

44TH ANNUAL REPORT

2024

Achieving Goals,
Reaching Potential



Commission for Accreditation
of Rehabilitation Facilities
Details of NRH Accreditation on
www.nrh.ie

Our Mission

The National Rehabilitation Hospital espouses the values upon which it was established, to provide high quality care and treatment to patients irrespective of background or status, but on the basis of need. The hospital, in partnership with the patients and families, endeavours to achieve health and social gain through effective treatment and education of patients who, following illness or injury, require dedicated interdisciplinary rehabilitation services. The hospital aims to achieve this in a manner that is equitable and transparent in its service delivery, sensitive and responsive to those availing of its services and supportive of the staff entrusted with its delivery.

PATIENT ACTIVITY – INPATIENTS AND DAY-PATIENTS DISCHARGED 2024



143

Spinal Cord
System of Care



116

Brain Injury
Programme



99

Stroke Specialty
Programme



141

Prosthetic, Orthotic
and Limb Absence
Rehabilitation



104

Paediatric
Programme



603

Total Inpatient
and Day-patient
Discharges

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Chairman's Report



Kieran Fleck
Chairman

Business Transfer from NRH Trust to NRH CLG (Company Limited by Guarantee)

On 30 September 2024, the legal structure of the hospital transferred from the Trust structure (established by the Sisters of Mercy), to a corporate structure, namely a company limited by guarantee (CLG). The business, assets, and liabilities of the 'National Rehabilitation Hospital Trust' were transferred to the 'National Rehabilitation Hospital CLG'. The NRH remains as a voluntary, publicly funded hospital and will continue to carry on its activities in exactly the same way as it had prior to completion of the business transfer.

The Board of Directors of NRH CLG are committed to continuing to govern the Hospital in line with the ethos, values, and philosophy upon which it was established, in the provision of high-quality care and treatment to patients from throughout Ireland, who require a programme of specialist rehabilitation services following an accident, illness or injury.

In addition to the business transfer, the lands and premises situated at the National Rehabilitation Hospital, Pottery Road, Dun Laoghaire were transferred by the Trustees to the Health Service Executive (HSE) under a Contract for Sale, incorporating an agreed 150-year lease of the property between the HSE and NRH CLG, on condition that the HSE continues to fund the Hospital for the provision of specialist rehabilitation services on the NRH site.

With the business transfer and lands transfer completed in September 2024, the Trust established by the Sisters of Mercy in 1961 was dissolved and replaced. NRH CLG now moves forward as an autonomous, self-perpetuating Company Limited by Guarantee. The Board Members will appoint its own Directors into the future, with no further involvement from outside organisations.

The Board is extremely grateful to the Sisters of Mercy and to current and former Board members for their time, expertise, and guidance in assisting the NRH Board in reaching this historic milestone in the hospital's history.

Appointment of Chief Executive Officer

In December, the Board announced the appointment of June Stanley as Chief Executive Officer following HSE approval of the Post and completion of the recruitment process with the assistance of an external facilitator. We wish June every success in the role as we move forward to progressing with the next phases of the new hospital development and further developing the organisational strategy.

The New Hospital Development

In September 2024, Taoiseach Simon Harris officially opened Phase 1 of the 3 phase Capital Redevelopment Project at the NRH. At the celebratory event, Mr Harris acknowledged that Phase 1 of the project was delivered on time and within budget. The Directors continue to strongly advocate for support to appoint the design team for the project, and for the funding commitment to progress the next phases of the redevelopment project as expeditiously as possible, to meet the needs of people requiring early, timely admission to the NRH, now and in the future.

NRH Reporting Structure

The HSE structure was reconfigured in 2024 and six new Regional Health Authorities (RHAs) replaced the previous Hospital Groups structure as one of the reforms set for implementation under Sláintecare. The NRH reporting structure transferred from the Ireland East Hospital Group to the HSE Dublin and South East (DSE) Regional Health Authority. We look forward to developing strong links and working together with our DSE colleagues.

Corporate Governance

In line with the principles of good corporate governance, the NRH Board structure incorporates annual evaluation of the Board and its meetings; review of the Terms of Reference of Board sub-committees; review of duties and liabilities of Board members; compliance with legal and regulatory frameworks and GDPR regulations. Membership of staff and patient representatives on the Board greatly enhances its knowledge and understanding of hospital matters. Board members attend training and external reviews as part of its robust corporate governance practices.

The Board participates in the CARF (Commission for Accreditation of Rehabilitation Facilities) accreditation survey within the Leadership and Governance Accreditation Standards. CARF is an independent, international accrediting body for Rehabilitation Services.

NRH Board of Directors

On behalf of the patients we serve, I thank each Board Director for your ongoing work and commitment to the NRH. We highly value the contribution each Director makes in sharing their expertise and experience towards achieving the Hospital's strategic objectives. The Directors, and the members and Chairpersons of Board Sub-Committees give their time, voluntarily and without remuneration, in the interests of the Hospital and the patients we serve.

The late Mr Henry Murdoch served as a Member and Director of NRH CLG until his resignation as a Director on 4th November 2024. Henry had previously served on the original NRH Board of Management as a Board Member commencing in 1980, subsequently as Chairman for 17 years, and then continuing as a Board Member. Henry Murdoch's contribution and service to the NRH has to be acknowledged as enormous, unparalleled and selflessly dedicated to the delivery of improved rehabilitation services for our patients. The Board of Directors also acknowledge with gratitude Henry's steadfast commitment to delivering those rehabilitation services in a world class and suitable environment with appropriate governance and oversight.

We were saddened also to learn of the passing of Breda Moriarty who served as Patient Representative on the NRH Trust Board of Management until her resignation from the Board in February 2024. Breda made a very significant contribution over many years and her commitment to the Board and the hospital in the best interests of the patients is greatly appreciated.

Internal Audit

The NRH appointed an Internal Auditor in July 2024. The purpose of the Internal Audit function is to strengthen the ability of the NRH to create, protect, and sustain value by providing the Board of Directors and management with independent, risk-based, and objective assurance, advice, insight and foresight, in assisting the Hospital to accomplish its objectives.

Technological Initiatives

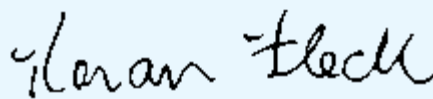
Opportunities to tailor the delivery of rehabilitation services through technology and innovation are being met with great enthusiasm by staff. In 2024, the Digital Technology Steering Committee, Chaired by Board Director Andrea Hanson, worked to develop, promote and advance the NRH Digital Strategy in line with the hospital strategy, HSE Digital Strategy and eHealth Ireland. The aim is to embrace digital developments to support all stakeholders including patients and service users, hospital staff, colleagues in the wider healthcare system, and the public.

Hospital Activity and Performance Data Reporting

Monthly Activity and Performance Data reports are circulated to the Board to ensure its members are fully informed in relation to all key issues and milestones on an ongoing basis. Each month an anonymised Patient Story is presented to the Board by a member of the Medical Team and clinical colleagues to highlight the work undertaken by NRH Interdisciplinary Teams, the challenges of highly complex cases, and the outcomes achieved.

Note of Appreciation

We extend our thanks and appreciation to the HSE and Dublin South East Regional Health Authority for their ongoing support and look forward to working constructively together to maintain and improve the invaluable services provided by the NRH. We are grateful for the continued assistance and services from our Auditors, Robert J. Kidney and Company.



Kieran Fleck
Chairman

Chief Executive's Report



June Stanley
Chief Executive

Business Transfer from the NRH Trust to a Company Limited by Guarantee (CLG)

2024 was a momentous year for the NRH as the organisation's legal structure was transferred from the 'National Rehabilitation Hospital Trust' to 'National Rehabilitation Hospital CLG (Company Limited by Guarantee)' in September. While this was part of an internal business restructure, and the Trust structure established by the Sisters of Mercy in 1961 was dissolved, the services and day to day running of the hospital remained unaffected for patients, staff, the wider healthcare community and all other stakeholders of the NRH. The staff and management of the hospital, on behalf of the patients served since 1961, extend their heartfelt gratitude and appreciation to the Sisters for their dedication to the hospital and on reaching this historic and momentous occasion.

The Business Transfer Committee, comprised of members of the hospital management team and Chaired by Board Director Elizabeth Maguire, worked assiduously to ensure that the preparations for the business transfer, including the legal, financial, workforce and stakeholder engagement components met given deadlines to enable the transfer to be completed on 30th September.

NRH Capital Redevelopment Project

In September, patients, staff, volunteers and invited guests including TDs, local Councillors and retired staff celebrated the official opening of Phase One of the three-phase Capital Redevelopment Project by Taoiseach Simon Harris, TD.

The business case developed by the NRH management team in preparation to appoint a Design Team for Phase Two of the New Hospital Capital Project was submitted as part of the HSE's Strategic Assessment Report (SAR) process and progressed to Feasibility Study stage in 2024. The focus of the NRH is to provide the therapy space, ambulatory care and additional rehabilitation beds required to meet the increasing needs of those requiring complex specialist rehabilitation services nationally. The hospital has made a case for all of the additional services and beds needed to be provided as a matter of urgency.

NRH Reporting Structure

During 2024, The HSE changed from the Hospital Groups reporting structure to Regional Health Authorities (RHAs). Six RHAs were established and the NRH comes under the HSE Dublin and South East (DSE) Regional Health Authority. the HSE stated that a Health Region approach will play a pivotal role in supporting the achievement of integrated care and moving toward universal healthcare. We look forward to working closely with our colleagues from DSE and other regions to further develop specialist rehabilitation services for the national population.

Highlights and Key Issues in 2024

STAFFING MATTERS

A number of issues had a significant impact on staffing in the hospital in 2024. The challenges include: the move from

a recruitment embargo to the introduction of the HSE National Pay & Numbers Strategy in July; challenges in recruiting Health & Social Care Professionals in the context of national shortages in these disciplines; and the prohibitive cost of accommodation in the local area. The HR team and management colleagues across the hospital continue to work collaboratively and creatively with the aim of providing continued opportunities for career development as well as attracting and retaining excellent employees to the NRH.

DELAYED TRANSFERS OF CARE

The ongoing significant challenge of Delayed Transfers of Care (DToC) for the NRH affects patients' admission to our services. A working group of representatives from the HSE and the NRH continued working to explore if an improved model can be developed to reduce the impact of this issue on all services, which has resulted in some positive outcomes to date.

THE NRH BOARD OF DIRECTORS

On behalf of the staff, I would like to formally acknowledge all the work that the Board of Directors undertake to maintain our governance structure to the highest possible standard. The Board guides us through challenging times, including overseeing strategic developments and promoting the case for progressing to the next phases of the New Hospital Capital Project for the benefit of patients and staff, now and into the future. The management and staff are very cognisant that the Board and Chairman – Mr Kieran Fleck, supports the hospital as diligently as they do. Thank you sincerely for your ongoing support, and your time and commitment to the hospital, which is given on a voluntary basis by every Board Director.

DEPUTY CEO AND DIRECTOR OF OPERATIONAL SERVICES

I would like to congratulate Dr Amanda Carty who has been appointed by the Board as Deputy CEO and Director of Operational Services; I wish Amanda every success in the role.

DIGITAL TECHNOLOGY

In 2024, the Digital Technology Steering Committee and Data Steering Committee worked to develop, promote and advance the use of technology to support the work of the hospital in measuring performance data and activity, planning forward, enhancing the delivery of services to patients and service users, and engagement with all stakeholders including patients, families and carers, hospital staff and colleagues in the wider healthcare system.

In October, representatives from the World Health Organization visited the NRH to gather information on the hospital's Digital and Assistive Technologies in relation to the evaluation of Ireland's capacity to finance, regulate, procure, and provide assistive technology - Assistive Technology Capacity Assessment (ATA-C). In December, HSE Interim Deputy CEO & Chief Technology and Transformation Officer visited the NRH to view and discuss the successful roll-out of the Electronic Patient Record (EPR) and Electronic Prescribing Medicine Administration (EPMA) in the NRH – one of the first hospitals in the country to implement an EPR.

In 2024 the NRH was the first Irish hospital to introduce the American Heart Association's Resuscitation Quality Improvement (RQI) programme which is designed to enhance the quality of CPR training using highly realistic simulations.

HOSPITAL MAJOR EMERGENCY PLAN

The Hospital Major Emergency Plan (HMEP) was updated and rolled out in 2024. The plan outlines the responsibilities of individuals and departments in the event of a major emergency. It prioritises specific requirements and actions and establishes how the major emergency should be managed.

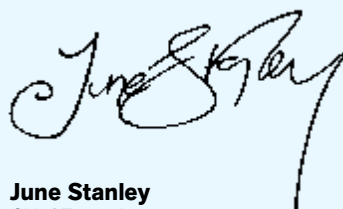
NATIONAL TRAUMA STRATEGY

Rehabilitation is an integral part of a trauma network, and as the national provider of complex specialist rehabilitation services, the NRH continued its involvement in the process for the National Trauma Strategy launched by the HSE and Department of Health. Mr Keith Synnott is National Clinical Lead for Trauma Services in Ireland. Dr Éimear Smith is Clinical Lead for the Central Trauma Network and members of the NRH Management Team are involved in the development of the Strategy.

In Conclusion

I look forward to continuing to work with an excellent and skilled team of Staff, Clinicians and Healthcare Professionals. While the healthcare landscape has changed, and the legal structure of the hospital has changed, the founding ethos and values remain as an integral part of the mission of the NRH, in providing high-quality care and treatment to those in need of our services, being person-centred in all that we do, and doing all we can to support patients and their families on their journey towards recovery.

I look forward to working with the Board of Directors and Hospital Management Team to develop the NRH Strategy and Implementation Plan in 2025.



June Stanley
Chief Executive

NRH Board of Directors



Mr Kieran Fleck
Chairman



Mr Donal Collins
Deputy Chairman



Mr Henry Murdoch
(to November)



Mr Paul McNeive



Ms Eilish Macklin



Ms Elizabeth Maguire



Mr Dermot Quinn



Dr John O'Keeffe



Mr Terence Liston



Mr Michael Meghan



Ms Andrea Hanson



Mr Gerry Hennigan

NRH Committees

Board of Directors, NRH CLG

Mr Kieran Fleck
Chair

Mr Donal Collins
Deputy Chair

Mr Henry Murdoch
(to November)

Mr Paul McNeive

Ms Eilish Macklin

Ms Elizabeth Maguire

Mr Dermot Quinn

Dr John O'Keefe

Mr Terence Liston

Mr Michael Meghan

Ms Andrea Hanson

Mr Gerry Hennigan

Executive Committee

Ms June Stanley
Chair

Dr Amanda Carty

Mr Sam Dunwoody

Ms Elayne Taylor

Ms Fiona Marsh

Prof Jacinta Morgan

Prof Áine Carroll

Ms Rosemarie Nolan

Ms Olive Keenan

Ms Anne O'Loughlin

Ms Rosie Kelly

Ms Aoife Langton

Ms Cathy Quinn

Mr John Maher

Mr Ken Lawlor
(from July)

Medical Executive

Prof Áine Carroll
Chair

Dr Jacinta McElligott

Prof Jacinta Morgan

Prof Robert Flynn

Dr Brian McGlone

Dr Nicola Ryall

Dr Éimear Smith

Dr Susan Finn

Dr John MacFarlane

Dr Paul Carroll

Dr Cara McDonagh

Dr Eugene Wallace

Dr Jacqui Stow

Dr Raymond Carson

Dr Maria Frampton

Dr Mairead Hayes

Dr Laura Ryan

Dr Kinley Roberts

Dr Sabrina McAlister

Dr Aaisha Khan

Dr Kieran O'Driscoll

Dr Irwin Gill

Dr Kirk Levins

Dr Lilia Zaporozhan

Dr Shane Hanratty

Dr Clíodhna Browne

Ethics Committee

Ms Elizabeth Maguire
Chair

Ms June Stanley

Dr Jacqui Stow

Dr Simone Carton
(to May)

Ms Elayne Taylor

Ms Fiona Marsh

Ms Pauline Sheils
(to April)

Fr Michael Kennedy

Mr Sam Dunwoody

Dr Cliona McGovern

Mr John Maher

Ms Ruth Maher
(to July)

Ms Rita O'Connor

Mr Asmin Sheik
(to June)

Dr Amanda Carty
(from January)

Ms Asha Alex
(from September)

Dr Olive Lennon
(from October)

Ms Breda Moriarty
(to May)

Finance, Remuneration and General Purpose Committee

Mr Kieran Fleck
Chair

Mr Dermot Quinn

Mr Terence Liston

Ms Fiona Marsh (DON)

In attendance

Ms June Stanley

Dr Amanda Carty

Mr Sam Dunwoody

Prof Jacinta Morgan

Mr Thokozani Sihlangu

Mr Vitor Oliveira

Patients Forum

Mr Tim Rice
Chair

Ms Carol Barton
Representative from
Therapeutic Recreation
Service

Ms Esther Fitzgerald
All Patients and family members
are invited to attend

In attendance

Member of NRH Executive
Committee

Nominations Committee

Ms Elizabeth Maguire
Chair

Mr Kieran Fleck

Ms Breda Moriarty
(to February)

Ms Eilish Macklin

Audit Committee

Mr Dermot Quinn
Chair

Mr Henry Murdoch
(to November)

Mr Terence Liston

Mr Brian Crowley

In Attendance

Ms June Stanley

Mr Sam Dunwoody

Ms Elayne Taylor

Mr Vitor Oliveira

Mr Thokozani Sihlangu

Financial Statement



Sam Dunwoody
Director of Finance

Income and expenditure for the year amounted to €80.569m split as follows: Pay €59.277m, Non-Pay €23.515m and Income of €2.226m. The HSE provided initial funding and additional grants throughout the year amounting to €80.344m. The Hospital is therefore reporting a deficit for the year of €225,000 which when taking the 2023 temporary surplus of €211,000 brings the current retained deficit to €14,000.

The new NRH CLG, service company, is required to prepare the financial statements in accordance with FRS 102 and in preparing the FRS 102 balance sheet, the company has adjusted the amounts previously unrecorded under the NRH Trust and the previously required Department of Health accounting framework applied to the Trust.

Under FRS 102.28 Employee Benefits, the cost of all employee benefits to which employees have become entitled as a result of services rendered to the entity during the period must be included. This adjustment records the additional holiday pay accrual for the company of €1.234m as at 30 September 2024 as required under FRS 102.28.3.

