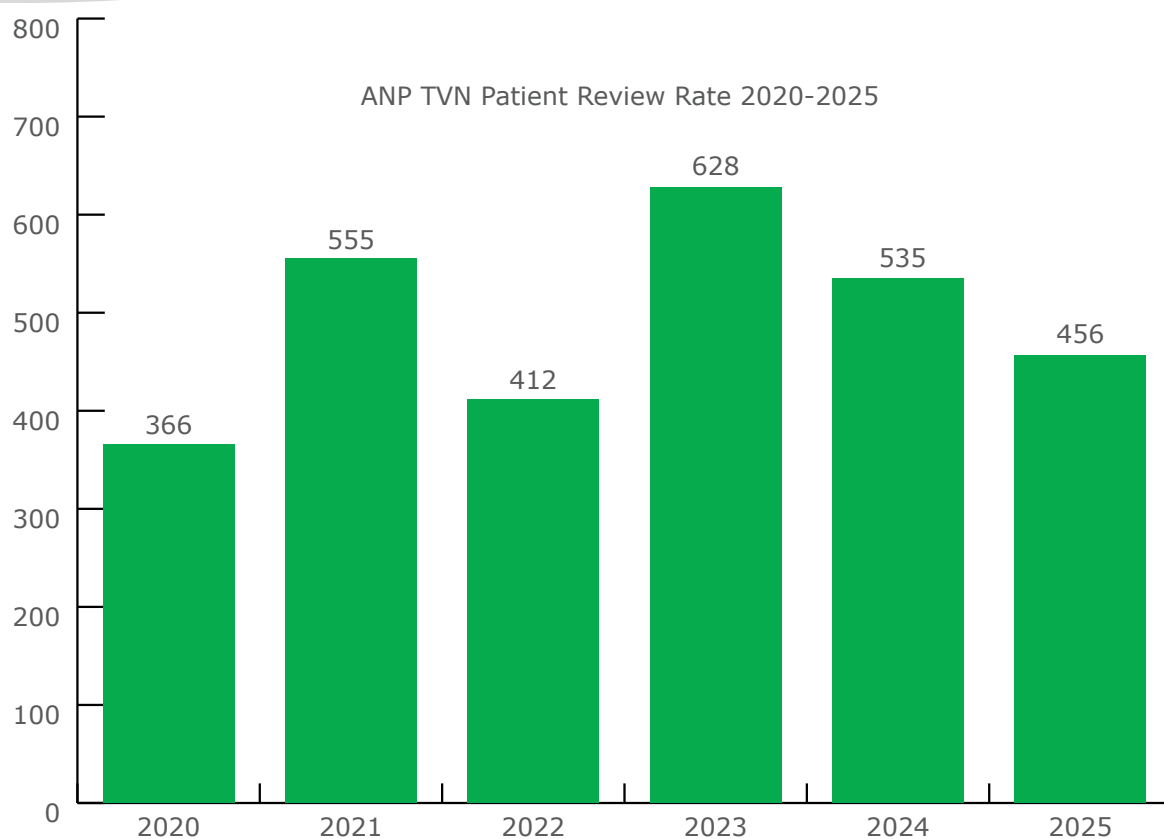


Figure 3: Number of patients reviewed annually by ANP TVN 2020-2025

Falls 2025

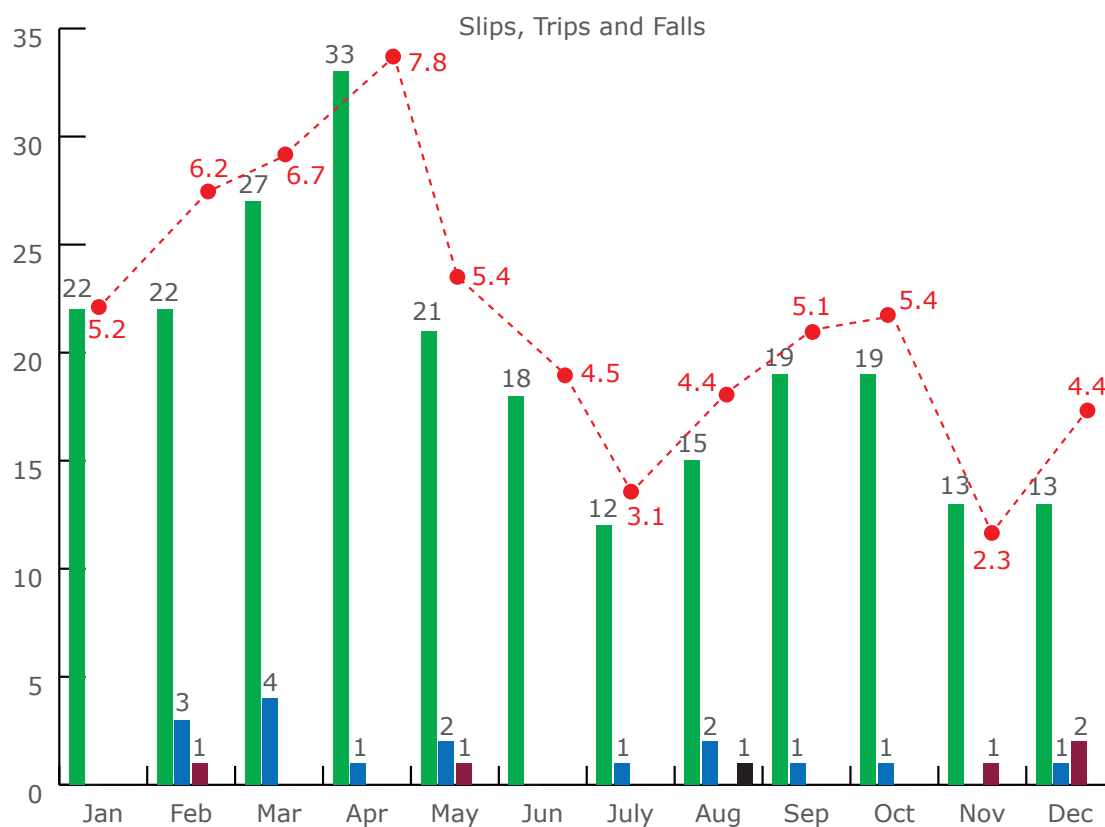


Figure 4: Falls Rate per 1000 bed days per month 2025

■ Negligible
 ■ Minor
 ■ Moderate
 ■ Extreme
 -●- Fall Rate

Infection Prevention and Control (IPC) 2025

The CNS Infection Prevention and Control Nurse completed a total of 1,705 patient referrals in 2025, a reflection of the high clinical complexity of the patient cohort and the proactive approach taken to infection surveillance. The IPC Nurse works closely with the medical, nursing and pharmacy teams to ensure that all isolation precautions, screening protocols and treatment pathways are implemented in a timely and consistent manner.

In 2025, the hospital successfully managed a number of complex IPC challenges, including outbreaks of COVID-19, Norovirus, and the ongoing management of patients colonised with multi-drug resistant organisms (MDROs) on admission. Ward closures were managed efficiently, with rapid response and clear communication to patients, families and staff.

Infection	Total	Clontarf Acquired	Known on Transfer	Admission Screen	Other
COVID-19	23	15	–	7	1
Influenza	6	5	–	–	1
RSV	5	5	–	–	–
Other respiratory viruses	25	25	–	–	–
CPE	13	–	9	4	–
CPE contacts	19	15	4	–	–
CRE	5	–	5	–	–
REAL	54	–	51	3	–
MRSA	40	–	4	32	4
ESBL-producers	49	2	41	–	6
C-difficile infection	6	3	2	–	1
Norovirus (AIG)	28	28	–	–	–
Shingles	4	–	–	–	4
Other	16	16	–	–	–
Total	295	114	118	46	17

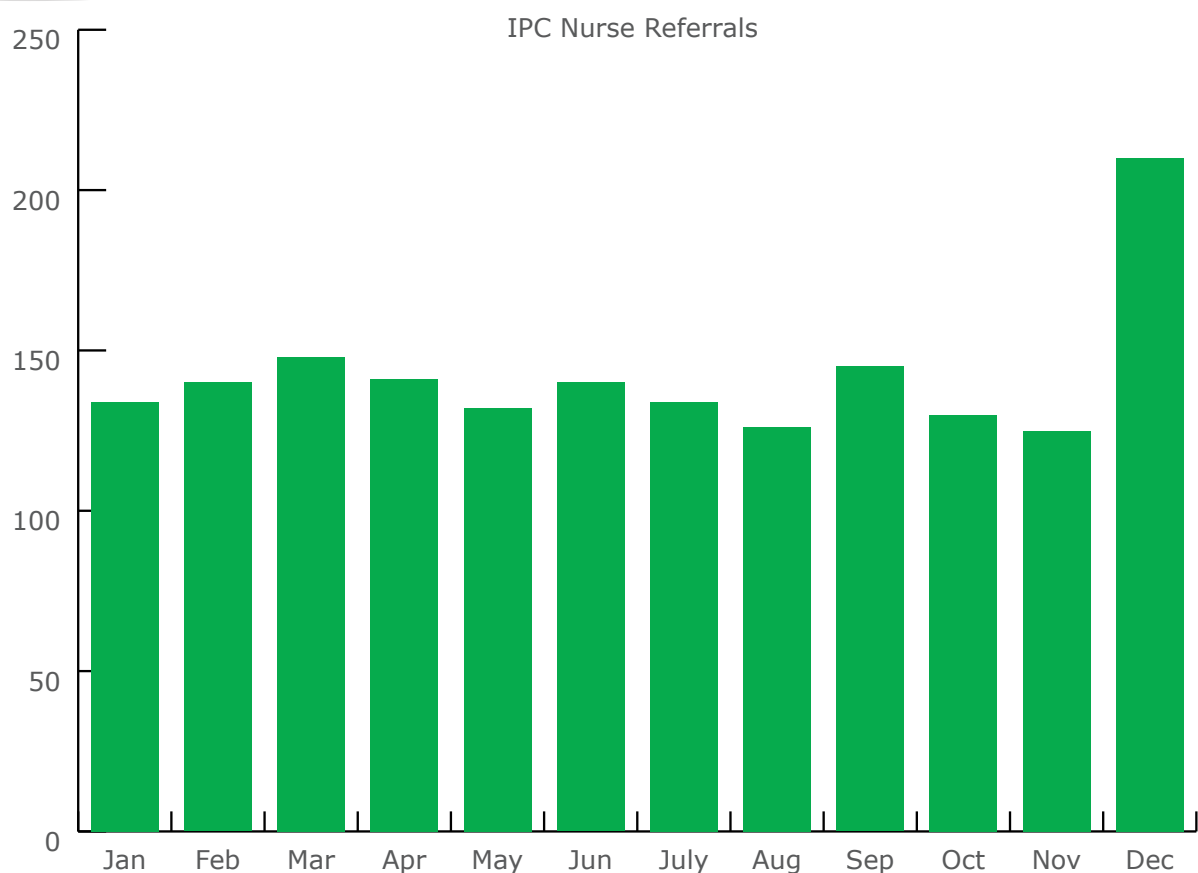
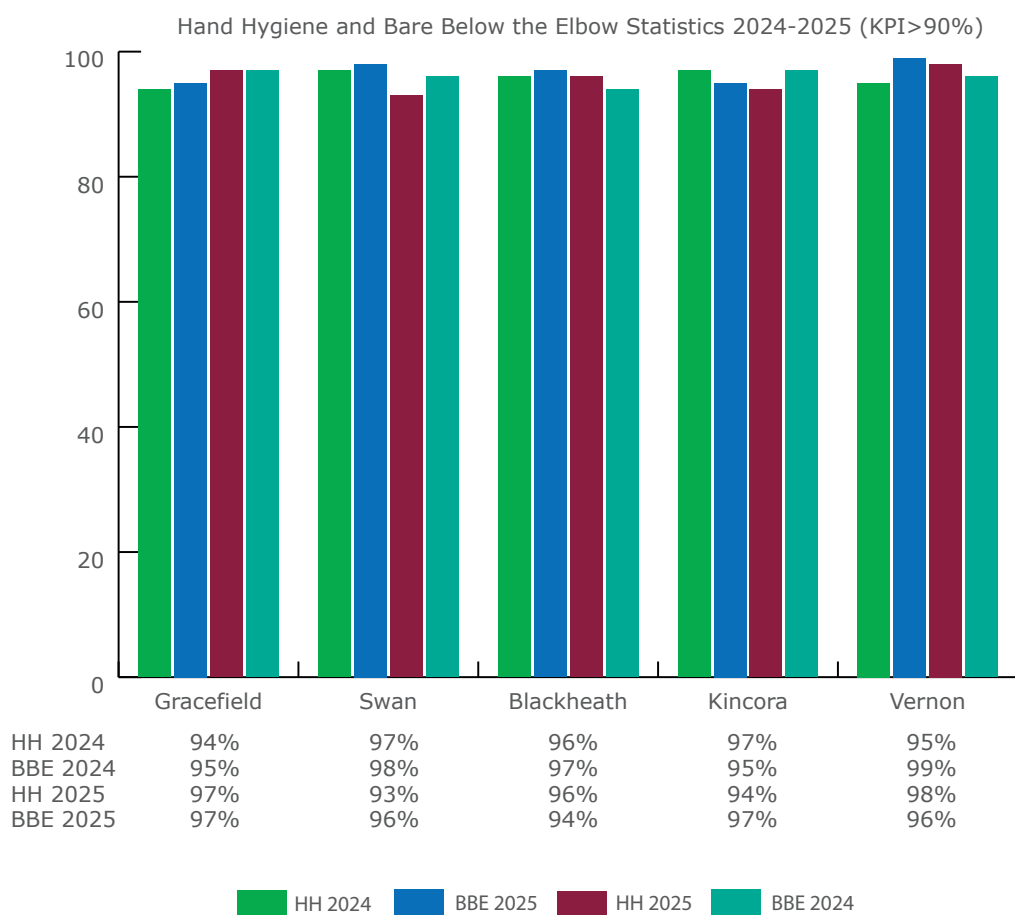


Figure 5: 2025 CNS IPC Nurse Patient Referrals: Total Referrals 1,705



Continence Promotion Service

The Continence Promotion Nurse delivered 620 continence promotion assessments and sessions in 2025, working closely with patients, nursing staff and the multidisciplinary team. Continence promotion is an integral component of the rehabilitation pathway, with significant positive outcomes recorded across all forms of incontinence. Congratulations to Anu Mathew CNS Continence Promotion, who won best presentation award at the Association of Continence Professionals Conference.



27%

Improvement in
urinary incontinence



55%

Improvement in
double incontinence



50%

Improvement in
bowel incontinence



Nursing Service Developments

Advanced Nurse Practitioner and Nurse Prescriber

Congratulations to Emma Cullen Gill, on achieving a distinction in her Master's in Nursing Advanced Practice at Trinity College Dublin. Emma is the first Advanced Nurse Practitioner and Nurse Prescriber for Clontarf Hospital, which is a landmark achievement. The new RANP OPD clinic was established in November 2025 to care for patients with slow-healing, complex, acute and chronic wounds, providing specialist assessment and treatment.

Respiratory Nursing Project

The Respiratory Nurse Project commenced in December 2024, with a focus on COPD and asthma management in the rehabilitation setting. This initiative focused on early assessment, education, symptom management and co-ordinated care to improve patient outcomes. A total of 555 referrals were received in 2025. A full year of outcome measures demonstrates a measurable reduction in unplanned transfers of care for patients with respiratory concerns demonstrating the value of the role in quality improvement achievement.

Dementia and Delirium

The Nursing Team continued to strengthen its approach to dementia-sensitive care and delirium prevention and management in 2025. All nursing staff completed dementia awareness training. The 4AT delirium screening tool is now embedded in admission and ongoing assessment processes on all five wards.

Education and Training

In 2025, the hospital supported four first-year UCD/Mater Nursing students and 41 Cathal Brugha FETAC Level 5 pre-nursing and HCA students. Post-graduate education pursued by nursing staff includes: Post-Graduate Diploma in Gerontological Nursing, MSc in Palliative Care, MSc in Nursing Leadership and Management, PhD in Nursing, and the ANP Masters Programme.

Internal education and training delivered in 2025 included: delirium recognition and management, principles for identifying, preventing and managing deconditioning for older adults, intentional rounds, IDDSI and dysphagia awareness, pressure ulcer prevention, falls prevention and management, preventing UTI's, legal aspects of nursing documentation, appropriate prescribing of psychotropic medication for non-cognitive symptoms in people with dementia, medication management and nurse prescribing updates.

New Education Programmes

- We continue to enhance clinical capability through the development and delivery of an onsite venepuncture and cannulation training programme for nursing staff. Providing this education locally has improved accessibility to essential clinical skills training, supported staff competency development and reduced reliance on external programmes.
- We progressed the development of simulation based training for the management of the deteriorating patient, with a specific focus on chest pain and myocardial infarction (MI) scenarios and effective team response. This training focuses on strengthening communication, escalation and clinical decision making in acute situations. Funding of €2,804 was approved by the NMPDU (HSE) to support the purchase of simulation equipment, enabling the rollout of this programme.
- The ANP TVN successfully implemented the Sim U Skin project, supported by approved funding of €3,000 from the NMPDU (HSE). This initiative focused on the use of simulation based education to enhance staff knowledge and assessment of common skin conditions.





Quality Improvement and Innovation

Members of the Nursing Team participated in a learning visit to Google's Innovation and Marketing team, providing valuable exposure to innovative approaches to leadership, communication, service design, project management and user centred thinking. Learning from this experience has informed reflective discussion within the nursing team on how innovation, collaboration and clear communication can be applied within a healthcare setting to support service development, staff engagement and improved patient experience.

- Development of Nurse Prescribing with introduction of ANP service
- Improving Oral Hygiene Project Phase 1+2
- Urosepsis Project
- Improving Patient Hand Hygiene Project
- Change over from Nursing Metrics Test Your Care to MEG
- Call Bell Audit Implemented
- HSE SPARK supported a project to develop a 'Be Kind to your Mind Space' for patients (Final Phase Completion March 2026)

Staff Wellbeing

A Staff Wellness Day was held on 19 June 2025 with a strong focus on promoting wellbeing, self care and resilience within the workforce featuring a sound bath meditation, a skincare and self-care session, and a talk by Dr Olivia Hurley, Consultant Sports Psychologist. In October, Olive Doyle (ADON) led the 100 Miles Challenge for the Irish Hospice Foundation, raising €1,500. Catherine McDonnell who won and was presented with an Irish Athletics Green shirt signed by the Irish Paris 2024 Olympians. Mary Coogan (CNM2) arranged a Breast Awareness Day supported by the Marie Keating Foundation. These initiatives reflect the Nursing Department's commitment to fostering a supportive workplace culture and recognising the importance of staff wellbeing as a key enabler of safe, high quality and compassionate patient care.

Pet Therapy

The therapy dog initiative with PEATA Pet Therapy continued throughout 2025. Lola, our therapy dog, consistently brought smiles, calm and comfort during her visits, enhancing the therapeutic environment for patients and providing a morale boost for staff. Patient feedback on Lola's visits was unanimously positive.

Retirements

We take this opportunity to warmly wish Edel Breen, Imelda Casey, Lucia Barnes, Helena Curry and Christine Devereux a long, happy and fulfilling retirement. Their dedication, professionalism and the quality of nursing care they provided over many years have left a lasting mark on Clontarf Hospital and the patients they served.