National Rehabilitation Hospital (Trust and CLG Combined)

STATEMENT OF INCOME AND EXPENDITURE FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2024

	NRH CLG & Trust	NRH Trust
	2024 €'000	2023 €'000
Income		
HSE Grants	80,341	74,214
Other Income	2,226	2,652
	82,567	76,866
Expenditure		
Staff Costs	(59,277)	(54,631)
Non-Pay Costs	(23,515)	(21,887)
	(82,792)	(76,518)
Operating (Deficit)/Surplus	(225)	348
Taxation	–	–
(Deficit)/Surplus for the Financial Year and Comprehensive Income	(225)	348
FRS 102 CLG Opening Adjustment	(1,234)	
Retained Surplus at the beginning of the reporting period	211	(137)
Retained (Deficit)/Surplus at the end of the reporting period	(1,248)	211

National Rehabilitation Hospital (CLG)

BALANCE SHEET

AS AT 31 DECEMBER 2024

	2024 €'000	2023 €'000
Fixed Assets		
Tangible Assets (Land and Buildings Transferred to the HSE on 30 September 2024)	4,359	113,956
Current Assets		
Stocks	278	290
Debtors	8,487	10,579
Cash at bank and in hand	5,651	1,323
	14,416	12,192
Creditors: Amounts falling due within one year	(15,664)	(11,981)
Net Current (Liabilities)/Assets	(1,248)	211
Total Assets less current liabilities	3,111	114,167
Capital Grants	(4,359)	(113,956)
Net (Liabilities)/Assets	(1,248)	211
Financed By:		
Capital and Reserves		
Retained (Deficit)/Surplus	(1,248)	211

During the financial year 2024, the main challenges were in the imposed levels of staffing and financial limits set by the HSE which related to staffing levels at 31 December 2023. This did not take into consideration the additional staffing employed in Q1 2024 as part of the approved staffing related to the new 120 bed Hospital Development.

The Hospital continues to engage with the HSE with a view to having the staffing ceiling adjusted to enable the hospital to provide the appropriate, safe level of services to patients as agreed under the Service Level Agreement.

We are continuing to see increased numbers of patient referrals with enhanced care needs and this is adding to higher levels of costs, use of Agency Staff and overtime as we await a decision from the HSE on the adjustment to our current staffing ceiling levels. This will become more significant with the future phases of the Hospital Development to ensure the appropriate level of staffing required is in place to service its All-Ireland remit.



Mr Henry Murdoch, Mr Kieran Fleck, Chairman NRH, and Sr. Helena O'Donoghue on completion of the change of legal structure of the hospital from the Trust established by the Sisters of Mercy to a corporate structure, namely Company Limited by Guarantee (CLG); a momentous occasion in the history of the National Rehabilitation Hospital.

“ The Directors continue to strongly advocate for support to appoint the design team for the next phases of the NRH Capital Redevelopment Project, and for the funding commitment to progress the project as expeditiously as possible, to meet the needs of people from throughout Ireland requiring Complex Specialist Rehabilitation Services. ”

Key Developments and Initiatives in 2024

Internal Audit and Corporate Compliance

KEY DELIVERABLES IN 2024

The Head of Internal Audit and Corporate Compliance was appointed on 22 July 2024 and achieved the following for the 2024 Financial Year:

Governance: Established the Internal Audit function and the Corporate Compliance Department. Engaged all key stakeholders including management, audit committee members, and key staff to unpack the role and value of these functions within the NRH.

Audit Committee Terms of Reference (ToR): Reviewed the ToR to enhance the Audit Committee's oversight responsibilities on monitoring the control environment, risk management, regulatory compliance, and maintaining a fraud risk management programme, in addition to its responsibilities regarding financial statements and monitoring the integrity of financial reporting.



Thokozani TK Sihlangu, Head of Internal Audit and Corporate Compliance hosted an information session to engage with staff and to raise awareness of the IA function in the NRH.

Formulation of an Audit Workplan: Developed the annual audit committee workplan to enable the committee to focus on material items in accordance with its mandate of providing oversight of the financial reporting process, the audit process, risk management, the system of internal controls, and compliance with laws and regulations.

Policy Development: Developed these important policies amongst others:

1. **Internal Audit Charter** which sets out a blueprint for how internal audit operates, outlining its mandate, authority and organisational positioning
2. **Code of Ethics** outlining the principles and expectations governing the behaviour of individuals in the conduct of internal audit services.
3. **Compliance Risk Management Policy**, to embed the compliance culture within the NRH, to ensure adherence to laws, regulations, standards, and policies.
4. Reviewed the existing **Fraud and Corruption Policy** to align with the HSE Policy on Fraud and Corruption. This enables the hospital to prevent, detect, and respond to fraud, preserving its reputation.

Internal Audit Strategy: Developed the three to five year Internal Audit Strategy which guides the internal audit function towards the fulfilment of its mandate. The strategy includes the vision, strategic objectives, and supporting initiatives for the internal audit function.

Internal Audit Methodology: Developed the Internal Audit Methodology, which provides an agile and consistent basis for the delivery of internal audit services and conforms to the Global Internal Audit Standards.

Annual Risk-based Audit Plan: Formulated the annual audit and compliance plans, and resource plan. Made progress on performance against the plan and presented progress reports to key management committees and the audit committee.

Interdisciplinary Team (IDT) Quality Care

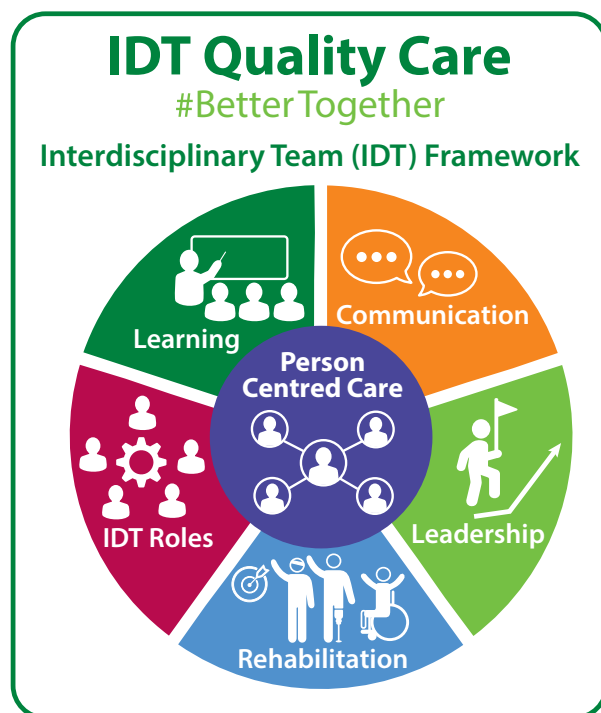
BUILDING A FRAMEWORK OF CULTURE AND INTERDISCIPLINARY TEAM WORKING AT THE NRH

This hospital-wide initiative is focussed on the continuous development of Interdisciplinary Team (IDT) working in line with the hospital's overall strategic aims of delivering person centred, safe and effective rehabilitation services.

Benefits of IDT working:

- Developing a common language and shared understanding around the provision of rehabilitation
- Positive outcomes for patients, staff and the organisation
- A shared understanding of IDT working and individual roles within the IDT team

The NRH IDT Framework was developed with staff and patients through the integration of research, patient and staff experiences. The core components of the IDT Framework are shown in the image below. The expanded framework is available on the NRH Intranet and website.



INITIATIVES IN PROGRESS BY THE IDT QUALITY CARE TEAM

IDT Goal Setting Process: Throughout 2024, Unit teams continued working together to embed the goal process ensuring it is person centred; collaborative; and grounded in best practice. Team Fusion and IDT Quality care team worked collaboratively to support teams in the training and use of the Electronic Patient Record (EPR) and supported staff in understanding the rationale for design of goal setting documentation.

Embedded Research: The work of NRH INSPIRE embedded researchers provide a catalyst for further learning and continuous improvement as they research staff and individual's experiences of the goal process. Their most recent focus involved interviewing managers. Preliminary results indicate that managers: value the long-term potential of this patient-centred goal setting process; clearly see how this more person-centred approach directly benefits the patients and their families; recognise the importance of sustained governance support to fully embed the process, and see this new process as sustainable.

Mapping our Culture at the NRH: Culture and engagement are seen as the most important issues globally for organisations. The IDT Quality Care team facilitated a series of review sessions throughout 2024 that allowed for an analysis of our current culture at the NRH as well as setting out what staff would like our culture to be. There has been close collaboration with PWEg to ensure all efforts to drive cultural change are streamlined as well as significant report from Senior Management. We look forward to ongoing developments.

NRH Team Huddles: As part of routine clinical activities, huddles provide opportunities for workplace learning related to coordination of care, building relationships, and developing a sense of camaraderie that is essential for team-based, patient-centered care. Unit huddles are recognised as positive spaces to discuss relevant matters and plan collaboratively for the rehabilitation day.

Star of the Week: This is an initiative that recognises the work of an individual or team for doing everyday things really well. Congratulations to all our Stars of 2024!

Clinical Director's Report



Jacinta Morgan
Clinical Director NRH

The Clinical Director's office welcomed the major corporate milestones of 2024 comprising the transition of the NRH Trust to a company limited by guarantee (NRH CLG) in September 2024 and the appointment of Ms June Stanley as CEO following Derek Greene's retirement in December 2023. In parallel the HSE reorganised its hospital groups and community health organisations into six integrated regions, each one further divided into three to six integrated health areas (IHA). The NRH falls within the Dublin and South East region and the Dublin South and Wicklow IHA.



Launching the ROSIA Project's Pilot Phase in the NRH Outpatient Department (testing two solutions in a usability and feasibility study), L-R Prof Jacinta Morgan, Prof Áine Carroll, Dr Cara McDonagh and Dr Shane Hanratty. ROSIA (Remote Rehabilitation Service for Isolated Areas) is an EU Horizon 2020 Research and Innovation funded project.

The NRH is aligning its planned capital development (phase 2) and workforce expansion with the specialist rehabilitation needs identified by the National Trauma Strategy Group, among other major national initiatives. Dr Linda O'Rourke joined the NRH in September 2024 as a Consultant Liaison Psychiatrist, a joint appointment with the Mater Hospital Trauma Service. Dr O'Rourke holds clinical responsibility for the NRH Neurobehavioural Clinic.

The work of the NRH ADMA office grows as it continues to apply the provisions of the Assisted Decision-Making (Capacity) Act among our vulnerable patient group, particularly in exploring and expediting decision-making representative (DMR) legal applications for up to 20% of our Inpatients.

The work of the Deteriorating Patient Committee and its two sub-committees (Sepsis and CPR) continue to drive greater compliance with mandatory clinical training and clinical competence relating to emergency care. Since early 2023, the NRH has been delivering its own training courses in basic and advanced life support.

In 2024 the NRH was the first Irish hospital to introduce the American Heart Association's Resuscitation Quality Improvement (RQI) programme which is designed to enhance the quality of CPR training using highly realistic simulations.

The NRH participated in a pilot of the National Cardiac Arrest Audit (NCAA) in 2024 using a new Emergency Response Form. Plans were developed in 2024 to implement a Medical Emergency Response Team (MERT) on foot of an encouraging performance on the NCAA.

Underpinned by an extensive staff training programme, the FUSION e-health team have delivered TrakCare, an integrated electronic patient administration, a prospective electronic patient record and electronic prescribing. Continuous enhancements are being sought and delivered as the Trakcare team work collaboratively with the NRH's existing operational structure to ensure Trakcare supports safe delivery of patient care.

Consultants in Rehabilitation Medicine



Prof Jacinta Morgan
Clinical Director



Prof Áine Carroll



Dr Jacqui Stow



Dr Cara McDonagh



Dr Éimear Smith



Dr Susan Finn



Dr Raymond Carson



Dr Kinley Roberts



Dr Nicola Ryall



Dr Jacinta McElligott



Dr Aaisha Khan



Dr Paul Carroll



Dr Sabrina McAlister



Dr Eugene Wallace



Dr Irwin Gill



Dr Shane Hanratty

Consultants with clinical attachment at the NRH



Dr Maria Frampton
Consultant Psychiatrist



Dr Laura Ryan
Consultant Microbiologist



Dr Brian McGlone
Consultant Radiologist



Prof Robert Flynn
Consultant Urologist



Dr Mairéad Hayes
Consultant Intensivist



Dr Kirk Levins
Consultant in
Pain Medicine



Dr Lilia Zaporozhan
Rehabilitation Medicine,
NRH and MMUH



Dr Clíodhna Browne
Consultant Urologist

Medical Executive Report



Professor Áine Carroll
Chairperson, NRH Medical Executive

It is with great pride and gratitude that I present the Medical Executive Report for the National Rehabilitation Hospital (NRH) Annual Report 2024. This year has once again demonstrated the unwavering dedication, resilience, and innovation of our healthcare professionals, administrators, and support staff. Their collective efforts continue to reinforce our commitment to excellence in rehabilitation, patient care, and community engagement.

Commitment to Excellence in Rehabilitation

Throughout 2024, NRH remained steadfast in delivering the highest quality rehabilitation care. Our multidisciplinary teams have integrated evidence-based practices and innovative approaches to enhance patient outcomes. Key achievements include advancements in medical research, professional development and strengthened partnerships within the community. These collaborations with healthcare providers, researchers, and policymakers have reinforced our advocacy for holistic, patient-centered care beyond the hospital setting.

Recognition and Achievements

CLINICAL LEADERSHIP AND KEY DEVELOPMENTS

Dr. Éimear Smith continues to co-sponsor the Rehabilitation Workstream of the Trauma National Oversight Group. Key achievements include:

- Rehabilitation Prescription: A revised version has been rolled out in Major Trauma Centres and adopted by services such as the Managed Clinical Rehabilitation Network (CHO7), with plans for national implementation.

- Post-Acute Inpatient Rehabilitation Services: A national overview of HSE-funded services was published in September 2024, in collaboration with key National Clinical Programmes.
- Data Analysis: A point prevalence survey assessing acute rehabilitation needs in eight trauma-receiving hospitals (excluding Major Trauma Centres) has been completed, with the final report nearing publication.

To address increasing demand and waiting times for Inpatient Rehabilitation, a regional approach is being implemented. Dr John MacFarlane has been leading efforts in Cork and Kerry, advising patients on local rehabilitation options. While some patients still prefer referral to the NRH, an increasing number benefit from rehabilitation closer to home.

Dr Paul Carroll stepped down as National Specialty Director in early November 2024. Dr Raymond Carson was appointed to the role and a new curriculum was rolled out in July 2024. This was a very large piece of work over a two-year period which drew on input from the STC and reference to the UK curriculum and the European training requirement. It is in response to a) the Medical Council drive to move Higher Specialist Training to outcome-based education, and b) changes in rehabilitation practice. This latter includes rehabilitation for major trauma, community specialist rehabilitation, addressing the growth of technology, the advanced skills in leadership and the team-working required in rehabilitation.

The specialism of Rehabilitation Medicine underwent re-accreditation with the Irish Medical Council in summer 2024. There was some feedback from the committee, notably the need to create new training posts so that they are available across 3-4 years of training. Following this significant piece of work, the specialism was successful overall.

A significant drive had been made over the last three years to raise awareness of the specialism of Rehabilitation Medicine. For many years the number of doctors applying for the training was low. In autumn 2024, an unprecedented number of 11 doctors submitted applications for rehabilitation medicine higher specialist training for 2025.

National Clinical Programme for Rehabilitation Medicine

CLINICAL PROGRAMME IN REHABILITATION MEDICINE NOT IN OPERATION SINCE DECEMBER 2024

Helen Kavanagh, Programme Manager finished her tenure in the role in September 2024. Dr Paul Carroll finished his tenure as Clinical Lead on 1st December. Unfortunately, there has been no advertising of the posts and currently the Clinical Programme is not operational. This is a significant concern for specialist rehabilitation.

DEVELOPMENT OF THE COMMUNITY SPECIALIST REHABILITATION TEAMS

Significant increase of funding for the staffing for the Community Neuro-Rehabilitation Teams was achieved. Although published strategy states that there should be adequate Rehabilitation Medicine doctors on these teams, unfortunately only 0.5WTE funding was secured for four teams. Initially no funding was to be provided, however, with persistent advocacy by the Programme, the 0.5WTE was subsequently made available. The Clinical Programme laboured intensively to secure further consultant resources and advocated for funding for a specialist registrar position. A submission for 1WTE consultant post was made in 2024, however the request was unsuccessful.

STANDARDS FOR CLINICAL PRACTICE

The Clinical Programme developed a range of practice standards in 2024 covering: rehabilitation following major trauma, discharge of 18–65 year-olds from rehabilitation services to nursing homes, vocational rehabilitation, support for families, transition of young adults with disabilities to adult services, and creative arts therapies in rehabilitation.

DEVELOPMENT OF INPATIENT CAPACITY CAPABLE OF MEETING NATIONAL NEED ON TIME

The Clinical Programme advocated strongly for development of Inpatient capacity nationally, including at the NRH, in the Southwest and West of Ireland. In particular, it recommended that services with sufficient economies of scale are developed to allow for resilient on-call rotas, and that services could take individuals for early admission. To admit patients early, there must be sufficient collective skill and resourcing for rehabilitation services to manage health needs. In the West and Southwest regions, there are no specialist Inpatient rehabilitation services. The Clinical Programme advocated for increased rehabilitation capacity at the Mater University Hospital and Cork University Hospital Major Trauma Centres. The Clinical Programme contributed to a formal submission for capital development in the West of Ireland and has sought to secure historic funding for a Consultant in Rehabilitation Medicine based in Roscommon.

NATIONAL WORKFORCE PLANNING FOR REHABILITATION MEDICINE DOCTORS

The Clinical Programme collaborated with National Doctors Training and Planning (NDTP) and Trinity College Dublin in 2024 to produce a national workforce modelling report to ensure there is adequate Rehabilitation Consultant staffing in Ireland by 2036–2038.

EXPLORATION OF HEALTH SERVICE COLLABORATION FOR THE NORTHWEST OF IRELAND

The Clinical Programme reached out with HSE agencies to explore cross-border collaboration to improve service provision for people in the Northwest of Ireland.

MANAGED CLINICAL REHABILITATION NETWORKS

The model of service design for rehabilitation is to have services connected within a managed clinical network. This is to ensure best patient experience, best outcome, best use of resources and resilience of services. The Clinical Programme advocated for development of the managed clinical network approach across Ireland. Progress however was impacted by the transition nationally to the Regional Health Authority (RHA) structure. The Clinical Programme's engagement with the new RHA leadership which began in August 2024 was paused by the HSE and awaits recommencement to progress the work.

EDUCATION AND AWARENESS OF REHABILITATION

The Clinical Programme sought to develop education and measurement capacity in the clinical networks and have secured interest from the Department of Health and the HSE respectively. The Clinical Programme supported discussion between the NRH and the Royal College of Surgeons regarding interdisciplinary working. The Clinical Programme met each health school in Ireland to raise awareness of the need for provision of education in relation to rehabilitation and disability at undergraduate and post-graduate level. The Clinical Programme wrote to all the post-graduate medical bodies in a similar way to raise awareness and to advocate for creating a nationwide Rehabilitation 'Grand Round'. A series of meetings took place with a view to launching this initiative with the NRH in 2025.

NATIONAL MAPPING OF REHABILITATION BEDS CAPACITY

The Clinical Programme was the co-sponsor and principal authoring agent of a national mapping of post-acute Inpatient Rehabilitation bed capacity. This work was a collaborative project between several HSE agencies taking nearly 20 months to complete. It was launched in a national webinar in summer 2024.

DELAYED TRANSFER OF CARE OF NEUROREHABILITATION PATIENTS IN ACUTE HOSPITALS

This work was led by Catriona Begley (National Office of Trauma Services). The work was published in 2024 on the Clinical Programme website.



Consultants in Rehabilitation Medicine conferred as Fellows of the Royal College of Physicians of Ireland (RCPI) in 2024. L-R Dr Aisha Khan, Dr Kinley Roberts, Dr Marie Boland, Dr Sabrina McAlister and Dr Lilia Zaporozhan.

CLINICAL GOVERNANCE FOR THE COMMUNITY NEUROREHABILITATION TEAMS

The Clinical Programme developed a clinical governance document for the community specialist rehabilitation teams with the support of the Clinical Advisory Group, Working Group and National Steering Group for the Implementation of the Neurorehabilitation Strategy. This was presented to the HSE (national) Clinical Forum in January 2024. The Clinical Programme is awaiting feedback.

Participation in European Networks

Dr Paul Carroll and Dr Raymond Carson are the current national representatives to the European Union Medical Specialists (UEMS) agency for Physical and Rehabilitation Medicine and the European Society for Physical Rehabilitation Medicine (ESPRM). The two groups meet conjointly twice yearly and in 2024 the meetings took place in Slovenia and Lithuania. Dr John MacFarlane stepped down as national representative in 2024 having served in the role for several years and we extend our gratitude to him for his work.

A new initiative is the creation of a doctors in training UEMS Physical and Rehabilitation Medicine forum and Dr Ailbhe Connolly, specialist registrar has been nominated as the Irish representative to this group.

Dr Angela McNamara has remained active in the European Academy for Physical and Rehabilitation Medicine though has now stepped down from the secretary role. Dr McNamara is held in high regard across Europe. We extend our immense gratitude to her for raising the profile of Irish Rehabilitation across Europe over many years.

The inaugural international webinar series for Physical and Rehabilitation Medicine was initiated through the UMES PRM in May 2025 driven by Dr Paul Carroll who was invited to give the first talk. This series is set to become an ongoing initiative going forward.

Two registrars sat the European Physical and Rehabilitation exam in 2024. Both Dr Carl O'Brien and Dr Munal Ali were successful, and we extend our congratulations to them.

Medical Staff Milestones

We congratulate our colleagues, Dr Sabrina McAlister, Dr Kinley Roberts, Dr Marie Frampton, Dr Lilia Zaporozhan, and Dr Aisha Khan, who were appointed as Fellows of the Royal College of Physicians in October 2024.

Liaison Psychiatry

Led by Dr Maria Frampton, Dr Linda O'Rourke, and Louise Brady. The Consultation Liaison Psychiatry service supports adult Inpatients across brain injury, stroke, spinal injury, and prosthetic rehabilitation programmes. Details of the service are outlined in the 'Clinical Services Provided Across All Programmes' section of the Annual Report.

Conclusion

A special tribute is owed to our doctors in training, whose dedication and commitment to learning inspire us all. Their enthusiasm ensures a bright future for NRH and the broader healthcare community.

I extend my sincere appreciation to my esteemed medical colleagues, dedicated staff, and all those who contribute to the success of NRH. Your expertise and compassion continue to set new benchmarks in rehabilitation excellence. Together, we will sustain and expand our impact on the lives of our patients and the wider community.

Academic activity:

KNOWLEDGE MOBILISATION ACTIVITIES IN 2024

PUBLICATIONS:

- **Khan, A., McGlone, B. and Stow, J., 2024.** Femoral fracture in an amputation stump: Impact of body weight on prosthetic rehabilitation. *Ir Med J*, 117(8), p.P1018.
- **Roberts-Walsh, S., Sukumar, P., Twomey, V. and Carroll, Á., 2024.** Aetiology and Functional Outcomes following Hypoxic Ischaemic Encephalopathy in Adults: A 10 Year retrospective cohort study. *Archives of Rehabilitation Research and Clinical Translation*, p.100418.
- **Carroll, Á., McKenzie, J. and Collins, C. (2024).** Medical consultants' experience of collective leadership in complexity: a qualitative interview study, *Journal of Health Organization and Management*, Vol. 38 No. 9, pp. 297-312. <https://doi.org/10.1108/JHOM-04-2023-0104>
- **Casey M., Carroll Á., Coghlan D., Stokes D. 2024.** Appraising Quality in Action Research in Healthcare Settings. *International Journal of Action Research*, 20 (1), 27-49
- **MacEachern, E., Wu, M., Cronin, S., Carroll, Á., Inzitari, M., Perman, G., Prvu-Bettger, J. and Nelson, M.L., 2024.** What's in a name? Protocol for a bibliometric and content analysis of rehabilitation, reablement, reactivation, and restorative health care services. *medRxiv*, pp.2024-07.
- **Fagan, N., Browne, F., Dvorakova, V., Carroll, Á. and Irvine, A.D., 2024.** 'Guidelines are not the issue, access to support and advice is the problem': a cross-sectional survey of general practitioners referring to paediatric dermatology. *Clinical and Experimental Dermatology*, 49(1), pp.71-72.
- **Fagan, N., Browne, F., Dvorakova, V., Carroll, Á. and Irvine, A.D., 2024.** Getting it right the first time: an Irish paediatric dermatology perspective from a national care centre. *Clinical and Experimental Dermatology*, 49(1), pp.61-64.
- **Carroll, P., Dervan, A., McCarthy, C., Woods, I., Beirne, C., Harte, G., O'Flynn, D., O'Connor, C., McGuire, T., Leahy, L.M. and Gonzalez, J.G., 2024.** The role of Patient and public involvement (PPI) in pre-clinical spinal cord research: An interview study. *Plos one*, 19(4), p.e0301626.
- **Hickey, C., Smith, É. and Hayes, S., 2024.** "I think it was helpful but not as helpful as it could have been"-a qualitative study of the experiences and perspectives of using fitness apps among manual wheelchair users with spinal cord injury. *Disability and Rehabilitation*, pp.1-11.

PRESENTATIONS:

- **Prof Áine Carroll:** How was it for us? Experiences of Co-researchers in a Palliative Care Case Study Research Evaluation Platform Presentation North American Conference on Integrated Care, October 2024, International
- **Prof Áine Carroll:** A qualitative case study of dis-integrated care utilising the 'your voice matters' framework for data analysis. Platform Presentation North American Conference on Integrated Care, October 2024, International
- **Mary Casey, David Coghlan, Áine Carroll:** Using and Generating Theory in Action Research 12th International Action Research Colloquium. Platform presentation, June 2024, International
- **Prof Áine Carroll:** It's not Me it's you: Reflections on a failed Developmental Evaluation. Platform Presentation International Conference on Integrated Care ICIC24. Belfast, April 2024, International
- **Andrew Darley, Prof Áine Carroll:** Co-design and implementation of integrated care digital health technology for older people in Ireland: Learnings from The Value Care Project. Poster Presentation International Conference on Integrated Care ICIC24, Belfast, April 2024, International
- **ROSIA team:** Innovation in integrated care through procurement; The PCP process using the ROSIA EU funded PCP project as a living exemplar. Poster Presentation International Conference on Integrated Care ICIC24, Belfast, April 2024, International
- **INSPIRE team:** Using patient and family caregiver experience for quality improvement in rehabilitation settings: learnings for a scoping review. Oral Presentation International Conference on Integrated Care ICIC24, Belfast, April 2024. International
- **INSPIRE team:** Interdisciplinary teamwork: a mixed methods approach to patient centred Goal Orientated Care. Oral Presentation International Conference on Integrated Care ICIC24, Belfast, April 2024, International
- **Dr Aoife Murray, Dr Papa'a Kadafa, Dr Lilian Bin Alshaikh, Dr Jacinta McElligott.** Brain Injury Programme, National Rehabilitation Hospital. A patient's journey following severe TBI: I fell once, but I keep falling, Ireland. Oral Presentation Global Conference Physical Rehabilitation, Madrid, September 2024, International

Highlights of the Year



Business Transfer from NRH Trust to NRH CLG

The Board of Directors with Sr Helena O'Donoghue and members of the Executive Management Team pictured at the final Board Meeting of the NRH Trust on 30th September, which was followed by the completion of the business transfer from the National Rehabilitation Hospital Trust to the new legal structure, namely Company Limited by Guarantee (CLG).

NRH Official Opening

In September, patients, staff and invited guests including TDs, local Councillors and retired staff celebrated the occasion of the official opening of Phase One of the three-phase Capital Redevelopment Project by Taoiseach Simon Harris, TD.



Annual NRH Farmers Peer Support Day

The Annual Farmers Peer Support Day was held in October. Current and former patients and family members from the farming community throughout Ireland attended the event. We were delighted to welcome Tony Griffin, former All-Star hurler with the Clare Team, who delivered a very interesting and informative motivational speech on the day. Pictured are members of the Farmers Day organising committee with Tony Griffin and members of the local community Gardaí.



NRH Research, Clinical Audit and QI Awards

NRH staff showcased the many research projects and quality improvement initiatives they had participated in over the previous twelve months at the NRH Research, Quality Improvement & Clinical Audit Awards in November.



The NRH-Boccia Ireland Partnership

This partnership was launched in the Sports and Exercise Physiotherapy Department in August 2024. This sport brings the benefit of therapeutic physical activity and social interaction to patients from all clinical programmes.



Launch of NRH Spinal Cord System of Care educational resources developed by the SCSC Team

The Spinal Cord System of Care (SCSC) Team launched a suite of educational resources for patients and families, and for healthcare professionals.

Paula Keane, Advanced Nurse Practitioner, was awarded the MASCIP Paul Kennedy Bursary and subsequently developed a patient-focused neurogenic bowel video, with clinical expertise provided by Dr Éimear Smith.



Research and Innovation at the NRH

Research Projects currently in progress at the NRH include ROSIA (Remote Rehabilitation Service for Isolated Areas), and EU Horizon 2020 funded project; INSPIRE-NRH Embedded Research aiming to strengthen Interdisciplinary Team Working, and ICAREWOUNDS, Intelligence and integration of care for smarter chronic wounds management.



Memorial Sculpture

Board Directors Donal Collins, Paul McNeive and Dermot Quinn attended the unveiling of the Spirit Memorial Sculpture created to commemorate the collective loss, and also resilience, determination, commitment to others and hope experienced by NRH staff in the face of the prolonged pandemic.



Australian Rugby Team visit

In December, there was a welcome visit to the NRH by the Australian Rugby Team, 'the Wallabies' with members of their coaching team and colleagues from the Australian Embassy. This was a hugely enjoyable event in the hospital as the Team participated in a fun wheelchair rugby game with the children, young people and staff from Daisy Unit. They also spent time meeting and chatting with patients and staff from other NRH Programmes, followed by a presentation of a Team Jersey to our CEO, June Stanley. Thanks again to the Wallabies for taking the time to come to the NRH; your visit was greatly enjoyed and appreciated by all.



The NRH Annual Sports Championships

The 11th Annual NRH Sports Championships in November was extremely successful with 85 Inpatients engaging in 26 events over four days.



SECTION 2

NRH Rehabilitation Programmes

Brain Injury Programme

The programme provides the national, and only, post-acute complex specialist inpatient rehabilitation service for people with acquired brain injury in Ireland.





Kate Curtin
Programme Manager



Dr Raymond Carson
Medical Director

The Brain Injury Programme at the National Rehabilitation Hospital, in collaboration with the patients, their families and carers, provides specialist rehabilitation designed to assist people with Acquired Brain Injury (ABI) to achieve optimum functional independence, social participation and community integration.

The programme provides the national, and only, post-acute complex specialist inpatient rehabilitation service for people with acquired brain injury in the Republic of Ireland. The programme also provides the only specialist inpatient rehabilitation beds for patients with a Prolonged Disorder of Consciousness (PDoC). As a national tertiary level service, nationwide referrals are received from acute hospitals, through Managed Clinical Rehabilitation Networks (MCRN), HSE service areas, GPs and other primary care services.

The Brain Injury Programme is accredited by CARF (the Commission for Accreditation of Rehabilitation Facilities) for a full continuum of care which includes:

- Brain Injury Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP)
- Brain Injury Outpatient Rehabilitation Programme
- Brain Injury Home and Community Based Rehabilitation Programme
- Brain Injury Vocational Programme

Demographics, Activity and Outcomes for Inpatient Services – 2024, including Prolonged Disorders of Consciousness (PDoC) Services

116 patients received inpatient rehabilitation services in 2024. Of the total 116 patients admitted, the breakdown is:

- 95 patients received a **Brain Injury Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP)**
- 5 patients admitted for **Review or Assessment**
- 2 BI patients' programmes were not completed due to medical reasons
- 11 patients received **Prolonged Disorders of Consciousness (PDoC)** services
- 3 PDoC patients' programmes were not completed due to medical reasons



SECTION 2

NRH Rehabilitation Programmes Brain Injury Programme

DIAGNOSES OF PATIENTS ADMITTED TO THE BRAIN INJURY PROGRAMME, INCLUDING PDOC SERVICES IN 2024

Diagnoses of patients admitted to the BI Inpatient Programme	Diagnoses of patients admitted to the PDoC Service
40 (39%) - Traumatic Brain Injury	3 (21%) - Traumatic Brain Injury
52 (51%) - Non-Traumatic Brain Injury	10 (72%) - Non-Traumatic Brain Injury
10 (10%) - other Neurological Conditions	1 (7%) - other Neurological Conditions

GENDER OF PATIENTS ADMITTED TO THE BRAIN INJURY PROGRAMME, INCLUDING PDOC SERVICES IN 2024

Gender of patients admitted to the BI Inpatient Programme	Gender of patients admitted to the PDoC Service
71 Male (70%)	10 Male (71%)
31 Female (30%)	4 Female (29%)

AGE PROFILE OF PATIENTS ADMITTED TO THE BRAIN INJURY PROGRAMME, INCLUDING PDOC SERVICES IN 2024

Age Profile of patients admitted to the BI Inpatient Programme	Age Profile of patients admitted to the PDoC Service
Average age 48 years	Average age 42 years
Lower age range 19 years	Lower age range 20 years
Higher age range 75 years	Higher age range 73 years

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PROGRAMME

DISCHARGE LOCATION OF INPATIENTS SERVED BY THE BI PROGRAMME IN 2024

Discharge Location of patients admitted to the BI Inpatient Programme	Discharge Location of patients admitted to the PDoC Service
Discharged to Home - 67%	69 Discharged to Home
To Acute Hospital - 10%	10 To Acute Hospital - 29%
To Long Term Care – 15%	15 To Long Term Care – 71%
Assisted Living - 4%	4
Other - 4%	4
102	14

Target Set – 2024	Indicator	Outcome
Average days waiting for admission would be less than: Brain Injury Programme: 90 Days PDoC Service: 90 days	Average Days Waiting for Admission	Average days that Patients waited for admission: Brain Injury Programme: 172 days PDoC Service: 269 days
Improvement in Functional Independence Measure (FIM) Score – 90% Improvement in Barthel Score – 90%	Incidence of Positive Change in Outcome Measure at Discharge for patients in the Brain Injury Programme	84% of patients 66% of patients
Patients would improve on average by at least 10 points as measured on the FIM and Modified Barthel	Average Score Change in Outcome Measures at Discharge for patients in the Brain Injury Programme	FIM Average Improvement 20 points Barthel Average Improvement 19 points
Target length of stay would be less than or equal to: Brain Injury Programme: 84 Days PDoC Service: 84 days	Average Rehabilitation Length of Stay	Brain Injury Programme: 101 days PDoC Service: 143 days
Target for patients to be discharged to home (BI) or appropriate care setting (PDoC) Brain Injury Programme: 75% PDoC Service: 75%	Discharge to Home or Appropriate Care Setting	Brain Injury Programme: 67% PDoC Service: 71%

“ The programme continues to deliver high quality, effective rehabilitation in a national context of increasing patient numbers, increasing demand for earlier access, and a higher proportion of all patients having higher complexity of needs. Our Interdisciplinary Teams of experts continue to deliver consistent and excellent patient outcomes. ”

Programme Manager

Kate Curtin was the Programme Manager for the Brain Injury Programme in 2024.

Clinical Services delivered within the Brain Injury and Stroke Specialty Programmes

MEDICAL

Patient care and treatment is delivered by Consultant-led interdisciplinary (medical, nursing, health and social care) teams. Clinical responsibility is held by Dr Raymond Carson (Medical Director of the Brain Injury Programme) in collaboration with consultant colleagues Dr Jacinta Morgan, Dr Jacinta McElligott, Dr Paul Carroll and Dr Sabrina McAlister. Dr Eugene Wallace, and Dr John McFarlane provide rehabilitation input on behalf of NRH in major referring hospitals in Dublin and Cork respectively. A rotating team of NCHDs continue to provide medical support at the NRH.

NURSING

Rehabilitation nursing staff provide nursing care, support and direction to patients. They act as an important communication link with the patients' family, visitors and with the other members of the Interdisciplinary Team. Nursing staff assist patients in practicing what they are learning in therapies and teach patients how to manage their personal care, along with their families and carers.

CLINICAL PSYCHOLOGY

The Psychologists in the NRH Brain Injury and Stroke programmes continued to adhere to the 'NRH Neuropsychology Vision and Framework 2023-2026' to guide professional neuropsychology practice at the NRH. Central to this framework is the promotion of rehabilitation psychology, stepped-care approach to psychological care, and application of scientist-practitioner model. Specialist clinical neuropsychology services are provided for patients, families and healthcare colleagues to manage the cognitive, psychological, behavioural, decision-making, and adaptive functioning changes following brain injury. Key service innovations included the provision and further development of psychological screening; introduction of ACTive Minds (Acceptance and Commitment Therapy informed psychological intervention group for patients); and ongoing collaboration with Medical Social Work to develop patient and family support services in the Prolonged Disorders of Consciousness (PDoC) service. Specialist clinical neuropsychology input for Stroke patients on Willow Unit include psychological and neuropsychological assessment; psychological interventions for patients and families; cognitive rehabilitation; positive behaviour support; and work continues with colleagues, both within and external to the hospital, to adapt and optimise psychological interventions for people with aphasia.