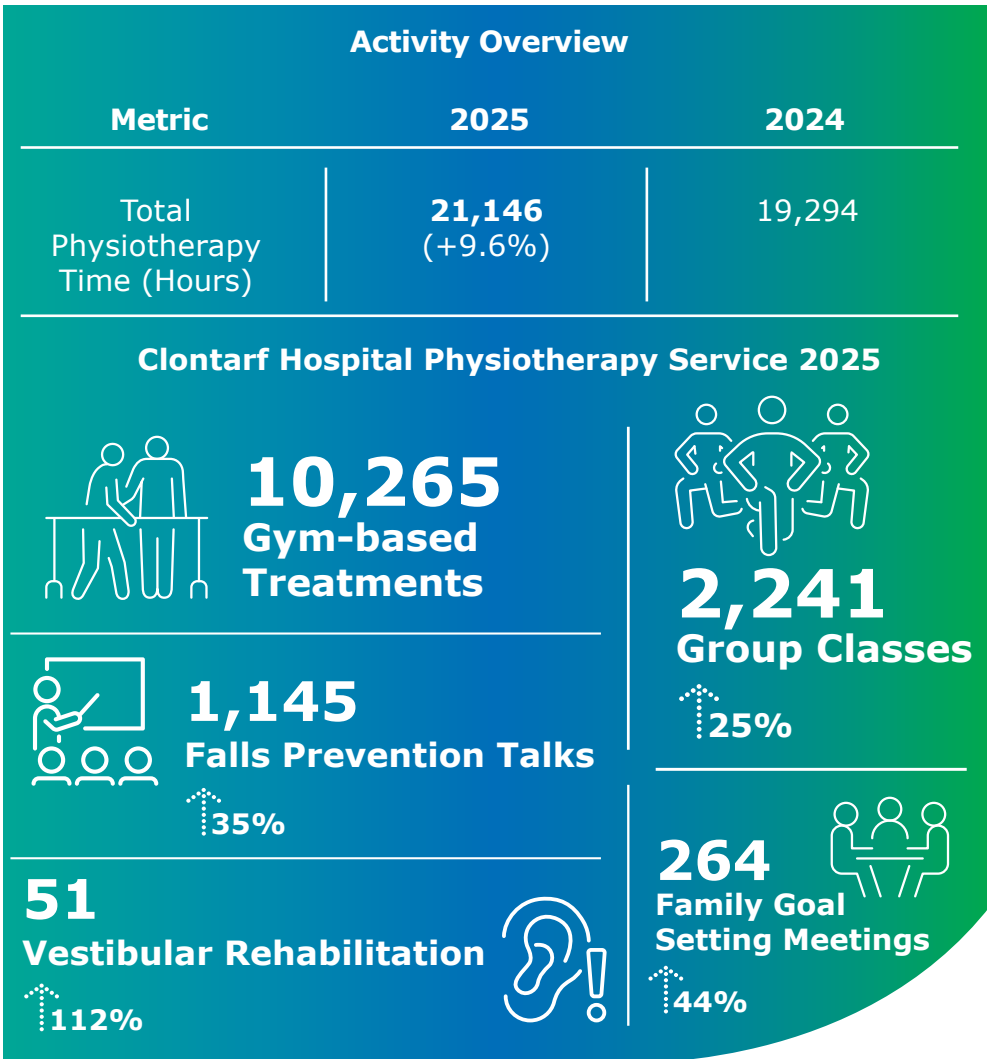
Ciara Dowling | Director of Nursing



Physiotherapy Department

In 2025, the Physiotherapy Department continued to deliver high quality, patient-centred rehabilitation to all 1,573 patients admitted to Clontarf Hospital. While overall patient contacts remained consistent with 2024, total physiotherapy time increased by 9.6%, reflecting greater clinical input per patient and a continued rise in patient complexity across all six rehabilitation pathways.

The Physiotherapy Department is led by the Physiotherapist Manager and operates across all five wards. Each patient is assessed by a physiotherapist on admission, and a tailored rehabilitation programme is agreed with the patient. Physiotherapy input is delivered through individual sessions, group-based classes and preventative programmes. New group exercise classes for Hip Fracture and Total Hip Replacement were introduced in 2025.



Patient Feedback

In the annual patient experience survey, 95% of patients rated their physiotherapy input as very good (82%) or good (13%), with requests for more frequent sessions as the main suggestion for improvement, which is a reflection of the effectiveness and quality of the physiotherapy provided.

Service Development: Older Person Rehabilitation

An opportunity to pilot a Clinical Specialist Physiotherapist for Older Persons role for one year was shared by Senior Physiotherapists Aoife Crowe and Anne-Marie Seddon. Their contributions advanced key National Clinical Programme for Older People (NCPOP) priorities in falls prevention, hip fracture management, sarcopenia and frailty, and provided a valuable platform for service development, research and quality improvement across the department.

Key Service Improvements

Falls Prevention and Vestibular Rehabilitation

The World Falls Prevention and Management Guidelines were operationalised in 2025, including vestibular screening for all new admissions, standardisation of physiotherapy reassessment following inpatient falls, and the development of clinical toolkits for addressing modifiable fall risk factors. The vestibular rehabilitation pathway, led by Senior Physiotherapist Sophie Finlay, achieved a 112% increase in vestibular rehabilitation sessions — a significant advance in addressing a frequently under-recognised contributor to falls in older adults.

Hip Fracture Rehabilitation

A twice weekly evidence-based hip fracture class was introduced in 2025, combining exercise, education and peer support. An interdisciplinary Hip Fracture Committee was established and is developing a comprehensive post-acute hip fracture care bundle for implementation in 2026.

Sarcopenia Pathway

The sarcopenia screening pathway was implemented across all rehabilitation streams in 2025 in collaboration with the Dietetics Department, ensuring earlier identification and targeted intervention for at-risk patients. Using the EWGSOP criteria, all patients aged over 65 years are screened on admission. Pilot data from 2024 indicates that approximately 48% of monthly admissions meet criteria for probable sarcopenia, with over 50% of those completing the full pathway showing measurable improvement in muscle mass and function at discharge.

Knowledge and Skills Framework (KSF)

The KSF was embedded through a learning needs assessment and a competency matrix for physiotherapy-specific knowledge and skills in older person rehabilitation, integrated into staff appraisals and supported by targeted training. Phase two, focusing on shared interdisciplinary competencies across the MDT, will commence in 2026.

Research and Education

Three physiotherapy posters were presented at the Irish Gerontological Society Conference 2025 on falls, quality of life and the Parkinson's exercise class, and two interdisciplinary posters were presented on ICPOP patient profiles and Comprehensive Geriatric Assessment (CGA) outcomes. Aoife Crowe completed the RCSI Multidisciplinary Leadership Programme, presenting a Compassionate Leadership project at the Health Management Institute of Ireland Annual Conference. RCSI undergraduate physiotherapy placements were supported throughout the year.

Staff Updates

After 25 years of dedicated service, Vicky McMahon stepped away from the department. Her leadership, clinical expertise and commitment to patients shaped the culture and standards of the Physiotherapy Department at Clontarf Hospital, and we extend our sincere thanks and best wishes to her for the future.

Claire Fagan | Physiotherapist Manager



Occupational Therapy Department

The Occupational Therapy service is a key part of the rehabilitation package provided by Clontarf Hospital. With OT support, patients are encouraged in regaining their independence in all areas of self-care, productivity and leisure; supported in maintaining and improving their memory and cognitive function; and given advice and assistance around adapting their home environment and daily routine to meet their new needs. For 2025, all 1,573 patients admitted to the hospital were seen and assessed by an OT within one working day of admission.

The OT Department is led by the Occupational Therapy Manager and operates across all five rehabilitation wards. OT input is integral to the weekly MDT review, discharge planning and the completion of home visits and community referrals. The department maintained a strong focus on quality, education and research in 2025, alongside significant growth in overall clinical activity.

Service Activity Overview

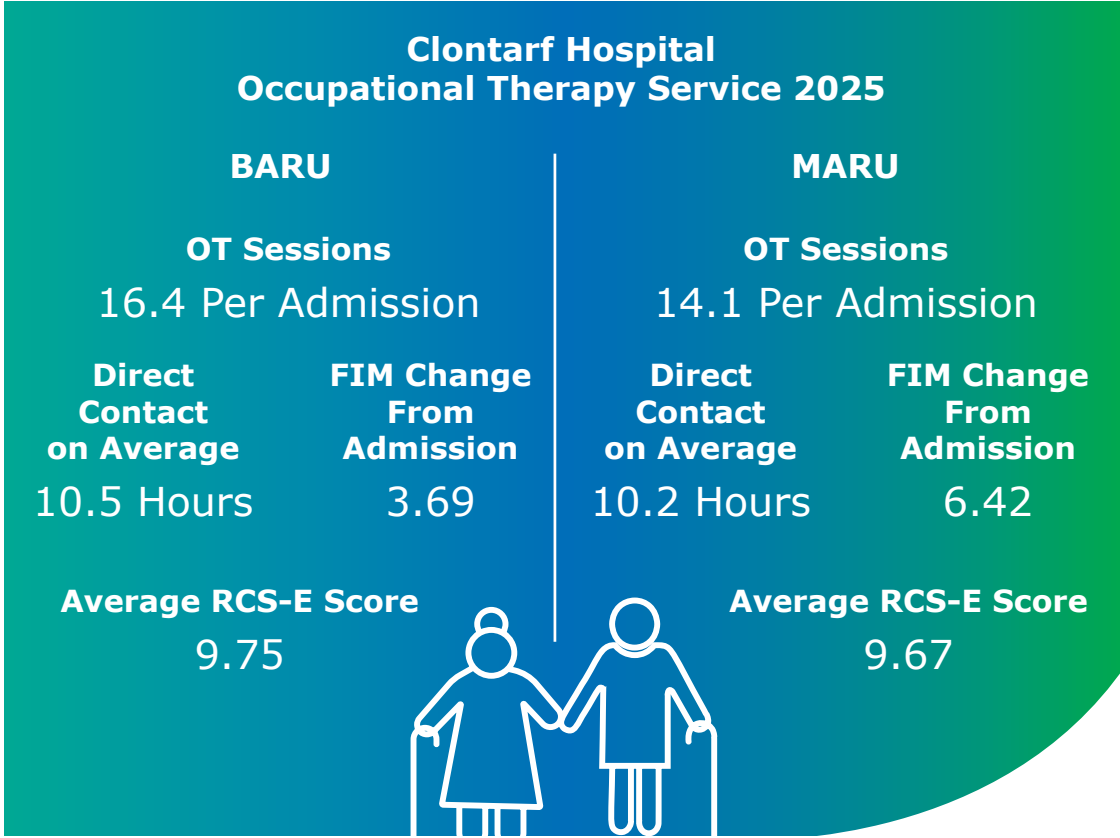
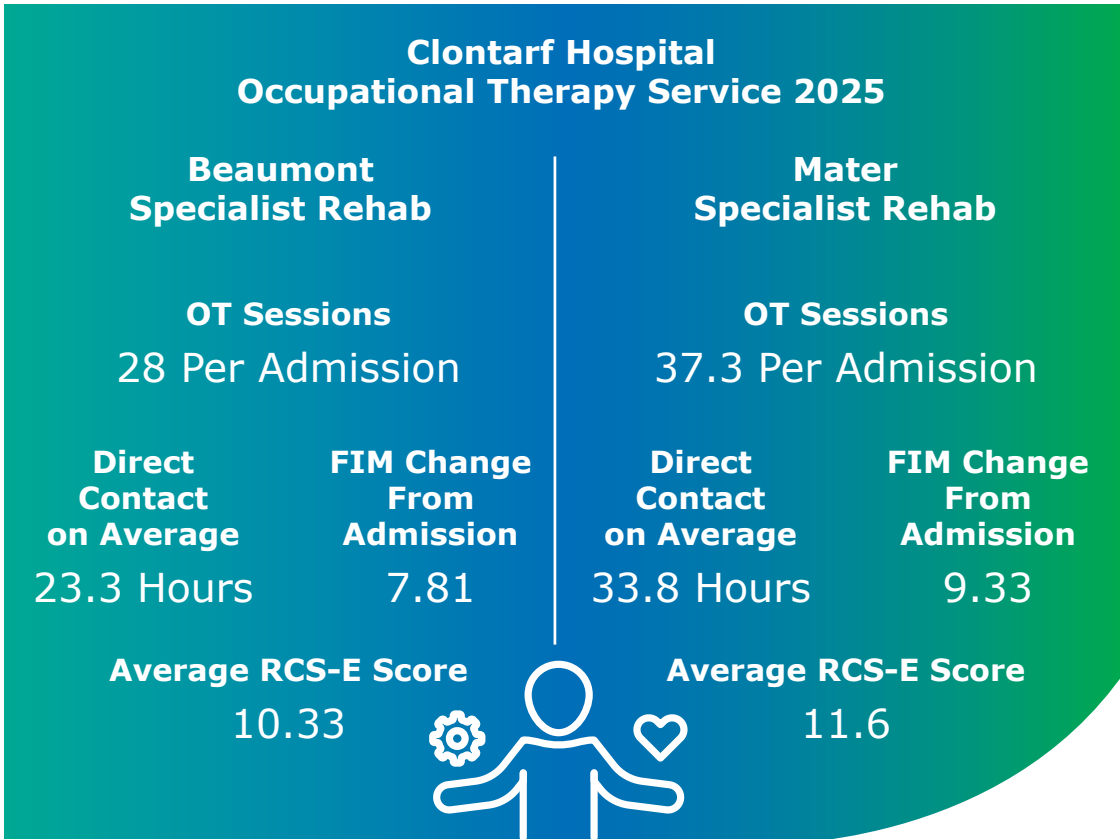
Rehabilitation Stream	Change in OT Delivery 2024–2025
Overall OT Delivery	▲ 7%
Specialist Rehabilitation Units	▲ 32%
Older Persons Rehabilitation	▲ 6%
Orthopaedic and ICPOP Rehabilitation	Sustained delivery
In-Person Home Assessments	▲ 34%