“ Rehabilitation nursing staff provide nursing care, support and direction to patients. They act as an important communication link with the patients' family, visitors and with the other members of the Interdisciplinary Team. ”

CREATIVE ARTS THERAPY

Music Therapy provided in the Brain Injury Programme includes: individual interdisciplinary assessment and treatment sessions. The Music therapist works with IDT colleagues to address specific shared rehabilitation goals through music therapy IDT group sessions and paired sessions focusing on physical, communication and social goals. The Music therapy Assessment Tool of Awareness in Disorders of Consciousness (MATADOC) is used with prolonged disorder of consciousness patients (PDoC) as part of the IDT battery of assessments.

The Art Therapy input to the BI Programme includes individual and group IDT weekly sessions aiming to maximise assessment and rehabilitation goals through arts-based means, such as physical and cognitive goals through manipulation of art materials. The Creative Arts Therapy team had several achievements in 2024. These included: winning the NRH Quality Improvement award under the 'Use of Resources' category for the Quality Improvement initiative titled: 'Exploring the Impact of a Music Therapy Interdisciplinary group for BI and Stroke patients'. A joint Music Therapy and Aqua Physiotherapy relaxation group was also developed.

NUTRITION AND DIETETICS

The Nutrition and Dietetics service within the Brain Injury Programme provides one-to-one interventions for patients with therapeutic and complex dietary needs. At any one time, 20-25% of Brain Injury patients require feeding via enteral feeding tube. This is a dietitian-intensive intervention and is prioritised during periods of reduced staffing.

In addition, group education is delivered to empower patients to manage chronic disease and prevent recurrence of stroke. The department is represented on the Stroke Education Working Group.

Patient education sessions delivered includes: ABCs: Anticoagulants, Blood Pressure and Cholesterol; Eating and Drinking Well after Stroke; Eating and Drinking Well after Brain Injury.





Emma Shortall, Interim Manager of the Brain Injury and Stroke Programmes, with Minister Jennifer Carroll MacNeill, CEO June Stanley and members of the Board of Directors in 2025.

OCCUPATIONAL THERAPY

An Occupational Therapy (OT) service is provided to 60 individuals with acquired brain injury within three streams: ABI, Stroke and Prolonged Disorders of Consciousness (PDoC). In 2024, key achievements included: Growth of the OT Brain Injury Tutorial Programme; An upper limb pathway and established standards for joint OT and Physio upper limb assessment in first 2 weeks of admission; completion of outreach visits to explore the benefits of an outreach team and collating the findings of same to advocate for a PDoC outreach team; and processes were implemented to assist in the prescription and management of the shower chair stock across the Brain Injury Programme. Requests from other hospitals for specialist advice and support, particularly in the areas of spasticity and upper limb management and for patients in a Prolonged Disorder of Consciousness increased in 2024.

PHARMACY

Pharmacy staff work as part of the Interdisciplinary Team (IDT). Medicines reconciliation is undertaken at admission and discharge to ensure that the patient's medication list is accurate at transitions of care. Pharmacists attend Consultant ward rounds and Medicines Prescription Administration Record reviews where medicines are optimised in conjunction with each patient. Patients and care providers are educated on their medicines and provided with a personalised Medicine List and relevant information on taking those medications. NRH pharmacists liaise with community pharmacy and other services where necessary to ensure continuity of pharmaceutical care for patients on discharge.

PHYSIOTHERAPY

Physiotherapy services within the Brain Injury Programme provide for specialist neurological assessment and treatment to meet the specific and varied needs of the 60 patients across the five Brain Injury Units, including specific services to patients with Stroke and those with a Prolonged Disorder of Consciousness. Highlights in 2024 include enhancing physiotherapy knowledge and skills in specialised clinical caseloads for all staff, and developing collaborative strategies to comply with Stroke guidelines and CARF recommendations, such as respiratory muscle training with SLT and functional skills practice. Further developments in 2024 included delivery of the Brain Injury Family Day and expanding World Stroke Day activities to boost attendance by family members, external stakeholders and enhance peer learning opportunities.

“ Social Workers in the Brain Injury Programme collaborate with the patients' support system as a key part of their role. The Brain Injury Awareness for Friends and Family (BIAFF) programme is offered approximately six times per year with some events on Saturdays to facilitate families who can only attend outside of working hours. ”

SOCIAL WORK

Social Workers in the Brain Injury Programme collaborate with the patients' support system as a key part of their role. The Brain Injury Awareness for Friends and Family (BIAFF) programme is offered approximately six times per year with some events on Saturdays to facilitate families who can only attend outside of working hours. Social workers facilitate regular clinics with external support agencies such as Headway and ABII who provide an in-reach service; this supports continuity of care for patients following discharge from the NRH. Social workers are involved in the Stroke Family Day and education sessions. Approximately 30% of brain injury Inpatients, as well as some pre-admission and Outpatient cases, require some formal decision-making arrangements to be put in place through the NRH ADMA service. The Complex Discharge Social Work service, with the pre-admission Coordinators, facilitate earlier assessments and discharge planning for complex cases.

SPEECH & LANGUAGE THERAPY

The Speech & Language Therapy (SLT) team provides specialist assessment and intervention to the Brain Injury, Stroke and Prolonged Disorders of Consciousness Programmes. The SLTs carry out both formal and informal assessment of speech, voice, language, cognitive-communication and swallow function. Assessment and intervention for the ability to swallow, eat and drink may include a combination of bedside and FEES swallow assessments. This is done in close collaboration with patients, their family and IDT to ensure joint decision making in line with the patients' will and preferences. Intervention includes individual, group and IDT sessions, community outings and family sessions. In addition, SLTs contribute to diagnoses of awareness, spanning the continuum of consciousness. The SLT team continued to support patients and the IDT with the implementation of the Assisted Decision-Making Act.

THERAPEUTIC RECREATION SERVICE

Therapeutic Recreation Service (TRS) focuses on intervention for all adult Inpatients who face specific challenges engaging in recreational pursuits. Our aim is to improve patients' functional independence, social participation, and community integration.

Rehabilitative Training Unit

Maureen Gallagher

Rehabilitative Training Unit Manager

The Rehabilitative Training Unit (RTU) is part of the NRH Brain Injury Programme continuum of care. The 'Next Stage Programme' at the RTU provides group and individual rehabilitative training (RT) for adults with acquired brain injury. It is a national service, and for service users who do not live within commuting distance of the NRH, an accommodation facility is available on-site. The accommodation (Corofin Lodge) provides seven single occupancy en-suite rooms.

The RTU delivers two integrated CARF accredited programmes: The Home & Community Programme and the Vocational Programme. The programmes are delivered in a hybrid format, both in-person and online on two platforms, MS Teams and Attend Anywhere. Allocation to a programme is determined by each person's goals, as determined at referral and throughout the Individual Training Plan while on the programme. Training is delivered through 25 training modules across the following areas: Brain Injury Awareness and Management; Personal and Social Development; Life Skills Management; Information Technology; Educational and Project Support; and Vocational Assessment, Planning and Exploration.

The RTU operates under the New Directions Framework, delivering a person-centred, holistic service with the service user at the centre of decision making. Each trainee is allocated a caseworker and has a personal development plan, individualised training plan, and engages in a comprehensive discharge planning process. Outcomes are measured by the achievement of individualised rehabilitation goals as identified by the trainee and their family in collaboration with the team.

EFFECTIVENESS, EFFICIENCY, AND ACCESS TO THE RTU NEXT STAGE PROGRAMME

Indicator	Target Set – 2024	Outcome
Discharge to employment, training or education	50% discharged to training, employment or education	40% (6) trainees were discharged to home life 27% (4) to training, employment or education 33% (5) discharged to community services and other
Average days waiting for access to the programme (Day-place or with onsite accommodation)	Average days waiting will be less than 360 days (Lodge), 300 days (Day place)	Lodge - average days waiting was 361 days Day place – average days waiting was 381
Average active length of stay	Average number of active training days will be less than 365 days	Average number of active training days was 300 (range 5 – 622)
Completion rate of outcome measures	90% completion rate of outcome measures - Mayo-Portland Adaptability Inventory (MPAI)	93% (14) had MPAI completed and documented in their files
Incidence of positive participation score change	75% will show a positive change on exit MPAI	80% (12) showed a positive change on exit MPAI
Individual Training Plan (ITP) timelines	75% will have ITP completed within 42 days of admission	78% (11) ITPs were completed within 42 days of admission
Programme throughput	17 trainees will be discharged in 2024	A total of 15 trainees discharged during 2024

The variance in waiting times for access to the service reflects the individualised, person-centred approach to management of the preadmission waiting list. Each individual is afforded the time they require to be ready to undertake their training place. Engagement with referrers, family and the individual during this process ensures a comprehensive evaluation of their needs and readiness for the Programme.

The RTU has an allocation of 17 WTE training places funded by the HSE. The RTU received 42 referrals in 2024, an increase on the previous year; 22 for trainees requiring accommodation and 20 for day places. In 2024, of 32 trainees on the RTU programme, 15 were discharged (11 males and 4 females). The lower discharge number in 2024 reflects the longer time required to achieve goal attainment and readiness for discharge.

New Service Developments

We continued to develop our hybrid programme in 2024 with trainees accessing training both onsite and remotely. Access to Taster Sessions and tours of the RTU continued for Inpatients from the Brain Injury Programme, which gave the RTU trainees opportunities for peer mentoring roles. We continued to deliver the Active Healthy Me Programme providing enhanced health benefits for those participating. Staff developed their skill base completing training in aquatic assessments, travel training, performance management, and CPD.

Stakeholder events in 2024 included Trainee Reunion, Family Education and Awareness Day, and a series of Family Support Groups. We extended our programmes of invited organisation and past trainee speakers. RTU Trainees presented to the NRH Careers Evening, the inpatient Brainworks groups, participated in community outings, and undertook work experience. RTU staff were actively involved in several NRH and external professional committees, attended conferences and delivered presentations.

Trainees provided feedback on their programme experience through the HSE 'How is your Service Doing?' survey. In 2024, 11 (78%) of trainees discharging from the programme completed an Exit Satisfaction Questionnaire. 82% (9) rated 5/5 and 18% (2) rated 4/5 on their overall level of satisfaction with the programme.



Teresa Whyte, CNMII and Chairman Kieran Fleck, welcome Taoiseach Simon Harris to Willow Unit to meet with Staff and Patients on the day of the formal opening of the NRH Phase One in September 2024.

SECTION 2

NRH Rehabilitation Programmes

Stroke Specialty Programme

The programme provides the national post-acute complex specialist Inpatient rehabilitation service for people with Stroke in Ireland.





Kate Curtin
Programme Manager



Dr Kinley Roberts
Medical Director

The Stroke Specialty Programme at the National Rehabilitation Hospital, in collaboration with the patients, their families and carers, provides specialist stroke rehabilitation aimed to lessen the impact of impairment and to assist people with Stroke to achieve optimum functional independence, social participation and community integration.

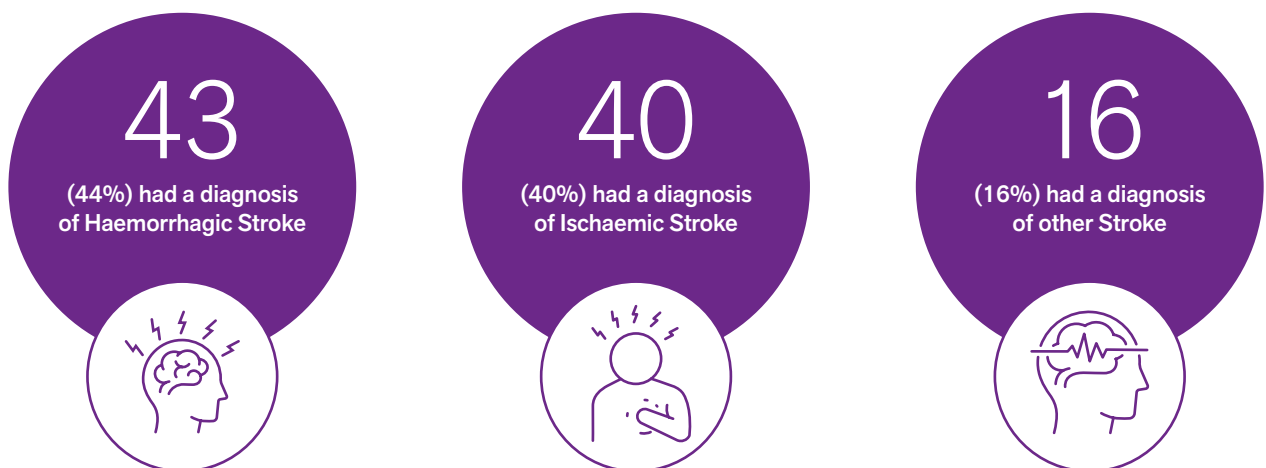
The programme provides the national post-acute complex specialist Inpatient rehabilitation service for people with Stroke in the Republic of Ireland. Referrals are received from acute hospitals, HSE service areas, GPs and other primary care services nationally. The Stroke Specialty Programme is accredited by CARF (Commission on Accreditation of Rehabilitation Facilities).

Demographics, Activity and Outcomes for Inpatient Services – 2024

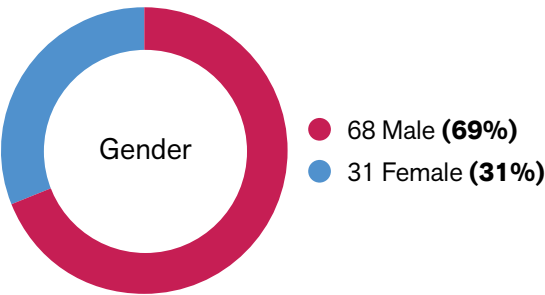
99 patients received Inpatient rehabilitation services in 2024. Of the patients discharged from the programme, 95 were admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP), 3 patients were admitted for review or assessment and one patient did not complete their full programme due to medical reasons.

DEMOGRAPHICS AND ACTIVITY

Of the 99 patients admitted to the Inpatient Programme:



GENDER OF INPATIENTS SERVED BY THE STROKE PROGRAMME IN 2024



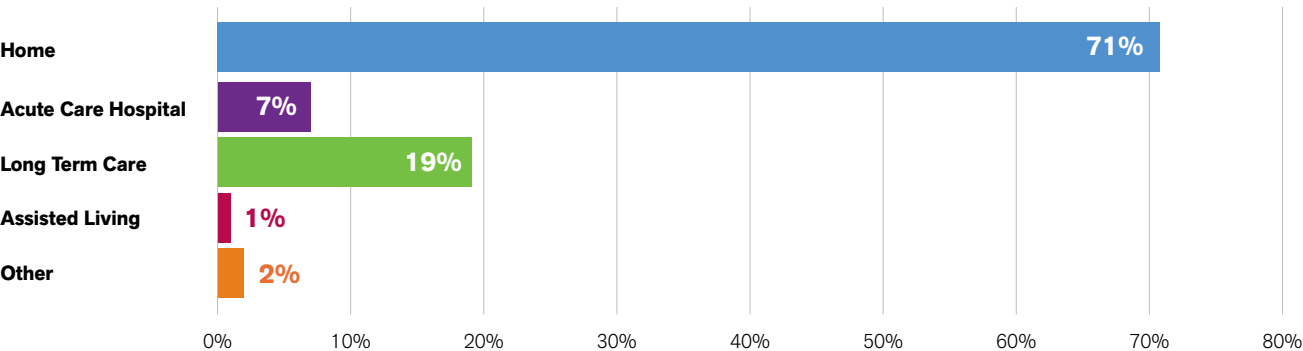
AGE PROFILE OF INPATIENTS SERVED BY THE STROKE PROGRAMME IN 2024



Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PROGRAMME

DISCHARGE LOCATION OF INPATIENTS SERVED BY THE STROKE PROGRAMME IN 2024



Indicator	Target Set – 2024	Outcome
Average Days Waiting for Admission	Average days waiting for admission would be less than 70 days	Patients waited an average of 172 days for admission to the programme
Incidence of Positive Change in Outcome Measure at Discharge	Improvement in Functional Independence Measure (FIM) Score – 90%	94% of patients
	Improvement in Barthel Score – 90%	72% of patients
Average Score Change in Outcome Measures at Discharge	Patients would improve on average by at least 10 points as measured on the FIM and Modified Barthel	FIM Average Improvement 24 points Barthel Average Improvement 19 points
Average Rehabilitation Length of Stay	Length of stay would be less than or equal to 60 days	110 days
Discharge to Home Rate	75% of patients would be discharged to home	71% of patients were discharged directly to home

The programme continues to deliver high quality, effective rehabilitation in a national context of increasing patient complexity and numbers, and increasing demand for earlier access. Our Interdisciplinary Teams of experts continue to deliver consistent and excellent patient outcomes with reduction in resources throughout Interdisciplinary Teams over the year.

Programme Goals and Achievements in 2024

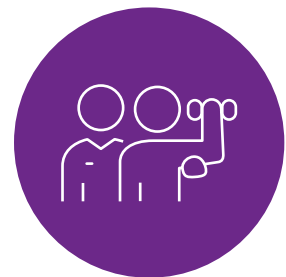
Some key achievements of the programme this year include:



**World Stroke Day event
October 2024**



**Review of the Stroke
Education programme**



**Supporting the delivery of the
Stroke Education Upper Limb
Retraining Course**

Programme Manager

Kate Curtin was the Programme Manager for the Brain Injury and Stroke Specialty Programmes in 2024.

Clinical Services delivered within the Brain Injury and Stroke Specialty Programmes:

MEDICAL

Patient care and treatment is delivered by Consultant-led Interdisciplinary Teams (medical, nursing, health and social care professionals). In 2024, clinical responsibility was held by Dr Kinley Roberts (Medical Director of the Stroke Specialty Programme) in collaboration with Consultant colleagues Dr Jacinta Morgan and Dr Sabrina McAlister. A rotating team of NCHDs continue to provide medical support at the NRH.