Specialist Rehabilitation

Patients in specialist rehabilitation pathways receive the most intensive OT rehabilitation in the hospital. Specialist OT treatment includes upper limb rehabilitation, cognitive and perceptual rehabilitation, complex wheelchair and equipment prescription, wheelchair training, community re-integration programmes, on-site caregiver training, and complex home assessments undertaken in collaboration with community agencies.

Older Persons Rehabilitation

Core OT treatments for older persons include seating and pressure care assessment, functional rehabilitation for all ADLs including washing, dressing, meal preparation and domestic tasks, cognitive and perceptual assessment and intervention, home assessment, equipment assessment and provision, caregiver training, and comprehensive discharge planning.



Clontarf Hospital Occupational Therapy Service 2025

ORTHOPAEDIC REHAB

OT Sessions
10.1 Per Admission

Direct Contact on Average
6.6 Hours

FIM Change From Admission
4.31

Average RCS-E Score
8.37

MATER INTEGRATED CARE PROGRAMME FOR OLDER PERSONS

OT Sessions
13.1 Per Admission

Direct Contact on Average
9.4 Hours

FIM Change From Admission
5.34

Average RCS-E Score
9.27



Clontarf Hospital Occupational Therapy Service 2025



34.1% Increase
from 2024 to 2025

401
in person
HOME
ASSESSMENTS
OVERALL



87
Community
Practice
Sessions

An Increase of 480%



91 Access Visits
134 Home Visits
64 Equipment Visits
+897 Virtual
Assessment



25
Discharge
Home Visits



OT/OTA
922
visits



OT & PT
73
visits



OT & MSW
65
visits



OT & SLT
13
visits

Orthopaedics and Integrated Care Rehabilitation

Core OT interventions continued for the Orthopaedic pathway and the Integrated Care Pathway for Older Persons (ICPOP) including seating and pressure care assessment, functional rehabilitation for all ADLs including washing, dressing, meal preparation and domestic tasks, cognitive and perceptual assessment and intervention, home assessment, equipment assessment and provision, caregiver training, and comprehensive discharge planning.

Home Visit Assessments

The significant 34% increase in home assessments reflects both growing caseload complexity and the department's commitment to enabling safe discharge to home. For more complex patients, there was strong interdisciplinary collaboration with Physiotherapy, Medical Social Work and SLT on joint home visits and community practice sessions.

Service Highlights 2025

- Monthly Memory Café consolidated in 2025, led in collaboration with the Dementia Committee
- Two cognitive rehabilitation streams piloted: Memory Joggers and Modified Cognitive Stimulation groups (MCST)
- Hannah Byrne successfully completed her MSc in Older Person Rehabilitation, with MCST as the research focus a significant achievement for the department
- National AOTI Conference presentation by Joanne Murphy and Derbhla Peppard on 'Promoting Occupational Engagement in an Inpatient Rehabilitation Setting'
- Co-authored on posters presented at the Irish Gerontological Society Conference 2025
- Gillian Grant was lead author for a poster on Caseload Complexity using the RCS-E v13 at the National Rehabilitation Hospital Conference, December 2025. Monica Devine and Cheryl Notaro co-authored
- The OT department chairs both the Frailty & the Dementia multi-disciplinary committees in the hospital; supporting clinical practice & facilitating both the hospital Dementia education programme and the national Frailty education programme.

Student Education

The department facilitated four Trinity College undergraduate OT block placements, one MSc graduate OT block placement, one OT assistant placement, and ten Study of Occupation OT students in 2025. Student supervision is a valued component of the department's work, supporting the development of the next generation of occupational therapists.

Monica Devine | Occupational Therapist Manager



Pharmacy Department

In 2025, pharmacy staff comprised 3 WTE Pharmacists and 1 WTE Pharmacy Technician. The service focused on two core functions: the supply of medications at ward level, and supporting medication management at key clinical transition points particularly on admission and discharge. During 2025, the department transitioned from a centralised supply model to a service available at ward level, bringing pharmacy expertise closer to the patient and the clinical team.

Procurement and Supply

All five wards now have expanded medication storage and agreed local stock lists developed with Clinical Nurse Managers. In line with WHO and HSE Antimicrobial Stewardship Guidance, wards stock a range of 'Access' antibiotics for first-line empirical use. A new KPI framework tracking medication expenditure was developed in 2025, with an average cost of €9.10 per bed day recorded.

Clinical Performance

Metric	Result 2025	Target
Medication reconciliation completed on admission	95%	>90%
Discharge prescriptions reviewed	86%	>80%
Medication incidents reported (per 1,000 bed days)	4.1	In line with HSE Plan target
Average medication cost per bed day	€9.10	KPI tracked

Medication Safety

A total of 191 medication incidents were reported in 2025 (4.1 per 1,000 bed days), in line with the HSE Service Plan 2025 target. All incidents are reviewed by the Medication Safety Committee, which is chaired by a Senior Pharmacist and learning is communicated to staff through safety communications and ward briefings. Incident categories and trends are analysed quarterly and presented to the Hospital Quality and Patient Safety Committee.

Swan Ward Clinical Pharmacy Pilot

A pilot initiative integrating a pharmacist into the multidisciplinary team on Swan Ward commenced in late 2025, including the introduction of Anticholinergic Burden (ACB) score reporting for all patients. This represents a significant step in embedding clinical pharmacy support at ward level, with plans to roll out to additional wards in 2026 subject to resource availability

Justin O'Sullivan | Chief Pharmacist



Medical Social Work Department

Medical Social Workers engage early with patients to identify their concerns, establish rapport, and work with patients to address the personal, social and environmental challenges that come with ageing and disability. The Social Work team at Clontarf Hospital operates across all five wards, working as integral members of the MDT on each ward.

In 2025, the Department focused on delivering psychosocial support, discharge planning and patient advocacy. The Medical Social Workers are involved in discharge planning, managing patient and family expectations, negotiating supports, facilitating care planning meetings, applying for funding for care packages and applying for Fair Deal under the Nursing Home Support Scheme.

2025 Activity

Activity	2025
Total Referrals Received	1,298
Psychosocial Assessments Completed	1,298
Home Care Package Applications Managed	611
Care Planning Meetings Facilitated	309
Long-Term Care (Fair Deal) Applications	83
Safeguarding Concerns Managed	25
Children First Referrals	5

Social complexity is increasing year on year. In 2025, the team successfully managed a growing number of cases involving cognitive impairment and capacity concerns, complex family dynamics, housing issues (including homelessness and hoarding), addiction, mental health comorbidity, and safeguarding. The team works in close collaboration with the HSE's Safeguarding and Protection Teams, Homeless Services and Community Services to ensure that patients have the appropriate services upon discharge.



Information Days 2025

- World Elder Abuse Day — June 2025
- Safeguarding Awareness Day — November 2025
- Assisted Decision Making — Presentations to staff in August and September 2025
- Presentations by Citizens Advice and SAGE to patients and families — November 2025

Education, Research and Engagement

- Collaboration with the MDT on CGA research — presented as a poster at the IGS Conference 2025
- ICPOP: MDT Profile of Emergency and Community ICPOP Patients Admitted to a Rehabilitation Hospital
- Trinity College Dublin social work student placement facilitated, September–December 2025
- Participation in the development of the Rehabilitation Journey Booklet for patients and families
- Completion of the Inclusion Health Course at Trinity College Dublin
- Fundraising initiatives for GAZA, Médecins Sans Frontières and the Simon Community

Mary Duffy | Principal Medical Social Worker

Nutrition and Dietetics Department

The Department of Nutrition and Dietetics demonstrated significant growth in 2025, with increased patient activity, strengthened multidisciplinary collaboration and enhanced food service standards, while maintaining a person-centred approach to care throughout.

The department is led by the Dietetics Manager and operates across all five wards. This department operates a priority-based referral system categorised P1a to P1c to ensure the most clinically complex patients are seen first, including those with acquired brain injuries, neurological conditions, insulin-dependent diabetes, pancreatitis, complex wounds and liver disease. 100% of patients were screened for malnutrition risk using the MUST tool within 24 hours of admission and this is repeated weekly in line with mandated clinical guidelines. In 2025, 810 new patients were seen by the department.