NURSING – WILLOW UNIT

Rehabilitation nursing staff provide nursing care, support and direction to patients. They act as an important communication link with the patients' family, visitors and with other members of the Interdisciplinary Team. Nursing staff assist patients in practising what they are learning in therapies and teach patients how to manage their personal care, along with their families and carers.

Health and Social Care Professional (HSCP) and other clinical services delivered as part of the Brain Injury and Stroke Specialty Programmes are listed from page 28 of this report. These include:

- Clinical Psychology
- Creative Arts Therapy (Music Therapy and Art Therapy)
- Nutrition and Dietetics
- Occupational Therapy
- Pharmacy
- Physiotherapy
- Radiology
- Social Work
- Speech & Language Therapy
- Therapeutic Recreation Service

SECTION 2

NRH Rehabilitation Programmes

Spinal Cord System of Care (SCSC) Programme

Spinal cord dysfunction may result from traumatic injury or non-traumatic injury including such disorders as benign or malignant spinal cord tumours, demyelination, vascular or inflammatory disorders.





Eugene Roe
Programme Manager
– to September 2024



John Lynch
Programme Manager
– from September 2024



Dr Cara McDonagh
Medical Director,
SCSC Programme

The Spinal Cord System of Care (SCSC) Programme at the NRH has developed a continuum of care for people with spinal cord dysfunction. This encompasses the inpatient rehabilitation phase, an outpatient phase with the capacity to see patients in interdisciplinary clinics, consultant only clinics, single therapy treatments and advance nurse practitioner (ANP) clinics. Further linkages to community services include a nursing liaison service, a pilot vocational programme and links with the voluntary organisation Spinal Injuries Ireland (SII).

Spinal cord dysfunction may result from traumatic injury or non-traumatic injury including such disorders as benign or malignant spinal cord tumours, demyelination, vascular or inflammatory disorders. The SCSC Programme also includes the management of patients with peripheral neuropathies, such as Guillain Barre Syndrome as similar principles of rehabilitation apply to these conditions.

Persons with spinal cord dysfunction have many needs and may face wide-ranging long-term restrictions in their ability to live independently, to drive or use public transport, return to work or education, participate in leisure and social activities, fulfil family roles, and maintain personal, sexual and family relationships. The SCSC Programme at the NRH is designed to assist patients and their family or carers to manage their impairments and to promote greater levels of functional independence, social participation, and community reintegration.

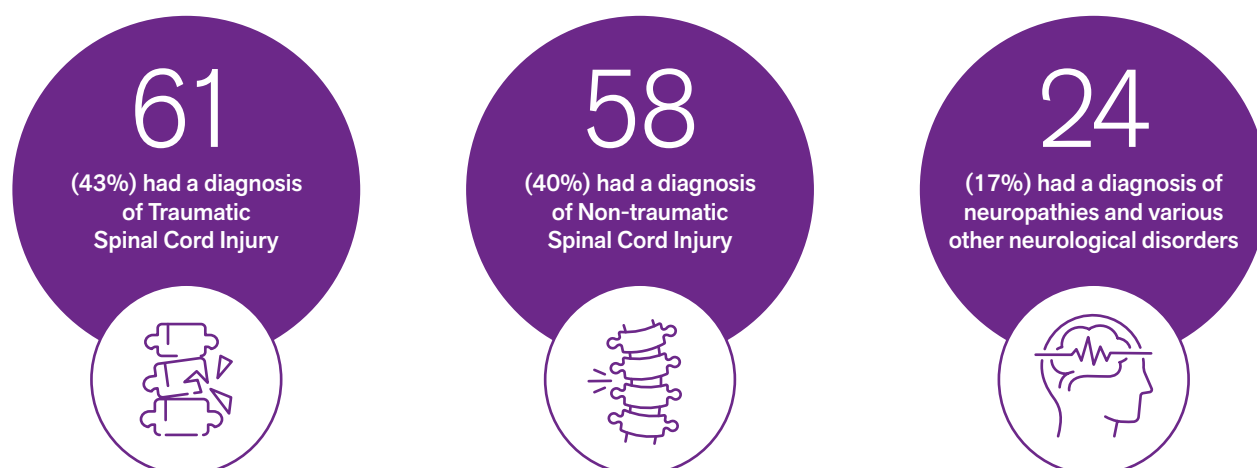
Patient care and treatment is delivered by an Interdisciplinary Team (IDT) with overall clinical responsibility led by the Medical Director of the Programme, Dr Cara McDonagh. Dr Éimear Smith and Dr Shane Hanratty complete the Consultant body in the SCSC Programme. Dr Smith is also Rehabilitation Medical Lead in the National Trauma Strategy.

Demographics, Activity and Outcomes for Inpatient Services – 2024

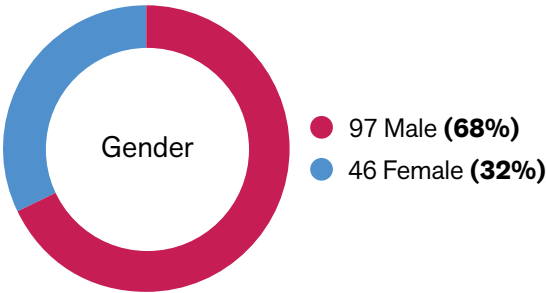
In total, 143 patients were discharged from the SCSC Programme in 2024. Of these patients, 139 were admitted for a full Inpatient goal-setting rehabilitation programme (Comprehensive Integrated Inpatient Rehabilitation Programme – CIIRP) and 4 patients were admitted for review or assessment.

DEMOGRAPHICS AND ACTIVITY

Of the 143 patients admitted to the Inpatient Programme:



GENDER OF INPATIENTS SERVED BY THE SCSC PROGRAMME IN 2024



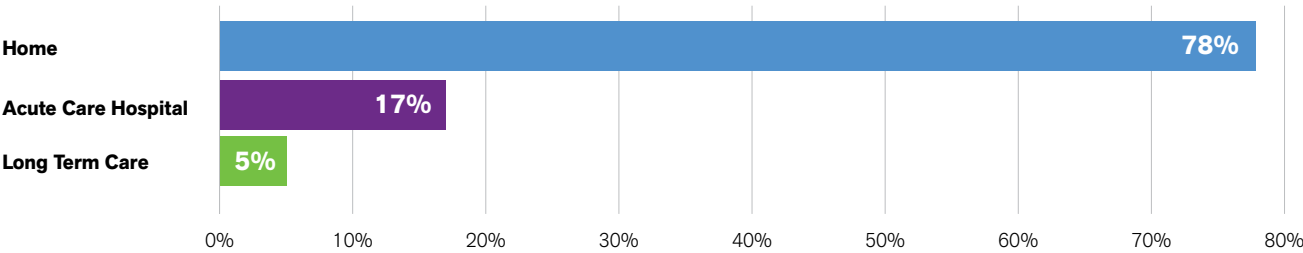
AGE PROFILE OF INPATIENTS SERVED BY THE SCSC PROGRAMME IN 2024



Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PROGRAMME

DISCHARGE LOCATION OF INPATIENTS SERVED BY THE SCSC PROGRAMME IN 2024



Indicator	Target Set – 2024	Outcome
Average Days Waiting for Admission	Target – Patients would be admitted within 60 days	Average wait for admission was 70 days *This outcome was due to the increase in Delayed Transfers of Care (DToC) impacting access to beds
Average Rehabilitation Length of Stay (LOS)	Target - Average length of Inpatient stay would be less than 90 days	Average LOS was 98 days *The LOS is negatively impacted by DToC. Excluding the six longest DToC beds, the average LOS falls to the target of 85 days
Delayed Transfers of Care (DToC) DToC is the term used when patients have completed their rehabilitation programme and are medically fit for discharge but cannot be discharged	Target - to lose less than 8% of bed days due to Delayed Transfers of Care	13% of bed days were lost due to Delayed Transfers of Care in 2024
Discharge to Home Rate	Target – to discharge at least 75% of patients to home	78% of patients were discharged directly to home *17% of discharged patients returned to the acute referring hospital

The programme continues to deliver high quality, effective rehabilitation in a national context of increasing patient numbers, increasing demand for earlier access, and a higher proportion of all patients having higher complexity of needs. Our Interdisciplinary Teams of experts continue to deliver consistent and excellent patient outcomes with reduction in resources throughout IDTs over the year.

Some Programme Highlights in 2024

- A Psychology service was established for SCSC Outpatients offering invaluable support to service users as they transition back to life in the community
- Two joint Tracheostomy and Airway Management study days were led by Dr Mairead Hayes and the SCSC Advance Nurse Practitioners (ANPs) along with Critical Care ANP colleagues from the Mater
- A series of educational and peer support events, mainly taking place on Saturdays included: 14th Annual Reunion for Women with a Spinal Cord Injury, Annual Farmer's Day, Healthcare Professionals Day and representing the NRH at the National Ploughing Championship
- Spinal Injuries Ireland continued to sponsor the very popular Pizza Night with peer support workers in attendance
- The Education and Peer Support Officers continued to develop the patient education programme with new approaches to engage patients in their understanding of their diagnosis
- The Education Committee launched the new educational materials for patients, families, and healthcare professionals and began work on a visual poster library for the Level 2 corridor
- Improved links with UCD with Conor White commencing a PhD programme researching the potential for use of exoskeleton technology in management of neuropathic pain

Programme Manager's Report

John Lynch was appointed as SCSC Programme Manager in September 2024.

Eugene Roe retired as SCSC Programme Manager in 2024 after 17 years in the role. Eugene has had a profound impact on the entire SCSC team; his dedication to improving the SCSC service has been unwavering over the years and we wish him well in his retirement.

The SCSC Programme continues to operate over both the new and old hospital buildings and this remains an operational challenge for the team.

2024 saw the largest number of Inpatients discharged from the SCSC service to date. This is partly due to the Rapid Access Beds allowing four-week, focused admissions for specific clinical cases as well as a reduction in bed days lost to Delayed Transfers of Care in 2024. The focused management of admissions resulted in a consistently high bed occupancy rate of 98%.

As ever the SCSC Programme was supported by generous fundraising undertaken by individuals and groups in 2024. These efforts are very much appreciated by both patients and staff and have enabled us to secure much needed equipment to significantly improve the rehabilitation and participation of a sizeable cohort of service users.

I would like to express my gratitude to the staff of the SCSC service for their hard work and dedication to continuously improving the rehabilitation experience for our service users.

Medical Director's Report

Dr Cara McDonagh is Medical Director for the Spinal Cord System of Care Programme.

The SCSC Programme Interdisciplinary Team continues in their commitment to delivering patient-centred care and a key tenet of this is educating the patient, their family and the wider healthcare community on spinal cord injury. This year the Interdisciplinary Team excelled in this regard. Staff ran many events for current and previous patients with a focus on education, peer support and fun.

Over 50 attendees from the acute and community sector attended a Health and Social Care Professionals day in 2024 where they received invaluable education on spinal cord injury. Our staff in SCSC continue to showcase the programme and the NRH at national and international events and conferences.

Rapid access to the Advanced Nurse Practitioner (ANP) Outpatient Clinics has greatly enhanced the SCSC service for patients and families requiring expert support and advice on bladder, bowel and skin management for improved quality of life.

The ROSIA project (Remote Rehabilitation Service for Isolated Areas) entered its final phase where technologies and platforms will be piloted and tested with a cohort of spinal cord injury and brain injury patients via the Outpatient Department. I continue to work closely with this European project as an expert evaluator.

As Medical Director of the SCSC programme, I am very grateful to the staff for their hard work and dedication; there are already many planned events and initiatives scheduled for 2025 and I look forward to an exciting year ahead.

MEDICAL

The Medical Director of the Programme is Dr Cara McDonagh who works in collaboration with Consultant colleagues Dr Éimear Smith and Dr Shane Hanratty.

NURSING – LILY, OAK AND FERN UNITS

Rehabilitation nursing staff provide nursing care, support and direction to patients. They act as an important communication link with the patients' family, visitors and with the other members of the Interdisciplinary Team. Nursing staff assist patients in practising what they are learning in therapies and teach patients how to manage their personal care, along with their families and carers.

CLINICAL PSYCHOLOGY

The SCSC Psychologists support patients, families, and the Interdisciplinary Teams in providing assessment and therapeutic intervention, and education to patients and staff. In 2024, there was continuing collaboration with colleagues in Europe, a focus on upskilling and incorporating pain education and support for patients, as well as the launch of SCSC Outpatient service; the aim is to evolve and develop the service to provide specialist and accessible input to living in the community with an acquired injury.

Dr Emma Brennan's research contributed to the development of an NRH resource for supporting children whose family member has sustained spinal injury.

NUTRITION AND DIETETICS

In 2024 the service was provided to Inpatients of the SCSC Programme. The service is primarily delivered on a one-to-one basis and aims initially to ensure that patients are adequately nourished to fully engage in their therapy programme. As recovery progresses the focus shifts to address longer term health issues such as excess weight gain. The dietitians deliver regular group education sessions 'Healthy Eating after a Spinal Cord Injury' in conjunction with physiotherapy.

OCCUPATIONAL THERAPY

The Occupational Therapy service to the SCSC Programme supports adults with spinal cord injuries and neuropathies, enabling them to engage in meaningful daily activities, from personal care to vocational pursuits. The team plays a vital role in discharge planning, home assessments, and equipment recommendations to promote independence and safety.

New developments in 2024 include: redevelopment of the interdisciplinary patient education programme; collaboration with specialists on nerve surgery and virtual reality for rehabilitation; integration of aquatic therapy into OT services; OT staff presented on wheelchair management and pressure care at major conferences; and co-designed virtual reality games for spinal rehabilitation.

PHARMACY

Pharmacy staff work as part of the Interdisciplinary Team (IDT); they attend Consultant Rounds and Medicines Prescription Administration Record reviews to optimise medications in conjunction with patients. Pharmacists provide education to patients on their medicines. A personalised Medicine List is provided to each patient, as well as practical tools to assist with the taking of medications, after discussion with other members of the IDT. NRH pharmacists liaise with community pharmacy and other services as necessary to ensure continuity of pharmaceutical care for patients on discharge. Staff also answer medication queries and provide education sessions for IDT colleagues.

PHYSIOTHERAPY

In 2024, Clinical Specialist John Lynch left his role to take up the post of SCSC Programme Manager. New initiatives included greater links with UCD as Conor White was seconded to a PhD programme researching Exoskeletons for pain in SCI. Avril Peevers presented at MASCIP about the role of NRH Sports Championships in SCI rehabilitation. The team also ran successful events including Wheelchair Skills Training, Family Information Day and Annual Men's Day. Staff have been upskilling with many seniors completing Splinting and Bobath courses. Challenges in 2024 include the absence of a Clinical Specialist and the decommissioning of the Lokomat.

RADIOLOGY

Key amongst the Radiology services provided are regular Inpatient and Outpatient imaging of the renal tract using ultrasound and x-ray to detect stones and other complications in order to prevent the morbidity and mortality associated with occult urinary tract disease, including sepsis.



Occupational Therapy enables patients to engage in meaningful daily activities and vocational pursuits. The state-of-the-art environment and equipment in the new hospital enhances these therapeutic activities.



Dr Cara McDonagh and Prof Kirk Levins from the NRH Spinal Cord System of Care Team with Taoiseach Simon Harris and Yousaf, who had undergone a successful pioneering spinal cord simulator procedure at St. Vincent's University Hospital.

SOCIAL WORK

The Social Work service offered to all patients and their families within the SCSC Programme continues throughout the patients' rehabilitation programme and in the immediate post-discharge stage as required. The social worker for the SCSC Outpatient service attends clinics and the service provided ranges from a single consultation to a number of counselling or follow up appointments. An online peers group focused on a common interest in gaming has been successfully initiated and further development is ongoing. The team participated in many annual events such as the family and peer support event for current and past patients. The development of a resource pack for parents with SCI in conjunction with team colleagues has been completed and was published in 2024.

SPEECH & LANGUAGE THERAPY (SLT)

The Respiratory Specialist IDT Service consists of an Advanced Nurse Practitioner, Respiratory Physiotherapist, SLT, and Consultant Intensivist to provide a high-quality service to patients admitted with tracheostomies, with or without ventilators. The SCSC Programme discharged two patients on ventilators to home and four patients with tracheostomies were managed during 2024; one decannulation was achieved. SLT continues to contribute to cross-programmatic respiratory education for staff and carers in the management of patients with tracheostomies, with or without ventilators, and several in-house education and training sessions were provided in 2024 to ensure a high quality of care to patients, and maintenance of expert staff.

“ SLT continues to contribute to cross-programmatic respiratory education for staff and carers in the management of patients with tracheostomies, with or without ventilators, and several in-house education and training sessions were provided in 2024 to ensure a high quality of care to patients, and maintenance of expert staff. ”

SPINAL LIAISON SERVICE

2024 saw the first full year of Advanced Nurse Practitioner (ANP) Outpatient Clinics. Referrals were received largely from NRH consultants consisting of previous and new spinal patients from the Mater, Tallaght and Beaumont Hospitals. Early referrals, particularly cauda equina patients, have hugely benefitted from rapid access to the ANP Clinics for expert advice and support. Other referrals were generated from those SCI patients on a palliative pathway requiring advice on bladder, bowel and skin management for improved quality of life. The ANP's continue to form part of the Inpatient IDT teams and training information provision continued throughout 2024.

THERAPEUTIC RECREATION SERVICE

Therapeutic Recreation Service (TRS) focuses on intervention for all adult Inpatients who face specific challenges engaging in recreational pursuits. Our aim is to improve patients' functional independence, social participation, and community integration.



SECTION 2

NRH Rehabilitation Programmes

Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme

The POLAR Programme provides care through the full continuum. Most patients commence their primary rehabilitation as an Inpatient or Day-patient.





Dr Jacqui Stow
Medical Director



Dr Nicola Ryall
Consultant in
Rehabilitation Medicine



Aoife Langton
Programme Manager

The Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) programme provides a continuum of care for people with congenital limb absence and limb amputation. The Programme provides pre-amputation consultations, assessment of rehabilitation needs post amputation, both Inpatient and Day-patient rehabilitation, Outpatient follow-up and therapy services, and links to community services.

Persons with limb absence have many and varied needs. Many may present with a previous complex medical history, others because of their limb absence may face wide-ranging long-term limitations in their ability to return to their previous living arrangements, their previous work or education, leisure and social activities, or limitations in fulfilling family roles or maintaining personal relationships.