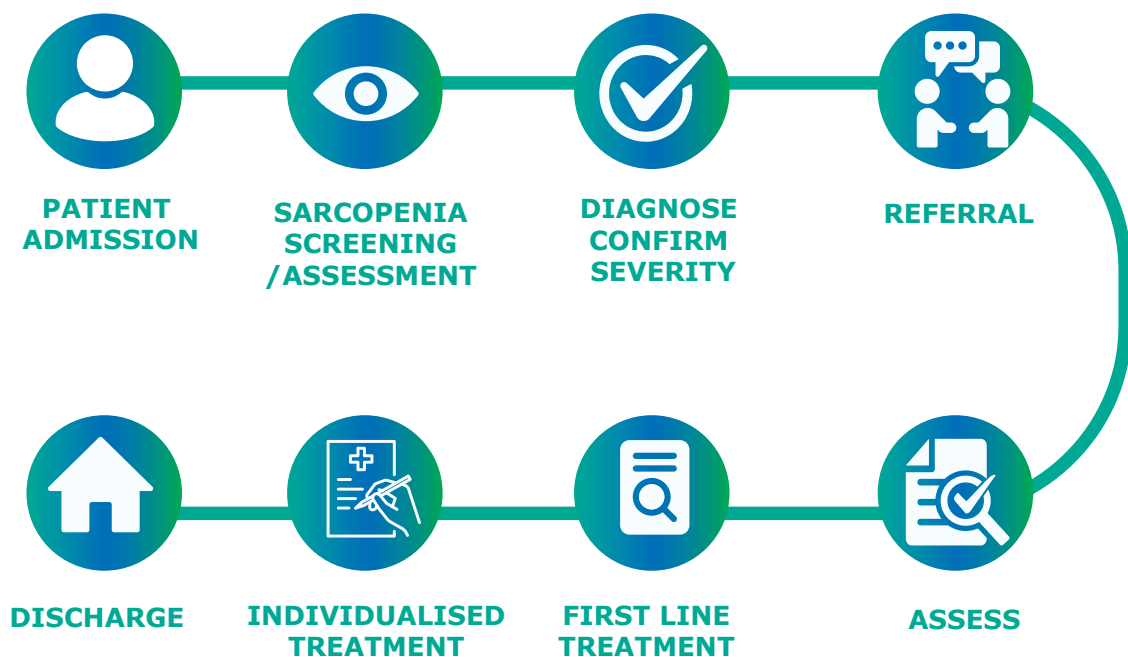
2025 Highlights	
	Departmental Growth & Development to provide person centered rehabilitation
	Increase in Priority Patients seen
	Inter Departmental work/ Committees
	Staff Training & Education
	Poster Conference Presentations

In Q3 and Q4, a temporary increase in senior staffing enabled the Beaumont Specialist Rehabilitation pathway to achieve a peak patient coverage of 47%, while the Mater Specialist Rehabilitation pathway reached 100%, resulting in a combined peak of 88% of priority patients seen by a Dietitian on Blackheath Ward during this period.

Sarcopenia Pathway

Physiotherapy and Dietetics completed a joint sarcopenia pilot in 2024, leading to hospital-wide screening in 2025 using EWGSOP Guidelines. Pilot data indicates that an average of 48% of monthly admissions aged over 65 years were diagnosed with probable sarcopenia. Over 50% of those completing the full nutritional and physiotherapy intervention pathway showed measurable sarcopenia reversal at discharge, which is a clinically significant outcome with direct implications for patient independence and quality of life.

Sarcopenia Pathway Clontarf Hospital



Committee Membership

Dietetics continued to work collaboratively with Catering and SLT, chairing the Catering Sub-Committee. Patient satisfaction with food quality and choice showed a marked improvement in 2025, reflecting the combined work of the Dietetics, Catering and SLT departments in developing the new menu cycle and ensuring texture-modified and therapeutic diets are both nutritionally appropriate and appetising. In addition, Dietetics chairs the Nutrition and Hydration Steering Committee, with dietetic representation also on the Dementia, Hip fracture, Frailty, Drugs & Therapeutics, Green Team and Rehab Journey Booklet Committee's and Working Groups.

Education and Training

Over 200 staff attended education and training on MUST screening, Protected Meal Times, Oral Nutrition Supplement Sampling and FEDS (Feeding, Eating, Drinking and Swallowing Difficulties) in November 2025. Two Dietetic staff members commenced post-graduate studies in Team Care (RCSI) and Diabetes (NUI Galway).

Sinead Shanley | Nutrition and Dietetics Department Manager



Speech and Language Therapy Department

In 2025, Speech and Language Therapy (SLT) services delivered care across five wards to 261 patients, providing 2,510 therapy hours. The team demonstrated strong adaptability throughout the year, responding rapidly to increasing patient complexity and ongoing staffing variability. Clinical prioritisation remained central, with a consistent focus on patient safety, risk management and meaningful functional outcomes.

The SLT Department is led by the SLT Manager and provides assessment and intervention for patients with dysphagia (swallowing disorders), acquired communication disorders (including aphasia, dysarthria, and cognitive-communication difficulties), and voice disorders. The department works closely with Nursing, Dietetics, the Medical team and Physiotherapy to ensure that swallowing safety, nutritional adequacy and communication access are addressed as core components of each patient's rehabilitation journey.

Clinical Outcomes by Ward (AUSToms)

The AUSToms (Australian Therapy Outcome Measures) tool is used to measure functional outcomes across swallowing, voice, speech, language, and activity, participation and well-being domains. The following outcomes were recorded across all five wards in 2025:

Ward	Clinical Profile	Average Key Outcomes
Blackheath	High-intensity rehab	Well-being (+0.54), Participation (+0.27), Activity (+0.27). Substantial gains in functional independence and quality of life.
Swan	Mixed dysphagia/ rehab	Swallowing (+0.27), Voice (+0.18), Participation and Well-being (+0.13).
Kincora	Mixed complexity	Speech (+0.08), Voice (+0.07), Swallow (+0.03). Steady progress across overlapping clinical needs.
Gracefield	Frailty maintenance	Stable — focus on risk mitigation. Participation (+0.03), Well-being (+0.01).
Vernon	High baseline function	Small gains (~+0.2 across domains). Maintenance and optimisation.

Discharge Routes and Onward Referrals

The more complex rehabilitation cohorts required ongoing post-discharge input, while frailer cohorts were more effectively stabilised within inpatient episodes.

Ward	Onward Referral Rate	Interpretation
Blackheath	63.5%	High ongoing multidisciplinary SLT need post-discharge
Kincora	40%	Moderate ongoing support required
Swan	~25%	Mostly contained inpatient episode
Gracefield	~25%	Low ongoing dependency
Vernon	~25%	Maintenance-focused care

Service Improvement

IDDSI (International Dysphagia Diet Standardisation Initiative) compliance improved from 64% to 84% over a four-month audit period, which is a significant patient safety achievement reflecting improved consistency in the preparation and labelling of texture-modified foods and thickened fluids across all wards. The SLT department remained actively involved in the Nutrition and Hydration Steering Committee, Frailty Committee, Oral Hygiene Project Group, and Hip Fracture Bundle development group.

Education and Development

A Senior Sophister Trinity College Dublin student completed their final 8-week block placement with the department. Key achievements for SLT staff in 2025 included completion of the RCSI Compassionate Leadership programme, advanced FEES (Fiberoptic Endoscopic Evaluation of Swallowing) training in collaboration with St. Mary's Hospital, and international endoscopy training, to build the department's capacity to manage the more complex dysphagia presentations.

Dr Orla Gilheaney | SLT Manager



X-Ray Department

The department provides a full general digital X-Ray service for inpatients across all five wards, as well as outpatient X-Ray services for patients referred by the Outpatient Clinic for Older Persons and in liaison with Beaumont Hospital for GP-referred patients in the catchment area. All images are reported by consultant radiologists at Beaumont Hospital.

2025 was another busy and productive year for the X-Ray Department at Clontarf Hospital. A more robust radiation quality assurance programme was introduced, with staff training for new QA equipment, development of new baselines for QA testing, and detailed monthly record-keeping of QA results across all equipment and protocols.

Staffing and Departmental Updates

Anne Ryan, our long-standing X-Ray Department Administrator, retired mid-year following many years of dedicated service to the department. Caroline Donnelly has since taken over the role and has settled in well. Julie Lucey joined as our new Medical Physicist Expert (MPE) and Radiation Protection Advisor (RPA).

2025 Activity

Activity	2025	2024
Inpatient X-ray Referrals	977	1,021
Outpatient X-ray Referrals	1,996	1,721
Total	2,973	2,742

Quality Assurance and Radiation Safety

- New Leeds TOR QA test tool purchased and used monthly on recommendation of the MPE
- AEC (Automatic Exposure Control) sensitivity testing added to the monthly QA routine
- Annual screening of lead aprons completed with no faults identified across any protective garment
- Annual X-ray risk review conducted by Julie Lucey in November 2025
- Annual physics QA completed by Julie Lucey in December 2025 with no issues identified
- Bi-annual Medray maintenance service completed with no issues reported
- No reportable incidents to HIQA or the EPA in 2025
- All staff mandatory radiation safety training fully up to date
- Annual Diagnostic Reference Levels (DRL) audit completed and all DRLs within national limits
- Staff dosimetry programme discontinued following risk review and Radiation Safety Committee approval.

Audit Strategy

Following the release of updated HIQA guidance on audit requirements for ionising radiation services, the department developed a revised audit strategy in line with the new requirements. All audits completed in 2025 followed this new format, covering clinical protocols, image quality, patient dose, referral criteria and patient experience. Radiography staff attended the Annual Radiation Safety Study Day at the Carlton Hotel.

Michelle O'Regan | Senior Radiographer



Chaplaincy Department

The Chaplaincy Department plays an essential role in Clontarf Hospital's holistic model of care, offering emotional, spiritual and pastoral support to patients, their families and staff. Working closely with the multidisciplinary team, the Chaplain promotes dignity, compassion and person-centred care throughout the hospital while supporting patients of all faiths.

Ms Miriam Molan retired from her role as Chaplain in early 2025 following many years of pastoral service to Clontarf Hospital. Gemma Yun joined in September 2025 and was warmly welcomed by all.