The POLAR Programme provides care through the full continuum. Most patients commence their primary rehabilitation as an Inpatient or a Day-patient. The programme has twelve Inpatient beds based on Poppy Unit and a capacity of seven Day-patient places. Under the clinical governance of the Consultants in Rehabilitation Medicine and in partnership with Opcare, the programme offers an Outpatient prosthetic-led service and also has the capacity to see patients in Interdisciplinary clinics, Consultant-led clinics, as well as offering some single therapy treatments. The Rehabilitation Coordinator role provides a link not only for patients who are awaiting rehabilitation but also aims to be the key contact person over the full continuum of their care.

Dr Jacqui Stow provides care for Inpatients and Day-patients undergoing rehabilitation, and Consultant-led IDT clinics for both primary and established patients. Dr Nicola Ryall provides specialist upper limb and input into complex cases clinics.

The feedback received from patients throughout 2024, as part of the durable outcomes questionnaire, has been very positive, praising the dedication and expertise of our staff in the POLAR Programme. On average, patients rated their Inpatient and Day-patient satisfaction at 9/10.

Demographics, Activity and Outcomes for Inpatient Services

DEMOGRAPHICS AND ACTIVITY

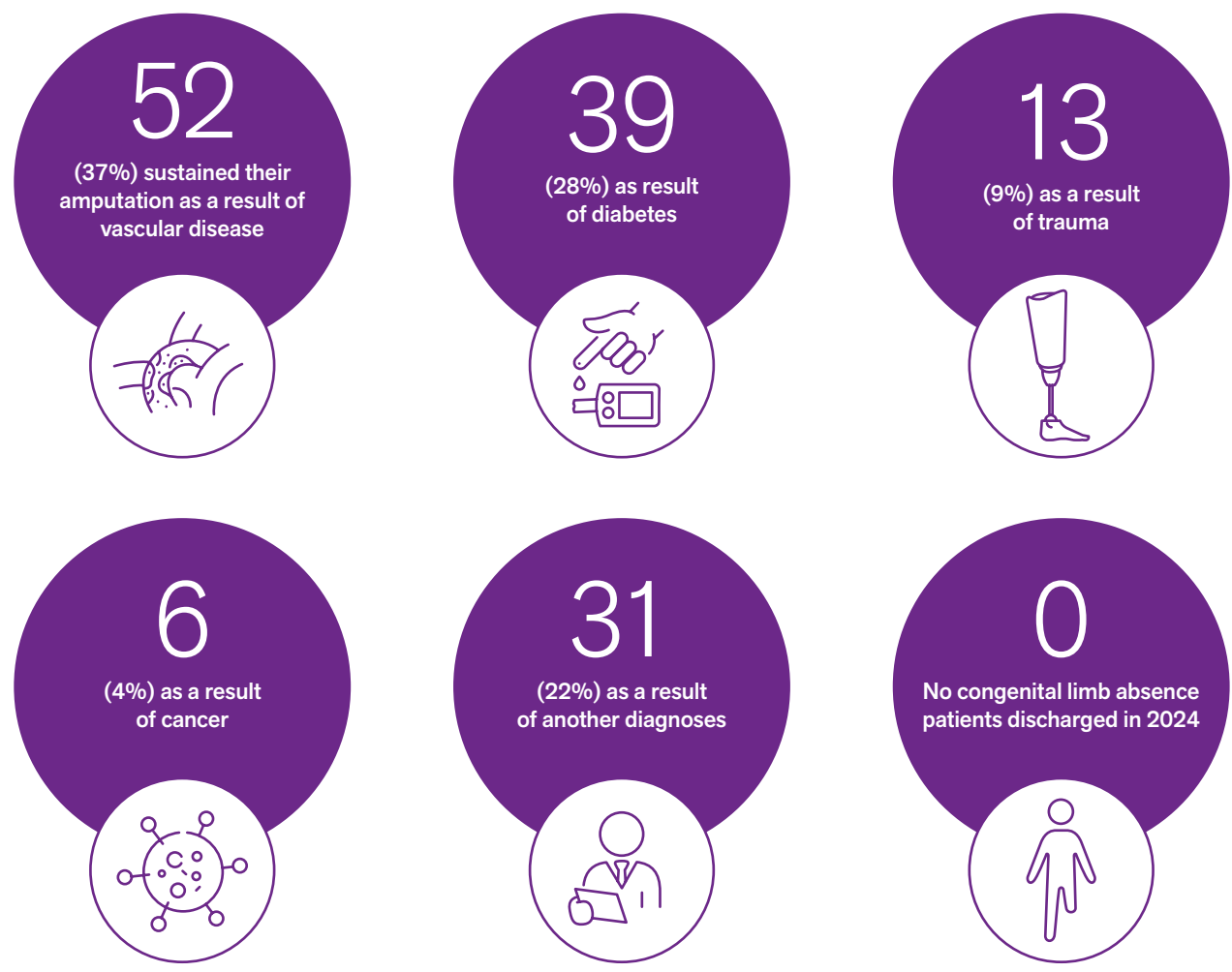
In 2024, the total number of patient discharges from the POLAR Programme was 141.

88 patients were discharged from the Inpatient programme in 2024. 83 patients (94%) were discharged following a full Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP) and 5 patients (6%) were discharged following a short admission for many reasons including assessment for prosthetic usage or were deemed not medically ready for a rehabilitation programme following admission.

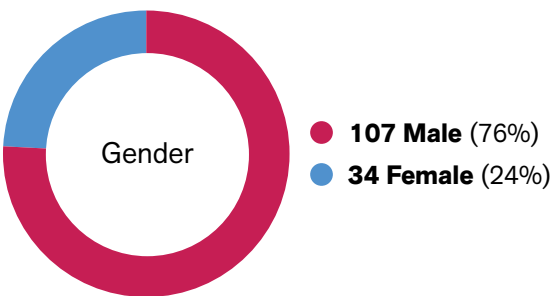
9 patients received two separate episodes of rehabilitation for a variety of reasons including family circumstances, or pauses in the rehabilitation programme for medical reasons, such as wounds.

Of 53 patients discharged from the Outpatient POLAR Day Programme, 44 (83%) were discharged following a full Comprehensive Integrated Outpatient Rehabilitation Programme (CIORP) and 9 patients (17%) were admitted for a short admission or were deemed not medically ready for a rehabilitation programme following assessment. When primary patients moved from Inpatient to Day-patient and vice-versa depending on patients' clinical need, the data pertaining to these patients is included in the most appropriate area on a case-by-case basis.

Of the 141 patients discharged from the POLAR Programme, the breakdown diagnoses were as follows:



GENDER OF PATIENTS DISCHARGED FROM THE POLAR PROGRAMME IN 2024



AGE PROFILE OF PATIENTS DISCHARGED FROM THE POLAR PROGRAMME IN 2024



SECTION 2

NRH Rehabilitation Programmes Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme

Types of Amputation	Inpatients and Day-patients
Below knee	59% (83)
Above knee	34% (49)
Bilateral below knee lower limb	4% (5)
Upper limb	0% (0)
Bilateral above knee amputation	1% (1)
Through knee	1% (2)
Through hip	1% (1)
Partial foot	0% (0)
Above and below	0% (0)
Total	141

Outcomes

EFFECTIVENESS, EFFICIENCY, AND ACCESS TO THE INPATIENT AND DAY-PATIENT PROGRAMMES

Indicator	Target Set – 2024	Outcome
Average Days Waiting for Admission	Average days waiting for admission would be within: POLAR Inpatient: 40 days POLAR Day-patient: 30 days	Average days that Patients waited for admission: POLAR Inpatient: 57 days* POLAR Day-patient: 28 days
Average Rehabilitation Length of Stay	Target length of stay would be less than: POLAR Inpatient: 60 days POLAR Day-patient: 70 days	POLAR Inpatient: 52 days POLAR Day-patient: 54 days
Increase in Functional Improvement	Target: 90% of Inpatients would improve their Barthel Score and 90% would improve their SIGAM score Target: 90% of Day-patients would improve their Barthel Score and 90% of Day-patients would improve their SIGAM score	94% of Inpatients improved their Barthel Score and 91% improved their SIGAM score during admission 100% of Day-patients improved their Barthel Score and 100% improved their SIGAM score during admission
Delayed Transfers of Care (DTtoC)	Target - to lose less than 2% of Inpatient bed days due to Delayed Transfers of Care	0% of Inpatient bed days were lost due to Delayed Transfers of Care in 2024

* 120% increase in referrals to POLAR Inpatient Programme from 2019

POLAR OUTPATIENT PROGRAMME

The Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Outpatient Programme provides a wide range of activities that includes consultant-led clinics, interdisciplinary clinics, prosthetic & orthotics clinics and individual therapy assessment and treatment sessions.

POLAR PROGRAMME OUTPATIENT (OPD) ACTIVITY FOR 2024 – TOTAL ATTENDANCES



Indicator	Target Set – 2024	Outcome
Average Days Waiting for first Consultant-Led Appointment	Urgent Appointment: less than 13 weeks	8 weeks
	Routine Appointment: less than 26 weeks	11 weeks
DNA (Did Not Attend) rate at OPD Consultant Clinics	Less than 10%	12%
DNA rate at OPD Non-Consultant Clinics	Less than 10%	14%
CNA (Could Not Attend) rate at OPD Consultant Clinics	Less than 10%	3.5%
CNA rate at Non-Consultant Clinics	Less than 10%	8.8%

Some Programme Highlights in 2024

- Community, outreach and satellite clinics are held throughout the country, with weekly clinics in Galway and monthly clinics in Tipperary, Leitrim, Donegal and Mayo
- Introduction of a monthly satellite clinic based in a Primary Care Centre in Tonleegge, North Dublin and also presence of an orthotist at all primary assessments
- Events in 2024 included: Paediatric-POLAR Day, POLAR Education Day for Clinical Staff, Farmers Day and Ladies Day education and peer support events
- Representing the NRH at the National Ploughing Championship
- Commencement of POLAR Patients' hospital orientation by volunteers
- Team attendance at POLAR Team Strategy Day where a five-year strategy plan was put in place
- Introduction of an immersive experience day for primary patients to provide patients with an opportunity to trial a pre-prosthetic aid to help build insight into the challenges of prosthetic use
- Development of an education information pack for patients unsuitable for admission at the time of assessment
- Development of a structured assessment pathway for suitability for Micro-Processor Knees
- Commencement of Eye Movement Desensitization Reprocessing (EMDR) therapy to patients as recommended in NICE Guidelines (2018) and by the World Health Organization (2013) for the treatment of trauma
- Established an OT prosthetic and limb absence rehabilitation special interest group

Medical Director and Programme Manager Report

Aoife Langton is Programme Manager and **Dr Jacqui Stow** is Medical Director of the POLAR Programme.

Over the past year the Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme has continued to grow and develop. Referral numbers have increased from 146 in 2018, to 320 in 2024.

The Rehabilitation Coordinator post is now well established in our service, playing a vital role in providing pre-prosthetic support and information and ensuring that patients, ready to move to the prosthetic phase of their rehabilitation, are timely assessed and admitted to the programme.

The Consultant-led partial foot service continues successfully providing assessment for orthotics to optimise walking and care of remaining foot and pre-amputation counselling.

Our complex patient clinic brings together the combined expertise of Dr Jacqui Stow and Dr Nicola Ryall who are based at the NRH and Dr John MacFarlane, based in Cork, to ensure that best outcomes can be achieved for patients who have higher complexity of rehabilitation needs.

We reviewed the durable outcomes for patients who discharged from our programme in 2024. Initial results reflect the continual success of the Interdisciplinary Teamwork of the POLAR programme, with discharged patients continuing to walk with a prosthesis.



Patients with members of the Interdisciplinary Team from the POLAR Programme enjoying some time in the therapeutic garden.

Clinical Services delivered within the POLAR Programme

NURSING – POPPY UNIT

The POLAR Programme has 12 Inpatient beds in Poppy Unit and also accommodates seven Day-patients, with a staff nurse dedicated to this day service. Professional development continues to be a focus for the nursing staff on Poppy Unit. Members of nursing staff from Poppy Unit continue to be involved in the following committees: Drugs and Therapeutics Committee; Smoking Cessation; National Pressure Ulcer Collaborative Steering Group; Falls Prevention Group; Quality, Safety and Risk Committee; Productive Ward Steering Committee and Catheter Care Bundles.

CREATIVE ARTS THERAPY

Art Therapy can maximise shared experience, peer support and develop communication and social skills in a safe group environment. Patient experience is externalised through art making and shared with the group for discussion and shared understanding.

Music Therapy, through IDT weekly group sessions with POLAR patients, uses music to support physical, social, and emotional goals as well as address pain.

CLINICAL PSYCHOLOGY

The Psychologists in the POLAR Programme offer psychological assessment and intervention to Inpatients, Day-patients, Outpatients, and family members attending the Programme. In 2024 the psychologists completed their training in Eye Movement Desensitization Reprocessing (EMDR) therapy delivered by the EMDR Academy in London. Subsequently, a service innovation was piloted by offering EMDR therapy to patients from the POLAR and SCSC Programmes as recommended by the World Health Organisation (2013) and NICE guidelines for distress and trauma.

NUTRITION AND DIETETICS

A dietetic service is provided to Inpatients and Day-patients of the POLAR Programme. The goal of nutritional therapy is to support patients in optimising control of chronic conditions such as Diabetes and Chronic Kidney Disease. There has been a tenfold increase in referrals for renal diets in recent years, in line with international experience. The renal menu was updated to provide more attractive options and patient feedback has been positive.

OCCUPATIONAL THERAPY (OT)

The POLAR OT team have established a special interest group for OTs nationally with a shared interest in amputee rehabilitation. Staffing levels in 2024 were a challenge, however the POLAR team has devised a prioritisation tool, and updated contingency training and upskilling for all grades within the programme to address the impact on services. The POLAR Programme had an increase Inpatients with higher dependency levels with multiple limb amputations, requiring significant levels of IDT working. Learning and reflections were made from working with these complex cases. The OT team aims to continue to provide practice placements for students, provide education in person and virtually to universities and colleagues nationally for upskilling.

PHARMACY

Pharmacy staff work as part of the Interdisciplinary Team (IDT). Medicines reconciliation is undertaken at admission and discharge to ensure that the patient's medication list is accurate at transitions of care. Pharmacists attend Consultant ward rounds and Medicines Prescription Administration Record reviews where medicines are optimised in conjunction with each patient. Pharmacists respond to medicines information queries from other members of the Interdisciplinary Team and liaise with community pharmacy and other services where necessary to ensure continuity of pharmaceutical care for patients on discharge.

PHYSIOTHERAPY

The POLAR physiotherapy team provide therapeutic support to patients with amputation or limb difference through their rehabilitation journey. This year we worked with prosthetic colleagues to support established Outpatients to return to previously enjoyed activities including running, golf and wearing high heels. In conjunction with the prosthetists and Dr Stow, we have supported some Outpatients to trial microprocessor knees and have collected data to help advocate for funding. In the last 12 months, the service has seen an increased number of more complex patients. One of the strategies identified at the POLAR Strategy Day in 2024, for Physio along with our OT colleagues, has provided patients with an opportunity to trial a pre-prosthetic aid to help build insight into the challenges of prosthetic use (immersive experience).

RADIOLOGY

Specific to the POLAR Programme, Radiology provides X-ray and Ultrasound imaging of soft tissues of the residuum following amputation to assess for acute and chronic complications. Estimation of fracture risk is guided by DXA evaluation of bone density, which is often decreased on the side of lower limb amputation

SOCIAL WORK

Medical Social Workers on the POLAR service work with patients and families throughout their rehabilitation programme to facilitate adjustment and care planning and ensure a safe discharge. Additional supports are offered to patients with complex psychosocial issues not only as Inpatients and Day-patients, but also through peer support. David de Lacey took the Senior role in early 2024 and has been instrumental in further development of the peer support programme along with other colleagues. This is a key service for patients and has taken time to build up after the covid years.

THERAPEUTIC RECREATION SERVICE

The NRH Therapeutic Recreation Service encourages and facilitates patients' participation in leisure and recreation activities. It provides an opportunity to explore how patients can return to hobbies or interests they enjoyed before their injury, or to explore new leisure pursuits. The ultimate aim is reintegration back into the community through involvement in hobbies or interests.



The POLAR Programme Interdisciplinary Team meet with each patient to explore their individual goals and discuss how these might be reviewed and achieved during the course of the rehabilitation programme.

Strategic Partnership with Opcare Ireland

The Strategic Partnership Agreement provides strategic oversight and governance of the POLAR Programme. Strategic Partnership Meetings, held bi-monthly, continue to serve as a formal setting to monitor governance and service performance, and day-to-day liaison between AM Healthcare Group and the NRH is effective and efficient.

Prosthetics Service

Opcare provides prosthetic clinics at both the NRH and local satellite clinics to allow patients receive care as close to their home as possible. A new prosthetic clinic commenced in the Tonleeg Primary Care Centre on Dublin's northside in late 2024.

Opcare prosthetic clinics continue to run at the NRH, and at local satellite clinics to allow patients receive care as close to home as possible.

As well as management of established patients, Opcare's new prosthetic referrals increased by 12% (this includes patients referred to the Mercy University Hospital in Cork) in 2024. Of the patients assessed and reviewed, 58% were deemed suitable for prosthetics and prescriptions were raised to assist with their care plan. This is in line with previous years and national data from the AM Healthcare Group services in the UK. Prescriptions are not raised due to patient capability, often linked to comorbidities such as vascular status, delayed or failed wound healing and physical robustness.

Orthotics Service

The orthotics service operates across all of the NRH rehabilitation programmes, with daily clinics serving both Inpatients and Outpatients.

Specialising in whole body orthotics, the orthotists combine traditional assessment methods with state-of-the-art technology to provide premium quality orthotic devices. A full patient assessment enables our clinicians to understand and determine the type of orthotic device required to allow patients to function to the best of their ability. Our clinicians prescribe a full range of bespoke and off-the-shelf orthoses, manufactured by hand or through our advanced robotic machinery.

There was a 27% increase in referrals compared with 2023, in part, supported by the investment in additional clinicians and the expansion of some satellite service activity; this year we welcomed a new orthotist along with a graduate orthotist-prosthetist to the team.

REHAPP (our clinical information management system) helps with management of the patient pathway and captures outcomes of appointments and episodes of care. Scope of the use of this system is increasing to improve the delivery of the orthotic service.

“ A full patient assessment enables our clinicians to understand and determine the type of orthotic device required to allow patients to function to the best of their ability. ”

SECTION 2

NRH Rehabilitation Programmes

Paediatric Family-Centred (PAEDS) Rehabilitation Programme

The philosophy of care of the NRH Paeds Programme is Child and Family Centred, where multiple healthcare professionals work together with the child and family through an Interdisciplinary Teamworking approach, offering services that support and augment other rehabilitation services throughout childhood.