2025 Highlights

- Weekly Mass schedule recommenced with the support of Fr. John O'Brien and his colleagues Fr. John Callanan, Fr. Larry White and Fr. Sean Dempsey.
- Ceremony of Remembrance for loved ones lost during the year was held for staff on 17 November and for patients and their families on 24 November. Both ceremonies were deeply meaningful for all involved.
- A Tree of Life was installed in the oratory in November, where patients and staff can write their intentions for inclusion in the weekly Mass
- An Inaugural Coffee Morning on 1 December to express appreciation for priests and pastoral care volunteers provided an opportunity to acknowledge their ongoing generous support to the Hospital and patients, especially as many have provided many years of service.
- Annual carol service from Greenlanes Primary School delivered via video to patients throughout the wards on 18 December. There was very positive feedback received from patients and staff. The Hospital was very grateful to the school, teachers and students.
- Fr. Sean Dempsey celebrated Christmas Mass on 24 December, and a special visitor Santa made an appearance at the end. Thanks to staff who provided their support, time and skills to decorate the oratory and make this a very special Christmas occasion for the patients and their families.

Gemma Yun | Chaplain



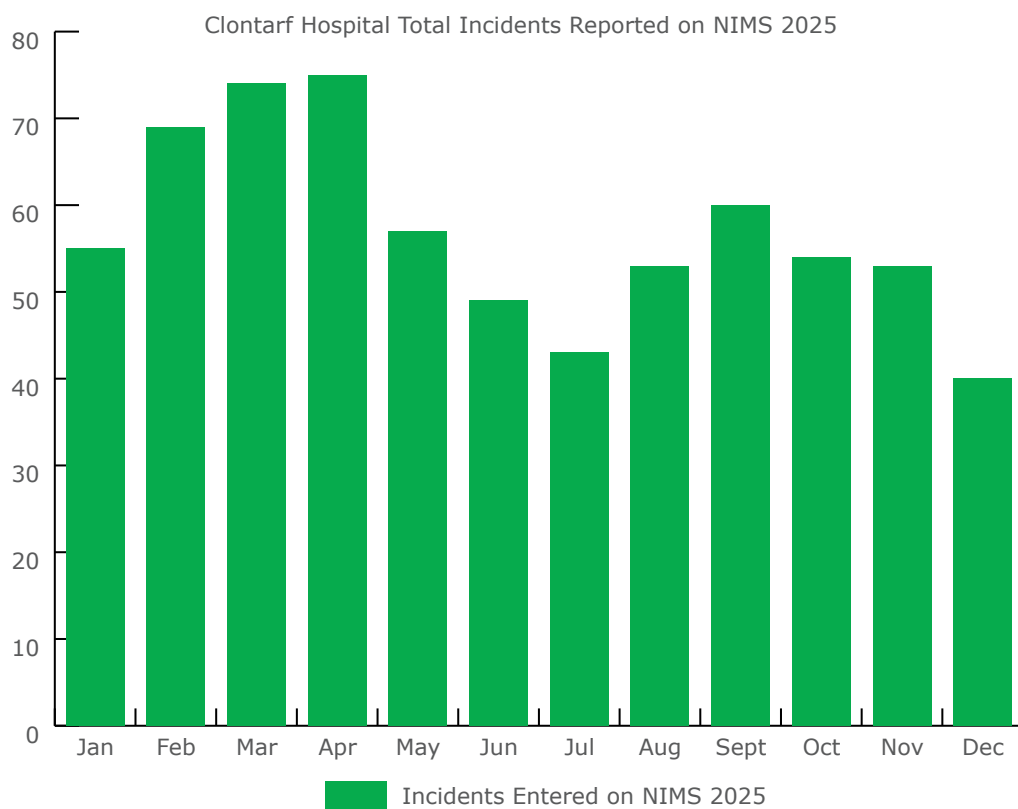
Quality, Patient Safety and Risk Management

The Quality, Patient Safety and Risk Management Department (QPSRM) supports Clontarf Hospital in its commitment to deliver high quality and effective patient care in an environment that is safe for patients, staff and visitors. The department is guided by the HSE National Incident Management Framework, the Integrated Risk Management Policy, and HIQA National Standards for Safer Better Healthcare.

The QPSRM function provides leadership and coordination across a wide range of clinical governance activities including incident reporting, risk management, complaints management, the patient experience survey, health and safety, policy governance, and regulatory compliance. The department reports to the CEO and the Quality, Safety and Risk Sub-Committee of the Board. In 2025, the internal governance structures for Quality and Patient Safety were strengthened with the establishment of the Hospital Quality and Patient Safety Committee and the Incident Oversight Group.

Incident Reporting

The Hospital reports all incidents in line with the HSE National Incident Management Framework (2020), entered onto the National Incident Management System (NIMS). A total of 685 incidents were reported in 2025, reflecting a positive culture of open reporting. The Hospital is committed to learning from patient safety incidents.



Complaints Management

There was a total of 8 formal complaints managed and closed in 2025. All complaints were managed in line with the HSE Complaints Management Policy 'Your Service Your Say'. The formal complaints process enables end-to-end management and tracking of complaints, investigations, outcomes, recommendations and learnings. A quarterly complaints report is presented to the Quality, Safety and Risk Board Sub-Committee

Patient Experience Survey 2025 and Patient Feedback

The annual Patient Experience Survey was administered across all five wards in July 2025. A high response rate of 82% was achieved, providing valuable qualitative and quantitative data on the patient experience across five domains of care. An overall inpatient experience score of 9.5 out of 10 was achieved. The department updated the "Patient Information Booklet" in 2025.

Patient Experience Survey 2025

Survey Background	
	5 Questions: Hospital & Ward Experiences regarding patient privacy and cleanliness of hospital, ward & bathroom
	3 Questions: Hospital Food Experiences with hospital food, including its quality, the availability of choice, and the provision of suitable options for those on special diets.
	10 Questions: Care & Treatment Experiences with communication, care from hospital services, pain management and involvement in decisions about treatment.
	2 Questions: Discharge Experiences with involvement in discharge planning and receiving adequate notice about discharge.
	2 Questions: Overall Overall experiences of being treated with dignity and respect and rating the inpatient stay at Clontarf Hospital

- 136 patients were invited to participate in the annual Patient Experience Survey in July 2025
- 111 patients participated, a response rate of 82%

Patient Experience Survey 2025



Conclusion
The overall inpatient experience score is **9.5** out of 10.

Areas for Improvement

	Activities for patients especially at weekends
	A coffee shop or somewhere you could sit and have a coffee
	Wifi and TV service could be improved
	Same day food ordering to avoid confusion at mealtimes
	Access to psychological support
	Patient involvement in discharge planning

Information Governance

In 2025, there were 105 requests for healthcare records under FOI or GDPR legislation. This is a 36% increase on the number of requests in 2024. All requests were managed in accordance with the applicable legislation. The Data Protection Officer supports the hospital's compliance with GDPR requirements across all clinical and administrative functions.

Risk Management

The Hospital's Risk Register was reviewed and updated throughout 2025. The Hospital is committed to managing risks in a proactive, integrated and accountable manner. Risk updates are presented quarterly to the Board's Quality, Safety and Risk Sub-Committee.

Staff Safety, Health and Welfare

The Hospital's Safety Statement was reviewed and approved by the Board in November 2025. Departmental Occupational Risk Assessments are being documented on an ongoing basis to identify and address specific hazards and the associated risks in each department. Area-specific chemical safety risk assessments were developed and made available to relevant staff. In line with legislation, the Hospital provided the required information for the Dangerous Goods Safety Advisor (DGSA) Annual Report for 2024. The DGSA audit in May and revisit in November found no non-conformances.

The Health and Safety Committee met on a quarterly basis. The committee includes representatives from the various departments across the Hospital. There is active and ongoing participation in this committee and a member of staff recently joined as the staff Safety Representative. Onsite training included: manual handling, patient moving and handling, fire safety awareness, fire marshal training and fire evacuation/discovery training.

Sal Dinneen | Interim Quality, Risk and Patient Safety Officer

Helen Kieran | Health and Safety Officer



Human Resources Department

The Human Resources Department played a central role in supporting Clontarf Hospital’s strategic objectives throughout 2025, with a strong focus on workforce development, organisational effectiveness and staff engagement. The HR function provides a comprehensive service across the full employee lifecycle from recruitment and onboarding through to development and training, performance management, well-being and retention, employee relations and retirement.

Our workforce



Total Workforce:
350
staff



Diversity:
14
nationalities represented

Our workforce reflects a vibrant and inclusive culture representing 14 nationalities. This diversity enhances collaboration, innovation, and patient care across the Hospital.

Where our staff come from



Ireland



United Kingdom



India



Romania



Pakistan



Latvia



Malaysia



Singapore



Philippines



Poland



Nigeria



South African Republic



Spain



Portugal

CEO Appointment

The successful completion of Clontarf Hospital’s CEO recruitment competition was a major milestone in 2025. The process was managed by the Governance, Remuneration and Nominations Sub-Committee of the Board and supported by the HR Department. Sincere thanks were extended to Michelle Fanning, former CEO, who retired in April 2025 following a period of dedicated service and leadership. Loraine Kennedy was warmly welcomed as incoming CEO.

HR Clinics

Further development and expansion of HR Clinics enhanced the accessibility and responsiveness of HR services, providing staff with timely, practical support across employment matters. Feedback from staff confirmed that this initiative strengthened communication, improved problem resolution and contributed positively to the employee experience.

Workforce Planning and Recruitment

The department led and supported several strategic recruitment and workforce planning campaigns in 2025, critical in addressing staffing needs of the Hospital. Recruitment was particularly active in nursing, therapy and medical disciplines. All recruitment was conducted in alignment with the HSE Pay and Numbers Strategy and the hospital’s approved staffing complement. A key priority in 2025 was delivering a high-quality, candidate-centred recruitment experience which is reflected in our recruitment and onboarding survey results below:

Recruitment and onboarding survey results		
	4.71 / 5	Overall satisfaction with the recruitment experience
	100%	Overall satisfaction with interview questions relevant to the role
	4.86 / 5	Overall satisfaction with communication with the recruitment team
	100%	Overall satisfaction with induction support from Line Manager and Team

Positive Workplace Culture

The Human Resources Department remained committed to fostering a positive workplace culture, with ongoing efforts in employee relations, policy development, and staff support contributing to a stable and engaged workforce.



Staff Wellbeing Initiatives 2025

- A wide range of initiatives contributed to staff wellbeing and morale in 2025:
- Workplace Wellbeing Day - Pilates, mindfulness, health screening
- 100 Miles Challenge – €1,500 raised for Irish Hospice Foundation
- Breast Awareness Day with the Marie Keating Foundation
- Halloween Staff Bake-Off
- Annual Christmas Door Decorating Competition across the Hospital
- Staff raffles and seasonal events
- Ongoing access to Employee Assistance Programme (EAP)

Retirements

2025 saw a number of long-serving colleagues retire from Clontarf Hospital. Their dedication, professionalism and lasting contribution to the hospital and its patients are gratefully acknowledged by management and Board. We wish them every happiness, health and fulfilment in the next chapter of their lives.