Dr Susan Finn
Medical Director,
Paediatric Programme



Clare Hudson
Programme Manager

The Paediatric Family-Centred Rehabilitation (Paeds) Programme at the National Rehabilitation Hospital (NRH) is the national tertiary rehabilitation service for children and young people requiring complex specialist interdisciplinary rehabilitation after an injury or illness.

The NRH Paediatric Programme provides post-acute complex specialist rehabilitation for children and young people up to 18 years of age* with:

- Acquired brain injury, both traumatic (traffic accidents, falls, assaults, sport injuries) and non-traumatic (tumour, stroke, infection)
- Acquired spinal cord injury, both traumatic (traffic accidents, falls, assaults, sport injuries) and non-traumatic (transverse myelitis, tumour, Guillian-Barre Syndrome)
- Acquired and congenital limb absence requiring prosthetic intervention

The rehabilitation services are provided in the purpose-built child and family friendly Daisy Unit. The Unit accommodates eight Inpatients, where the child and parent stay overnight, and two Day-patients, where the child and parent attend daily. Daisy Unit typically operates a five-day per week service, Monday to Friday. In addition to the intensive inpatient rehabilitation programme, there is a full Consultant-led follow-up and review service for children and young people with spinal cord injury and brain injury. Specialised services, camps and training are also held from Monday to Saturday to accommodate family involvement and peer support.

** A young person of 16 – 18 years may be considered for an NRH Adult Programme if appropriate.*

Paediatric Programme Philosophy

The Paediatric Programme recognises the unique nature of neurological injury that occurs during childhood. Firstly, the child is part of their family, and the impact of the injury can affect all family members, including parents and siblings, who will need emotional and educational support. Secondly, the injury occurs while the child is still developing physically, cognitively, emotionally and socially. As a result, the full extent of the child's needs may not be apparent at the time of injury and may change as the child matures and develops. The child and family, therefore, need specialist rehabilitation supports throughout childhood to address their changing needs. Thirdly, the impact of injury for each child often affects many areas of their development and therefore requires specialist skills and knowledge from multiple healthcare professionals who work very closely together with the child and their family in a team-based approach.

The philosophy of care of the NRH Paeds Programme is Child and Family Centred, where multiple healthcare professionals work together with the child and family through an Interdisciplinary Teamworking approach, offering services that support and augment other rehabilitation services throughout childhood.

NRH Rehabilitation Programmes Paediatric Family-Centred (PAEDS) Rehabilitation Programme

Paediatric rehabilitation is designed to improve the abilities and function of children and young people following their injury or illness, and aims to maximise their ability to participate in activities at home, school, and the community. The services offered by the Paediatric Programme in 2024 included:

- The Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP) for new patients
- The Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP) for return patients
- Specialist Interdisciplinary Inpatient Assessment and Rehabilitation Programmes for new and return patients.
- Outpatient Review Clinics for children with Acquired Brain Injury (ABI) and Spinal Cord Injury (SCI), including follow-up with school and community services
- Outreach activities, both pre-admission and follow-up after discharge
- Specialist Outpatient events and activities - Whizzy Kids' wheelchair skill and support; SibShop sibling support programme

The onsite NRH Community School plays an integral role in the rehabilitation programmes for school age children and young people at both primary and secondary levels.

Demographics, Activity and Outcomes for the Paediatric Services – 2024

ACCESS

Referrals are received from across Ireland. Major referring hospitals include Children's Health Ireland (CHI) at Crumlin, Tallaght and Temple Street, Beaumont Hospital, and Cork University Hospital neurosurgical units. Referrals are also accepted directly from GPs and practitioners in the community. The Paediatric Programme received **73** new referrals in 2024. Of the new referrals, **50** were placed on Paediatric Programme waiting lists, **23** did not meet admission criteria and were redirected to NRH or community services as appropriate.

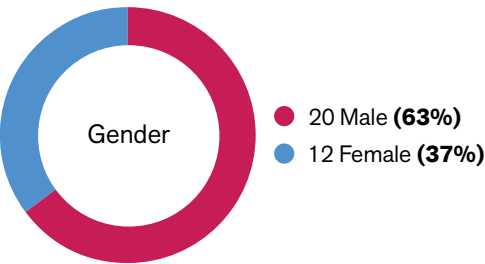
DEMOGRAPHICS AND ACTIVITY

In 2024 the Paediatric Programme served **92** Children and Young People (CYP) in **104** episodes of care in Inpatient or Day-patient programmes, of which **59** were 'new patients' to the programme and **45** were 'return patients' including patients for whom a review rehabilitation programme has been planned due to age, developmental stage or change in circumstances.

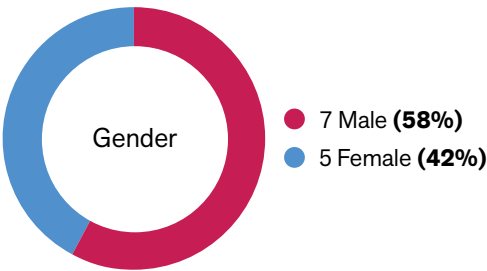
Type of Rehabilitation Admission / Activity	Description	Number in 2024
PAED 1a – Full Rehabilitation Programme (CIIRP) for New Patients	Children and young people (New Patients) admitted for their main rehabilitation programme, either as Inpatient or Day-place. The full programme meets CIIRP standards.	32
PAED 1b - Full Rehabilitation Programme (CIIRP) for Return Patients	Children and young people (Return Patients) admitted for their main rehabilitation programme, either as Inpatient or Day-place. The full programme meets CIIRP standards.	12
PAED 2a - Assessment and or Specialist Programme for New Patients	Children and young people, who are New Patients, either as Inpatient or Day-place, or for a Multidisciplinary Team pre-admission assessment of rehabilitation needs.	27
PAED 2b - Assessment and or Specialist Programme for Return Patients	Children and young people, who are Return Patients, assessed for a particular goal such as cognitive assessment, either as Inpatient or Day-place.	33
Outpatient Clinic Services	Review clinics for children and young people with Spinal Cord Injury and Acquired Brain Injury. These are annual for SCI, and at planned intervals for children and young people with ABI.	SCI 35 ABI 89 Medical 5 Total 129

The figures below shows the breakdown of gender, and average age profile of the CYP who were discharged from the CIIRP Full Rehabilitation Programme in 2024, identifying those who were new patients (PAED 1a) and return patients (PAED 1b).

CIIRP NEW ADMISSIONS PAED 1A



CIIRP RETURN PATIENTS PAED 1B



BREAKDOWN OF NEW AND RETURN PATIENTS DISCHARGED FOLLOWING A FULL PROGRAMME OF REHABILITATION IN 2024

Total number of Children and Young People (CYP) discharged from the full Inpatient rehabilitation Programme (CIIRP) in 2024	Age Group		
	Up to 6 years	7 – 12 years	13 – 18 years
New Patients (1a)	9	13	10
Return Patient (1b)	1	4	7
Total	10	17	17

BREAKDOWN OF DIAGNOSES OF NEW AND RETURN PATIENTS DISCHARGED FOLLOWING A FULL PROGRAMME OF REHABILITATION IN 2024

Diagnoses of CYP discharged from the full Inpatient rehabilitation Programme (CIIRP) in 2024	New Patients (1a)	Return Patients (1b)
Acquired Brain Injury	27 (84%)	8 (66%)
Spinal Cord Injury	4 (13%)	2 (17%)
Limb Absence	1 (3%)	2 (17%)
Total no of Patients	32 (73%)	12 (27%)

The table below shows the number of CYP, new patients, discharged from the full Inpatient rehabilitation programme (Paeds 1a) by more specific diagnostic category.

CIIRP NEW PATIENT

Traumatic Brain Injury (TBI)	Brain Infection	Brain Tumour	Aneurysm, AVM	Subarachnoid Haemorrhage	Other non-traumatic BI	Stroke	Traumatic Spinal Cord Injury	Other Spinal Injury	Spinal Cord Tumour	Limb Absence	Neurological Disorder	Total
3	1	8	2	6	2	5	0	3	1	1	0	32

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PAEDS PROGRAMME

The indicators and outcome targets shown below relate specifically to the CYP discharged from the full Inpatient Rehabilitation Programme (CIIRP Programme) in 2024.

Indicator	Target Set – 2024	Outcome	Note / Trend
Discharge to Home Rate	75% of CIIRP patients (PAEDS 1a and PAEDS 1b) to be discharged home	95%	One patient was discharged to a residential home and one to acute care for two weeks, then to home
Average Days Waiting for Admission	80% of new admission CIIRP patients (Full Rehab) to be admitted within 85 days	16% were admitted within 85 days	The average wait was 171 days. Range is from 26 – 373 days. Difference by diagnosis and need
Average Rehabilitation Length of Stay	Length of stay of CIIRP patients (Full Rehab) to be less than 90 days	Average LoS for CIIRP new patients was 65 days	The range for new patients was 24 days – 136 days.
		Average LoS for CIIRP return patients was 45 days	The range for return patients was 23 days – 74 days
Improvement shown on Outcome Measure	80% of new and return patients in CIIRP improve or maintain scores on Modified Barthel	92% of CIIRP new and return patients improved or maintained score	
Delayed Transfers of Care	Less than 1% of bed days to be lost to delayed transfers of care	0 bed days lost	No bed days were lost to delayed transfers of care in 2024

Paediatric Programme Highlights in 2024

During 2024, the NRH Paediatric Programme has maintained and, in some services, increased the levels of service delivery despite staffing challenges throughout the year. The number of referrals to, and discharges from, the Paediatric Programme remained at a similar level to previous years. The capacity of the Consultant-led IDT outpatient review clinics increased by 37% in 2024. The continued increase in the capacity of the paediatric review clinics means that each child or young person is given a review clinic date after each contact with the programme, providing clarity about the ‘next steps’ and supporting continuity of rehabilitation.

“ The capacity of the Consultant-led IDT outpatient review clinics increased by 37% in 2024. ”

Reintegration into family, school and community life are essential components of the NRH Paediatric Rehabilitation Programme. In 2024, in addition to the standardised processes for information sharing between the NRH and each person's school and community team, the NRH worked to promote inclusive PE in schools for children with acquired disability. In response to the findings of an Active Disability Ireland survey, PE teachers and schools, in association with the child or young person admitted to the NRH inpatient rehabilitation programme, were invited to participate in a one-day session in the NRH. The results from the survey feedback and written feedback conveyed that the teachers found the day useful; they gained further insights into adaptive sports and felt confident they could implement new ideas into their PE sessions for children and disabilities.

Parent and peer support continued and specialist camps and programmes were developed throughout the year providing the opportunity for CYP with similar needs, experiences, and challenges to come together to share and support each other. Young adults and their parents kindly return to the NRH to share experiences and provide peer support. The NRH Paediatric Programme Executive Group made a submission to HSE for national posts that will support continued progress towards the development of national paediatric rehabilitation pathways.

The programme welcomed the Registered Advanced Nurse Practitioner (RANP), Adele Buckley, in late 2024.

The National Rehabilitation Hospital Community School added additional secondary school staff to their team which has supported continuing education for children while attending the NRH, and reintegration into the child's own school.

In November the Australian Men's Rugby Team (the Wallabies) visited the Paediatric team, the children and their families participated in a game of wheelchair rugby. The whole hospital was buzzing from the fantastic visit for some time afterwards.

Every year, the Paediatric Programme benefits from and gratefully acknowledges the various types of donations and sponsored awareness-raising activities, including those organised by the patients themselves and their families. We are also grateful to the volunteers who contribute their time and energy to support the work of the programme; both NRH volunteers and the Play Volunteers from Children in Hospital Ireland, and also the community organisations we work with.



We were delighted to welcome the Australian Rugby Team to Daisy Unit in December. The team spent an afternoon enjoying the world-class facilities in the Sports Department and engaging in some friendly competition with the children and young people, parents and staff.

Clinical Services delivered within the Paediatric Programme Include:

MEDICAL

Medical services are provided by Consultant Paediatrician Dr Susan Finn, Medical Director of the Paediatric Family-Centred Programme, and Dr Irwin Gill, Consultant Paediatrician s.i Neurodisability, who work collaboratively with their consultant colleagues in acute and community care for paediatric patients referred to the NRH. The shared posts support planning across the continuum of care, with consultant review of new referrals in their inpatient setting to help plan their rehabilitation admission.

NURSING – DAISY UNIT

Nursing staff on Daisy unit work collaboratively as members of the Interdisciplinary Team to ensure a high-quality standard of care and rehabilitation to the children, young people, and their families. Nursing staff work with the children and their parents, providing care, education, supervision, and support. All patients and their parents continue to benefit from the Primary Nurse Initiative.

CLINICAL PSYCHOLOGY

Paediatric Psychology and Neuropsychology services include: neuropsychological assessment, cognitive rehabilitation, and behavioural advice and support to parents and the team. Therapeutic intervention, both individually and in group settings, involves drawing upon a range of therapeutic modalities based on the individual needs of each child. As part of the IDT team, the psychologist also plays a key role in supporting and educating parents and the young person's siblings. The service plays a role in training and education at a national level.

LIAISON SERVICE

The liaison nurse acts as an advocate for the patient and families, providing information and education, and liaising with healthcare professionals in referring hospitals, community services and schools during the pre-admission, inpatient and post discharge stages. The Liaison Nurse has an active role in the waiting list planning group ensuring the gathering of relevant information and documents to improve communication to the wider team, and is involved in triaging and assessing patients to ensure that the timing and delivery of their rehabilitation is appropriate.

CREATIVE ARTS THERAPY (CAT) - MUSIC THERAPY AND ART THERAPY

Music Therapy is an evidence-based profession using psychoanalytic theories to inform the therapy process by observing how the children and young people interact with the environment, the therapist, and the music. Patients receive individual interdisciplinary assessment and treatment interventions. Joint collaborative sessions involve the music therapist working with other professionals to address specific shared rehabilitation goals through music. There are also IDT group sessions where music-based methods are applied to support children in achieving their rehabilitation goals, these are both 'on land' and in the water.

Art Therapy supports patient rehabilitation goals and needs. Individual sessions (weekly evening sessions) address patients' emotional and communication needs utilising a dynamic psychotherapy framework. Patients are supported to engage in a range of art processes to express and externalise their experience.

NUTRITION AND DIETETICS

To meet the increasingly complex nutritional needs of children, the dietetic service continues to grow and implement practice to support children throughout their rehabilitation journey.

OCCUPATIONAL THERAPY

The Occupational Therapy (OT) Paediatric service provides OT input for children and young people - it is an occupation focused, play and fun filled team that strives towards evidence based practice.

PHARMACY

The Pharmacy Department conducts medication reconciliation on admission and discharge, to ensure that the medication list is accurate at transitions of care. The Pharmacists liaise with community pharmacies regarding sourcing of medication, both on admission and discharge. The Pharmacy Department provides advice on dosing and administration of medication to staff and CYP and their families as appropriate to their needs.

PHYSIOTHERAPY

The physiotherapy team works closely with other members of the Interdisciplinary Team (IDT), providing specialist physical assessment and intervention to all CYP in the Paediatric Programme. Services are provided to both Inpatients and Day-patients, as well as to Outpatients through review clinics. NRH Paediatric Programme Physiotherapy and OT services work collaboratively with the IWA Liaison Service to promote participation in physical activity through weekly sports sessions and a monthly Sports Day.

PROSTHETICS AND ORTHOTICS

Prosthetic and Orthotic Services for the Paediatric Programme are delivered by our strategic partner, Opcare.

RADIOLOGY

X-rays are occasionally used in the paediatric age group under strict controls due to radiation exposure concerns. Ultrasound is the preferred imaging modality in children, where appropriate. The paediatric DXA unit (for age 3-19 years) employs low dose techniques and uses dedicated paediatric software to diagnose and monitor children with suspected low bone density.

SOCIAL WORK

Social Work services for the Paediatric Programme involves supporting children as they adjust to their illness and disability as well as assisting their families and carers with the emotional and practical impact they are experiencing. This involves providing counselling, care coordination, connections to important resources and addressing financial and housing concerns. The Social Worker, along with the key nurse, acts as a link between the family and carers, other team members and external services. The Outpatient-Outreach Social Work post enhances supports for children, their families, and carers at the pre-admission and post-discharge stage of their rehabilitation programme.

SPEECH & LANGUAGE THERAPY

Speech and Language Therapists (SLT) in the Paediatric Programme offer a combination of Inpatient and remote telehealth, direct and indirect interventions in a patient and family-centred approach to support the speech, language, communication and eating and swallowing skills of children and young people. SLTs liaise with schools, primary care teams, and children's disability network teams to provide ABI specialist neuro-rehabilitation support and education. The Paediatric SLT service also provides education and training to third level students through lectures and by facilitating clinical placements.

SECTION 2

NRH Rehabilitation Programmes

Outpatient Programme

The Outpatients Programme provides Complex Specialist Rehabilitation to adult patients diagnosed with Brain Injury, Stroke and Spinal Cord Injury.





Alice Whyte
Outpatient Programme Manager

This includes **Consultant-led services** such as Doctor-only Clinics, Interdisciplinary Team Clinics, Neuro-Behavioural Service, Pain Clinics, Post-Concussion service, Visual Rehabilitation Service and Orthopaedic Clinics.

In addition to the above, **Non-Consultant led services** delivered in the Outpatient Department (Unit 6) includes services provided on an individual or group basis by: Advanced Nurse Practitioners, Clinical Nurse Specialists, Speech and Language Therapists, Physiotherapists, Occupational Therapists, Medical Social Workers, Psychologists, Orthoptists and Orthotists. The Outpatients Programme also contributes to a range of NRH events: Wellness Day, Accessible Gaming event, Farmer's Day, Life beyond the NRH and Ladies Day for people with Spinal Cord Injury or Limb Absence. The range of NRH Outpatient Services enables patients to avail of comprehensive care and are offered via both in-person and telehealth modalities.

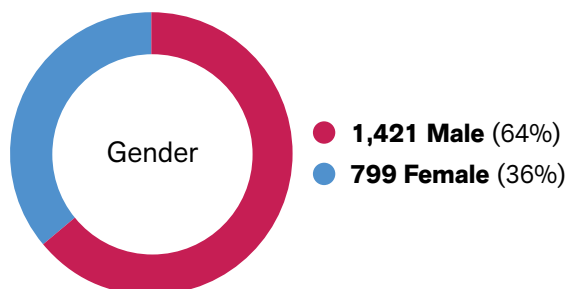
Outpatients Programme Clinic Attendances (excludes Urology and Radiology data):

2220 individual patients attended the Outpatient Programme in 2024 (an increase of 17% on the 2023 figure of 1903 patients).