Ms. Jennifer Rafferty | HR Manager

Catering Services Department

In 2025, significant progress was made across food safety, facilities, patient satisfaction and staff engagement in the Catering Department. The department demonstrated a strong commitment to quality, compliance and continuous improvement through targeted investment, enhanced collaboration with clinical teams, and a sustained focus on staff development.

The Catering Department provides meals for all inpatients seven days a week, as well as catering services for staff. The department works closely with the Nutrition and Dietetics Department and the Speech and Language Therapy Department to ensure that all meals including texture-modified and therapeutic diets meet clinical requirements and patient preferences.

Patient Satisfaction

Metric	2025	2024
Patients always offered a choice of food	93%	86%
Food rated 'very good'	68% ↑	49%
Food Safety Professionals Association of Ireland Food Safety Audit	Distinction	Distinction

Key Achievements 2025

- Food Safety Professionals Association of Ireland Food Safety Audit — Distinction awarded, a significant quality assurance achievement
- Kitchen flooring and upgrade works were completed in August, improving hygiene, safety, workflow and regulatory compliance
- New menu cycle developed in collaboration with Nutrition and Dietetics and Speech and Language Therapy, including improved snack choices and enhanced texture-modified options
- All chefs completed QQI Level 5 food safety training with additional training in texture-modified and gluten-free meal preparation
- Daily fresh salad bar, themed food events and an annual catering engagement calendar introduced for staff
- The Catering Department participated in the hospital's Halloween and Christmas events, contributing to staff morale and culture

Staff Farewell

We would like to acknowledge our Catering Manager, Gillian McKeown, who resigned in December 2025. We extend sincere thanks for her significant contribution to the development of the Catering Department and wish her every success in the future.

We would really like to acknowledge the Irish Wheelchair Association who provided their facility to us while our kitchen renovations were being completed.

Patricia Newman | Catering Manager



General Services Department

The General Services Department supports all services across the Hospital, adopting a patient-centred approach to make the patient experience as comfortable as possible. Services include Portering, Stores Management, support to Medical Records, and management of Waste Disposal Contracts.

Portering

The Porters provide a 24-hour service seven days a week, all year round. Core responsibilities include patient transfers within the hospital, collection and segregation of healthcare and non-healthcare waste, linen handling, reception and administration duties, collection and delivery of medicines to the Pharmacy Department, and daily cleaning of wards and staff changing rooms.

The Portering team plays a vital and often unseen role in the smooth and safe functioning of the hospital. Their reliability, responsiveness and willingness to support patients and clinical staff in all circumstances is deeply valued by the organisation. This team is represented on the Falls Prevention Committee and the Green Team.

Stores

The Stores Department provides healthcare and non-healthcare supplies to all departments on a daily basis. The team works closely with the Procurement Department and all service managers to ensure supply continuity.

Healthcare Records

The General Services Manager continued to complete HIPE Coding and provided support to the Administration Department by managing the transport, storage and archiving of all healthcare records in accordance with the hospital's Records Management Policy.

Audit

The department participated in the Hospital Hygiene Audit in conjunction with the IPC Team and the Dangerous Goods Safety Advisor (DGSA) Audit in conjunction with the Health and Safety Officer. Both audits were completed without significant findings.

Will Judge | General Services Manager



ICT Department

The ICT Department supports all services across the Hospital and enables clinicians, managers and staff to access accurate and timely information when it is needed, while safeguarding patient data and ensuring continuity of critical systems and services. 2025 was a particularly significant year for ICT, with infrastructure investment and the expansion of a structured cybersecurity improvement programme. These developments are essential to position Clontarf Hospital for the digital healthcare demands of the coming decade.

Objectives for 2025

- Replace all end-of-life core ICT infrastructure to improve reliability, performance and resilience
- Implement cybersecurity controls and technologies to better protect digital assets, systems and data

Network Infrastructure Upgrade

Firewall Replacement

The legacy firewall was replaced with a modern, high-availability configuration featuring active primary and secondary firewalls. This provides enhanced resilience, security and reduced risk of service outage affecting clinical and administrative operations.

Network Switch Replacement

Replacement of obsolete network switches was completed, introducing a clear separation between core and access switching layers. The hospital network was restructured providing better network service continuity and resilience in the event of a component failure.

Windows Server Modernisation

Replacement of servers running end-of-support operating systems and applications was completed, improving system reliability, compatibility and the overall security posture of the hospital's IT environment.

Cybersecurity Initiatives

Virtual Chief Information Security Officer (vCISO)

A vCISO was engaged to assess the hospital's cybersecurity posture and recommend a structured improvement roadmap aligned with the ISO/IEC 27001 information security management framework. A key deliverable was the establishment of an ICT Risk Register, enabling prioritisation of cybersecurity initiatives in a structured and measurable way. An ICT Security Policy Framework was also developed.

Exchange Online Migration

Migration from on-premises Microsoft Exchange to Exchange Online (Microsoft 365) was initiated in 2025, improving availability, security, spam and phishing protection, and remote access for all staff.

Patient Wi-Fi Replacement

Obsolete patient wireless infrastructure was replaced with modern access points providing improved security, performance and compatibility with contemporary mobile devices, thus enhancing the patient experience and reducing IT support requirements.

Nelson Figueroa | IT Network and Security Administrator



Estates and Maintenance Department

The Estates and Maintenance Department continues to deliver critical infrastructure services to Clontarf Hospital, ensuring maximum operational efficiency in support of safe patient care. Throughout the past year, the department successfully managed the hospital's physical infrastructure by coordinating, planning, and supervising a complex matrix of plant operations, mechanical and electrical services, and building systems.

Operationally, the Maintenance Team sustained its commitment to service excellence by managing a high volume of both daily reactive repairs and scheduled preventative maintenance. Through rapid response protocols, the team successfully minimised system downtime, ensuring that critical patient-facing and clinical facilities remained fully operational.

A focus for the year was active engagement with HSE Estates in relation to Minor Capital funding to advance essential infrastructure upgrades. Projects completed in 2025 included:

- Security Doors Blackheath & Gracefield Wards
- Shower Room Upgrades Blackheath & Gracefield Ward
- Bed Replacement Project whole hospital
- Replacement of Main Kitchen Floor & relocation of kitchen to IWA during works
- Painting of Bays on Gracefield Ward
- Replacement of Hot Water Boilers in Boiler House 2

Demonstrating a holistic commitment to the hospital's broader strategic goals, department staff maintained active leadership and participation across key multidisciplinary committees, including the Health and Safety Committee, the Infection Control and Hygiene Committee, and the Green Committee.

Tony Kerrisk and Pat Tyrell | Maintenance Team



Energy and Sustainability Department

An Energy Officer commenced in role for the Hospital in Q4 2025. This is a key role in driving Clontarf Hospital's commitment to the environmental sustainability, cost-effective use of resources and compliance with national energy and carbon-reduction policies. In line with the Public Sector Climate Action Mandate and SEAI Monitoring and Reporting requirements, the Hospital is working to reduce energy, water and waste consumption, and to enhance biodiversity across the campus.

The appointment of a dedicated Energy Officer represents a significant investment in the hospital's sustainability agenda and provides the capacity, expertise and focus needed to develop and deliver a meaningful decarbonisation programme. The Energy Officer works across all departments supported by the Green Team, which is a group of staff representatives from across many departments in the Hospital.

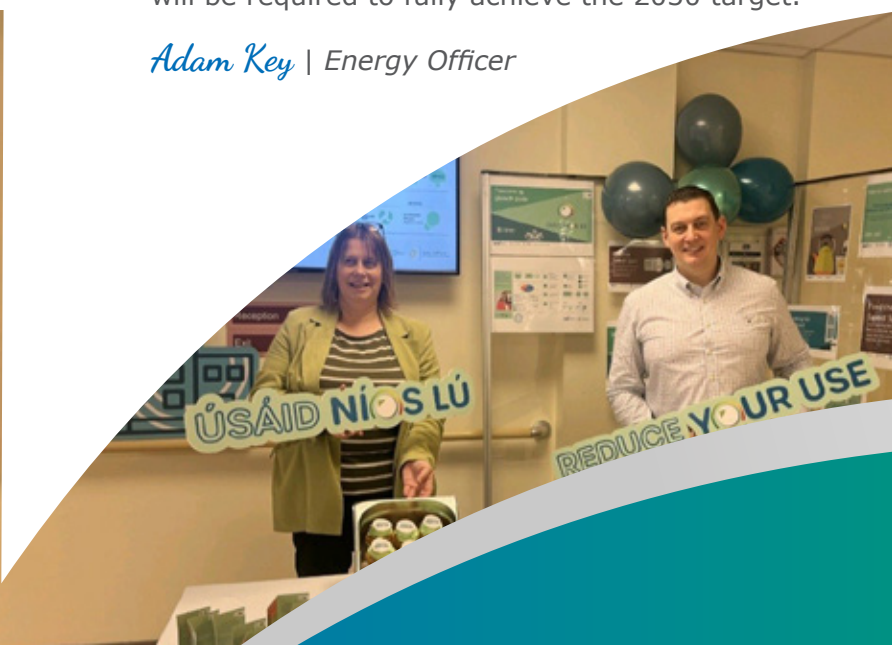
2025 Achievements

- Accurate tracking of energy, water and waste consumption established from October 2025
- Committed to an energy decarbonisation partnership programme with the SEAI in Q4 2025
- SEAI-supported environmental awareness strategy launched in December 2025
- Reduce Your Use campaign - Winter staff energy awareness campaign commenced in October 2025
- 3% reduction in gas and electricity consumption between October and December 2025 compared to the same period in 2024
- Green Team re-established
- Staff engagement events and surveys on sustainability and energy reduction

2030 Decarbonisation Target

As a publicly funded body, Clontarf Hospital is working toward its 2030 decarbonisation target of 51% below the 2016–2018 baseline, as required under the Public Sector Climate Action Mandate. A project pipeline has been developed using the SEAI gap-to-target tool, identifying the key interventions required to achieve the target. HSE capital funding support will be required to fully achieve the 2030 target.

Adam Key | Energy Officer



Administration Team

Throughout 2025, our administrative team including ward clerks, medical secretary, receptionists, administrative support staff, HIPE staff and X-ray booking coordinator played a vital role in the operations of the Hospital and in our patients' recovery journeys. Working with compassion and professionalism, they established a safe, supportive environment where patients and their families felt valued and respected.

The Administration Team ensures the smooth functioning of the hospital's administrative processes from patient admission and records management, through scheduling, correspondence and data quality, to the management of information requests and communications. This work underpins clinical care, regulatory compliance and the quality of the patient experience.

Key Contributions 2025

- Ward Clerks provided a reassuring and organised presence on the wards, managing critical patient information to support consistent, person-centred clinical care
- The Medical Secretary co-ordinated complex clinical correspondence and ensured timely and responsive scheduling for consultants
- Receptionists welcomed patients and their families with kindness and efficiency, setting a positive and reassuring tone for the hospital experience from the outset
- Administrative support staff adapted to evolving demands throughout the year, whether answering calls, preparing records, co-ordinating appointments or assisting clinical teams
- HIPE staff ensured the accuracy and timeliness of healthcare records coding, supporting clinical governance and activity reporting
- The X-Ray Booking Coordinator ensured smooth and timely scheduling across the inpatient and outpatient radiology service
- The Administration Team also supported the development of the Outpatient Clinic for Older Persons scheduling process in 2025.



Procurement Department

The Procurement Officer works closely with all hospital departments to ensure required goods and services are available to support patient care, while maintaining procurement governance, compliance, and value for money. Other projects in 2025 included the mattress replacement programme

During 2025, the Procurement Department progressed a number of key projects supporting hospital operations, infrastructure, and patient care. This included the successful progression and delivery of the bed replacement programme, with 127 beds replaced under HSE National Equipment Replacement Programme funding. This funding support enabled the timely advancement of this important clinical infrastructure project and the upgrade of the CCTV system throughout the hospital.

The Procurement Officer continues to play a key role in the management of Hospital Stores and Linen services. This includes contract management and ongoing engagement with suppliers to ensure continuity of supply, effective service delivery, and smooth day-to-day operations.

Michelle Millar | Procurement Officer



Senior Hospital Staff

Chief Executive Officer	Ms Michelle Fanning (Retired 27 April 2025) Ms Loraine Kennedy (Joined 28 April 2025)
Head of Operations	Ms Bernadette Saunders
Chief Finance Officer	Mr Billy Mulcahy
Consultant Radiologist	Professor Martina Morrin
Consultant Microbiologist	Professor Edmund Smyth
Attending Consultants	Dr Eva Gaynor Dr Lucy Chapman Dr Mina Al-Emam Prof Dermot Power Dr Shelina Seebah (Resigned Oct 2025) Dr Filipa Aguiar Dr Roisin Purcell Dr Lilia Zaporozhan Dr Ruth Comber (Joined Oct 2025) Dr James Murphy (Joined Nov 2025)
Attending Registrars	Dr Azharul Omar Dr Conall Kavanagh Dr Stuart Lee Dr Rory Kelleher (Joined Jul 2025) Dr Harrison Etokhana (Resigned Jul 2025) Dr Taimoor Warraich (Joined Jul 2025)
Director of Nursing	Ms Ciara Dowling
Assistant Directors of Nursing	Ms Elaine Hannigan Ms Olive Doyle
Physiotherapist Manager	Ms Claire Fagan
Occupational Therapy Manager	Ms Monica Devine
Dietetic Manager	Ms Sinead Shanley

Principal Medical Social Worker	Ms Mary Duffy
Chief II Pharmacist	Mr Justin O' Sullivan
Speech and Language Therapy Manager	Dr Orla Gilheaney
Senior Radiographers	Ms Pamela Murray Ms Michelle O'Regan
Quality Manager	Ms Breeda Mangan
Risk Manager	Ms Milcent Chinyemba (Resigned Oct 2025) Ms Breeda Mangan (Interim Oct 2025)
Health & Safety Manager	Ms Helen Kieran
Human Resources Manager	Ms Jennifer Rafferty
Catering Manager	Ms Gillian McKeown (Resigned Dec 2025) Ms Patricia Newman (Interim Dec 2025)
General Services Manager	Mr William Judge
Pastoral Care	Ms Miriam Molan (Retired Mar 2025) Gemma Yuen (Joined Oct 2025)



SECTION 3

FINANCIAL REPORTS

Independent Auditors Report

INDEPENDENT AUDITORS REPORT TO THE MEMBERS OF INCORPORATED ORTHOPAEDIC HOSPITAL OF IRELAND

Report on the audit of the financial statements

Opinion on the financial statements of Incorporated Orthopaedic Hospital of Ireland ("the company")

In our opinion the financial statements:

- give a true and fair view of the assets, liabilities and financial position of the company as at 31 December 2025 and of the net movement in funds for the financial year then ended; and
- have been properly prepared in accordance with the relevant financial reporting framework and, in particular, with the requirements of the Companies Act 2014.

The financial statements we have audited comprise:

- the Statement of Financial Activities (incorporating an Income and Expenditure Account);
- the Balance Sheet;
- the Statement of Cash Flows; and
- the related notes 1 to 24 including a summary of significant accounting policies as set out in note 2.

The relevant financial reporting framework that has been applied in their preparation is the Companies Act 2014 and FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' issued by the Financial Reporting Council ("the relevant financial reporting framework").

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (Ireland) (ISAs (Ireland)) and applicable law. Our responsibilities under those standards are described below in the "Auditor's responsibilities for the audit of the financial statements" section of our report. We are independent of the company in accordance with the ethical requirements that are relevant to our audit of the financial statements in Ireland, including the Ethical Standard issued by the Irish Auditing and Accounting Supervisory Authority, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Material uncertainty related to Going Concern

We draw attention to Note [2.4] in the financial statements, which indicates that the Company is dependent on funding from the Health Service Executive (HSE) and, as outlined in the Directors' Report, a number of events and conditions exist, including projected funding deficits and potential changes to the HSE funding model. These events and conditions indicate that a material uncertainty exists that may cast significant doubt on the Company's ability to continue as a going concern.

As stated in Note [2.4], the Directors have prepared the financial statements on a going concern basis, having considered cash flow forecasts, ongoing funding discussions with the HSE, and planned mitigating actions. On this basis, the Directors consider that the Company will have adequate resources to continue in operational existence for the foreseeable future.

In auditing the financial statements, we have concluded that the Board members' use of the going concern basis of accounting in the preparation of the financial statements is appropriate. However, should the Company be unable to continue as a going concern, it may be unable to realise its assets and discharge its liabilities in the normal course of business. The financial statements do not include any adjustments that would result from this uncertainty. Our opinion is not modified in respect of this matter.

Other information

The other information comprises the information included in the Annual Report and Audited Financial Statements, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information contained within the Annual Report and Audited Financial Statements. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Responsibilities of directors

As explained more fully in the Directors' Responsibilities Statement, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and otherwise comply with the Companies Act 2014, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.



In preparing the financial statements, the directors are responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (Ireland) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (Ireland), we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of the auditor's report. However, future events or conditions may cause the entity (or where relevant, the group) to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that the auditor identifies during the audit.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Companies Act 2014

Based solely on the work undertaken in the course of the audit, we report that:

- We have obtained all the information and explanations which we consider necessary for the purposes of our audit.
- In our opinion the accounting records of the company were sufficient to permit the financial statements to be readily and properly audited.
- The financial statements are in agreement with the accounting records.
- In our opinion the information given in the directors' report is consistent with the financial statements and the directors' report has been prepared in accordance with the Companies Act 2014.

Matters on which we are required to report by exception

Based on the knowledge and understanding of the company and its environment obtained in the course of the audit, we have not identified material misstatements in the directors' report.

We have nothing to report in respect of the provisions in the Companies Act 2014 which require us to report to you if, in our opinion, the disclosures of directors' remuneration and transactions specified by law are not made.

Use of our report

This report is made solely to the company's members, as a body, in accordance with Section 391 of the Companies Act 2014. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Keith Doyle

For and on behalf of

Azets Audit Services Ireland Limited

Statutory Audit Firm

3rd Floor

40 Mespil Road

Dublin 4

D04 C2N4

Date:

27 May 2026



Financial Statements 2025 Excerpt

STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING INCOME AND EXPENDITURE ACCOUNT)

FOR THE YEAR ENDED 31 DECEMBER 2025

		Restricted funds 2025 €	Unrestricted funds 2025 €	Total funds 2025 €	Total funds 2024 €
INCOME FROM:					
Charitable activities	4	27,588,154	550	27,588,704	26,364,616
TOTAL INCOME		27,588,154	550	27,588,704	26,364,616
EXPENDITURE ON:					
Charitable Activities	5, 6	28,125,831	1,448	28,127,279	26,846,601
TOTAL EXPENDITURE		28,125,831	1,448	28,127,279	26,846,601
NET INCOME (EXPENDITURE)	15	(537,677)	(898)	(538,575)	(481,985)
Transfers		403,107	(403,107)	0	0
NET MOVEMENT IN FUNDS		(134,570)	(404,005)	(538,575)	(481,985)
RECONCILIATION OF FUNDS:					
Total Funds brought forward	15	180,503	17,123,753	17,304,256	17,786,241
Net movement In funds		(134,570)	(404,005)	(538,575)	(481,985)
TOTAL FUNDS CARRIED FORWARD		45,933	16,719,748	16,765,681	17,304,256

The Statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

BALANCE SHEET

AS AT 31 DECEMBER 2024

	Note	2025 €	2024 €
FIXED ASSETS			
Tangible Assets	10	16,555,975	16,559,614
		<u>16,555,975</u>	<u>16,559,614</u>
CURRENT ASSETS			
Stocks	11	107,026	104,947
Debtors	12	2,053,647	2,431,127
Cash at bank and in hand		267,901	410,370
		<u>2,428,574</u>	<u>2,946,444</u>
Creditors: amounts falling due within one year	13	(2,218,868)	(2,201,802)
NET CURRENT ASSETS		<u>209,706</u>	<u>744,642</u>
TOTAL NET ASSETS		<u>16,765,681</u>	<u>17,304,256</u>
CHARITY FUNDS			
Restricted funds	15	45,933	180,503
Unrestricted funds	15	16,719,748	17,123,753
TOTAL FUNDS		<u>16,765,681</u>	<u>17,304,256</u>

The Directors acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and preparation of financial statements.

The financial statements were approved and authorised for issue by the Directors and signed on their behalf by:

Dr Geraldine Regan
Mr John Byrne

Date: 26 May 2026



Blackheath Park
Clontarf
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