A total of 7,236 Outpatient appointments were attended - 28% (2,004 appointments) were Consultant-led Clinics; and 72% (5,232 appointments) were Non-Consultant-led clinics

There was a 23% rise in appointments attended, from an average of 492 appointments per month in 2023 to 603 appointments per month in 2024.

GENDER OF PATIENTS DISCHARGED FROM THE OUTPATIENTS PROGRAMME IN 2024



AGE PROFILE OF PATIENTS DISCHARGED FROM THE OUTPATIENTS PROGRAMME IN 2024



KEY PERFORMANCE INDICATORS

Below is a table outlining our KPIs for 2024:

Indicator and Target Set	Average Waiting Time in 2024
The time waiting for first Consultant Clinic appointment will be: Urgent appointments: less than 13 weeks Routine appointments: less than 26 weeks	Brain Injury Programme Urgent: 9 weeks Routine: 15 weeks
	Stroke Speciality Programme Urgent: 8 weeks Routine: 14 weeks
	Spinal Cord System of Care Urgent: 19 weeks Routine: 41 weeks
	Brain Injury Programme Urgent: 8 weeks Routine: 17 weeks
	Stroke Speciality Programme Urgent: 3 weeks Routine: 13 weeks
	Spinal Cord System of Care Urgent: 7 weeks Routine: 12 weeks
	Brain Injury Programme: 10%
	Stroke Speciality Programme: 5%
	Spinal Cord System of Care: 4%
The time waiting for first therapy appointment will be: Urgent appointments: less than 13 weeks Routine appointments: less than 26 weeks	
The DNA rates at Outpatient Consultant Clinics will be less than 10%	
The hospital cancellation rates at Outpatient Consultant-Led clinics will be less than 10%.	Cancellation Rates were 3%

OUTPATIENT PROGRAMME HIGHLIGHTS IN 2024:

- 23% increase in appointments attended compared with 2023.
- Restart of Visual Rehabilitation Service which includes neuro-ophthalmology and neuro-orthoptic services for Inpatients and Outpatients across all NRH programmes.
- Development of a new interdisciplinary Post-Concussion clinic for patients presenting with persistent post concussive syndrome. This clinic is linked with MMUH and shares documentation with the Major Trauma Centre to ensure continuity of service for patients.
- Development of a dedicated, integrated Outpatient Splinting service run by Occupational Therapy and Physiotherapy.
- Introduction of a dedicated Outpatients Programme Orthotics clinic for Brain Injury and Stroke patients with the expansion to Spinal Cord Injury patients in 2025.
- Outpatients Programme Advanced Nurse Practitioner Paula Keane won the Paul Kennedy bursary at MASCIP 2024 for her work on the NRH produced video on neurogenic bowel management for those affected by SCI.
- Outpatients Programme Senior Occupational Therapists, Aisling van der Walt and Sadb Ni Ghiollain, won the Person-Centred Care and Support category at the 2024 NRH Research, Clinical Audit and Quality Improvement Awards for the Early Intervention in the Vocational Service for Brain Injury Patients. Aisling van der Walt presented the poster at the LEAN Healthcare Symposium.
- Initiation of Outpatients Programme Dysphagia service was led by the Speech and Language Therapy Department.
- Expansion of Saturday services for patients in line with extended working and POCC contracts to include doctor only clinics, MDT clinics and therapy services ran quarterly in 2024.
- Continued planning and advocacy for expansion of Outpatient services in Phase 2 of the New Hospital Project.

CHALLENGES

There were significant challenges filling vacant Health and Social Care Professional posts which impacted on services.

With the expansion of services and relevant staffing, space and facilities remain an ongoing challenge.

Despite the increased activity by our clinicians, the demand for services outweighs available resources and thus we have significant waitlists for Spinal Cord Injury patients and a reduced ability to provide the optimal intensity of rehabilitation services.

Clinical Services delivered within the Outpatients Programme Include:

- Medical
- Nursing
- Clinical Psychology
- Nutrition and Dietetics
- Occupational Therapy
- Pharmacy
- Physiotherapy
- Radiology
- Social Work
- Speech & Language Therapy

Clinical Services Provided Across All Programmes



Fiona Marsh
Director of Nursing



Dr Suvi Dockree
A/Head of Clinical Psychology
(from July)



Anne O'Loughlin
Principal Social Worker



Kim Sheil
Dietitian Manager



Rosie Kelly
Physiotherapy Manager



Cathy Quinn
Physiotherapy Manager



Róisín O'Murray
SLT Manager



Lisa Held
Occupational Therapy Manager



Prof Robert Flynn
Consultant Urologist



Rosie Conlon
Radiography Services Manager



Dr Brian McGlone
Consultant Radiologist



Stuart McKeever
Therapeutic Recreational Specialist



Dr Jacintha More O'Ferrall
Consultant in Occupational Health



David Farrell
Senior Clinical Engineer



Maureen Gallagher
Rehabilitative Training Unit
Manager



Sheena Cheyne
Chief II Pharmacist



Sharon Hughes
IPC CNM III



Dr Simone Carton
Head of Clinical Psychology
(to June)



Alastair Boles
Senior Dental Surgeon (Special
Needs) HSE Dun Laoghaire

Nursing Department

Fiona Marsh

Director of Nursing

Valerie O'Shea, Sajini Lawrance, Sarah Whelan

Assistant Directors of Nursing

The NRH Nursing Department, with the Director of Nursing, Assistant Directors of Nursing (ADONs) and Nursing Management Team ensure that a high-quality service is delivered and maintained to all patients in the NRH. We acknowledge all clinical staff for their ongoing commitment and resilience - while experiencing challenges this year, we continue to prioritise provision of safe and appropriate care to our patients.

Senior Management Team

The ADON nurse management structure and Clinical House Managers highlights the length and breadth of nursing involvement, scale and complexity of nursing operations and day-to-day management of over 200 staff currently.

Congratulations to all who successfully completed post graduate education this year. Congratulations to all nursing staff who had special personal milestones to celebrate, and best wishes to staff members who retired – may you all enjoy your well-deserved retirement.

Training and education activity delivered across Nursing Department specialties is listed in the 'Healthcare Professionals / Learning and Development' section of the NRH website.

RESUSCITATION SERVICE

This service is led by **Attracta Kennedy**. The NRH is an affiliated Training Site of the Irish Heart Foundation ensuring standardisation of Cardiopulmonary Resuscitation (CPR) Training in line with National and International standards. The Resuscitation Department guides policy and resuscitation practice under the governance of the NRH Deteriorating Patient Committee, monitoring and directing implementation of the National Early Warning Scoring (NEWS) System, Do Not Attempt Resuscitation Orders, ensuring Standardisation of Emergency Equipment, running Workshops and Scenario Simulations training, and Auditing Outcomes and Practice. In addition, the role has expanded to include iNEWS, PEWS and Sepsis training compliance.

733 training sessions facilitated and delivered via the Resuscitation Service were attended by staff, students and medical students in 2024..

The RQI (Resuscitation Quality Improvement) Programme in Basic Life Support Skills was introduced on a two-year pilot basis. The NRH is the first hospital in Ireland to roll out this training. Insights and experiences drawn from this project will inform practice throughout other hospitals, colleges and training units around the country.

Building on the work completed by the Irish Association of Resuscitation Officers, supported by the Irish Heart Foundation and the Ireland East Hospital Group (HSE Dublin and South East), the NRH became one of the pilot sites for data collection contributing to the National Cardiac Arrest Audit Project - findings will inform the national project.

NURSING PRACTICE DEVELOPMENT (NPD)

This service is led by **Asha Alex**. The vision of the NPD department is to 'empower the nursing personnel including students to reach their maximum potential, in providing comprehensive, evidence-based, quality, safe and person-centred rehabilitation care in the NRH'.

The underlying drivers in this process are Clinical Care Programmes, national standards, NMBI, learning from adverse incidents, and feedback from patients, nursing staff and undergraduate nursing students.

The department continues to support the nursing staff in developing and maintaining competencies through evidence-based guidelines, policies, procedures, skill-based courses, and unit-based learning sessions.

Clinical Services Provided Across All Programmes

Key activities include:

- Induction programme for new RGNs and Health Care Assistants
- Identifying the learning needs and practice issues for nurses
- Supporting the continuing professional development of staff
- Standardising the nursing documentation and assisting with transition to electronic patient recording
- Implementing and supporting Quality Improvement Initiatives
- Coordinating the nursing student placements
- Leading the implementation of Quality Care Metrics Audits

Interdepartmental collaboration in 2024 included working with the members of the Offsite Seizure Management Committee to design and deliver training, which was delivered to 111 clinical staff. Our HCA workshop was very successful; clinical and non-clinical staff came forward to provide the training to key team members, our HCAs.

INFECTION PREVENTION AND CONTROL TEAM

The Infection Prevention and Control Team is led by a Consultant Microbiologist (sessional attachment), with one Clinical Nurse Manager III and one Clinical Nurse Manager II (**Sharon Hughes** and **Maya Tom**).

A broad range of educational activities for multiple specialities and grades of staff including students, volunteers and contract staff were carried out by the IPC team in 2024.

The IPC team liaises closely with clinical staff regarding the investigation and appropriate management of patients with infection and those known or suspected to be colonised with transmissible organisms. The team liaises with and advises all departments on the prevention and control of infection and recommends the introduction of quality improvements where possible.

TISSUE VIABILITY SERVICE

This service, led by **Lissy Augustine, Tissue Viability CNS**, provides specialist advice and evidence-based person-centred care to patients with a wide variety of complex and ongoing wounds. These include pressure injuries (both prevention and management), vascular wounds, diabetic foot ulcers, surgical wounds, traumatic injuries, complex and non-healing wounds.

Although significant referral activity is associated with pressure injuries, whether acquired or present on admission, clinical support with leg ulcers, surgical wounds, including SSI, exit site wounds and Outpatient wound reviews account for approximately 40% of all clinical activity and increased time. Other wounds treated include trauma wounds, cellulitis, skin tears, ingrown nails, diabetic foot calluses and skin excoriations. A total of **583** wounds were reviewed including **384** Inpatients, **67** Day-patients, and **132** Outpatients.

Education and training delivered to healthcare professionals on work placements within the hospital, in the community and in the wider healthcare system included: Skin Care and Pressure Injury Prevention relevant to all NRH Programmes, Pressure Ulcer to Zero collaborative - pressure injury prevention; NRH Pressure Injury Prevention and Management Protocols, and training on prevention and management of a range of specific wound types.

Clinical Services Provided Across All Programmes

Sexual Wellbeing Service

The Sexual Wellbeing Service, led by **Rea Amadora, CNS in Sexuality and Disability**, works across all NRH rehabilitation programmes. The patient, with or without their partner, is the focus of the service with support and counselling provided around the impact of their illness and or disability on their sexuality, relationship, sexual function and fertility issues. In 2024, the founder of the service, **Pauline Sheils**, retired after many years of dedicated service. Patient information was updated in 2024 to increase awareness and promote patient engagement with the service.

The Sexual Wellbeing CNS commenced working with the physiotherapy and urology team on research aimed at addressing key concerns among patients, including bowel, bladder, and sexual function. With knowledge and experience from pelvic floor physiotherapists within HSE and NHS networks, the team is exploring integration of this service for patients with neurological conditions. The CNS worked closely with NRH Urology consultants to relaunch the Fertility Programme paused during the COVID 19 pandemic. The CNS met with Dr Mitchell Tepper, a renowned author, Sexuality Educator and Coach who shared his expertise on the topic of sexuality post injury or illness which are now incorporated into the CNS educational talks to both patients and healthcare professionals. 242 patients were seen in the Sexual Wellbeing Service in 2024, reflecting a 120% increase on 2023. A steady increment over the past four years highlights the continued success of the service.

Spinal Liaison Service

2024 saw the first full year of Outpatient Advanced Nurse Practitioner clinics led by **Paula Keane, ANP In Spinal Cord Injury or Dysfunction** and **Siobhán O'Driscoll, ANP In Spinal Cord Injury, Neuro Airway Management**. Referrals were received largely from NRH consultants for existing and new spinal patients from the Mater, Tallaght and Beaumont Hospitals. Early referrals, particularly cauda equina patients, have benefitted from rapid access to the ANP Clinics for expert advice and support. Other referrals were generated from those SCI patients on a palliative pathway requiring advice on bladder, bowel and skin management for improved quality of life. The RANPs form part of the IDT Inpatient and Outpatient teams.

The Registered ANPs and the Tissue Viability Nurse have successfully set up joint clinics to review complex pressure injuries and advise community teams on management. The development of an ANP 'paediatric-to-adult service' transition clinic has been very successful. Collaboration with Spinal Injuries Ireland continues to facilitate patient peer support.

REGISTERED ANP CLINICS ACTIVITY FOR 2024:

Clinics attendance	555
Patients requesting information and advice	821
Healthcare Professionals requesting information and advice	987
Families requesting information and advice	223
Hospital visits	3
Preadmission calls	164
Preadmission assessments	10
Home visits	4

Clinical Services Provided Across All Programmes

Registered Advanced Nurse Practitioners (RANP)

NEUROGENIC BOWEL CARE – PAULA KEANE, RANP

NMBI approved virtual Education in Neurogenic Bowel Care is delivered monthly and in-person 'Train the Trainer' courses are delivered biannually. Strategic planning to link with Higher Education Institutes continues, with successful roll-out of 'An Introduction to Neurogenic Bowel Care' to 2nd year undergraduate nursing students in UCD during their Neuro module. Delivery of the Neurogenic Bowel course to the MSc in Public Health Nursing continues in UCD and UCG and in-person courses are delivered to nursing staff in University Hospital Limerick. Delayed transfers of care for SCI patients are still affected by resource issues around neurogenic bowel care delivery in the community.

TRACHEOSTOMY AND AIRWAY TRAINING – SIOBHAN O'DRISCOLL, RANP

Respiratory care and support is delivered across all NRH Rehabilitation Programmes by the ANP and Tracheostomy Team.

Fortnightly tracheostomy and airway education for all staff has been set up with assistance from the Academic Department. Training is delivered by ANP and Dr Hayes with support from Physiotherapy and Speech & Language. A highlight this year was the delivery of two Tracheostomy and Airway Management study days for staff from the NRH and external hospitals. This was complemented with input from two Critical Care ANPs from the Mater Hospital who continue to support our training programme.

NEURO-UROLOGY - CAROLINE AHERNE, RANP

The ANP role in urology allows the department the autonomy and governance required to use advanced theoretical knowledge and clinical decision-making skills to work independently. Over 95% of patients seen at Nurse-led clinics are now independently managed and followed up by the nurse. By optimising skills and undertaking a wider variety of clinical work such as urodynamics, phlebotomy, cannulation, prescribing, referral for radiological procedures, signing off results and advanced catheterization, this frees up time for the Consultant Urologist to meet clinical demand and provide medical expertise in other areas.

PAEDIATRIC PROGRAMME – ADELE BUCKLEY, RANP

The ANP service in the Paediatric Programme provides input for Spinal Cord Injury patients and also covers patients with Acquired Brain Injury and limb absence where a patient is referred. 42 patients were seen or supported by the Paediatric Programme ANP, either in person, virtually or by phone in 2024. There were a total of 9 ANP only Nurse-led clinics, with the ANP also attending Consultant-led spinal clinics. 79 staff trained in paediatric emergencies over 13 sessions. The topics covered include: Asthma, Respiratory depression post seizure, Sepsis, Cardiac arrest, Hypovolaemic Shock, Anaphylaxis, Pneumonia, Septic Shock.

Urology Department

Professor Robert Flynn
Consultant Urologist

Ms Cliodhna Browne
Consultant Urologist

The Urology Department team includes **Georgina Rich**, CNMII; **Caroline Ahern**, Advanced Nurse Practitioner Neuro-urology; **Edel Gormley**, CNS Neuro-urology; Urology Staff Nurses **Alina Matei** and **Emer Kennedy**; Urology Administrators **Natasha King** and **Fiona Flatman**, and **Derek Cahill**, Decontamination Technician.

The Urology Department service is available to patients from all NRH Rehabilitation Programmes, with most referrals coming from the Spinal Cord System of Care. The Department provides a full neuro-urology service for Inpatients and follow-up post discharge, and supports the management of other urological issues as necessary. The urology service has been shaped around our commitment to providing best practice. Clinic numbers continue to grow, while telephone calls to the department increased significantly, reflecting the need for support and advice.

Urology Clinics

Consultant Clinics: Consultant Urologists Prof Robert Flynn and Ms Cliodhna Browne attend for two clinics per week and see both Inpatients and Outpatients; procedures run in parallel with these clinics. **464** patients attended the Consultant Clinics in 2024.

The Nurse-Led Clinic (NLC) is a lifelong service with most spinal patients attending on an annual or bi-annual basis. This clinic incorporates a comprehensive assessment including imaging and phlebotomy. Advice is given and educational needs are addressed as part of the clinic. The NLC works closely with the Radiology Department and depending on patients' needs, we refer to the Rehabilitation Consultants, Multidisciplinary Clinics, Liaison Service, Sexual Wellbeing Service, Public Health Nurses or GPs. **896** patients attended this clinic in 2024.

The Urodynamics Clinic operates on an Outpatient basis and facilitates Inpatient clinics also as required. **230** procedures were performed in 2024.

The Flexible Cystoscopy Clinic is a valuable service for our patients who would otherwise have to wait long periods to have these procedures performed in a general hospital. Patients can be seen quickly in the Urology Department by staff who are familiar with their needs. We provide education and training on the routine change of a suprapubic catheter (SPC) for patients, family members, carers and healthcare professionals. **111** flexible cystoscopies and **14** SPC insertions were performed in 2024.

The Intravesical Botox service has proven to be invaluable for our patients who would otherwise have to wait for up to two years for the procedure in a general hospital. The service can be provided in a timely manner and feedback has been extremely positive. **86** Intravesical Botox procedures were performed in 2024. We also facilitate the Speech and Language Therapy Service to perform Fiber-optic Endoscopic Evaluation of Swallow (FEES) procedures.

Education is provided at each clinic and on an individual basis depending on patient needs. Education is also provided for families, carers, and healthcare professionals by appointment, and we support training, education and competencies for nursing staff within the NRH.

Clinical Services Provided Across All Programmes

Telephone communication is vital in providing support and advice – in 2024 we received over 3,750 telephone calls from patients, their families and Healthcare Professional seeking advice.

UROLOGY DEPARTMENT ACTIVITY 2024

	2023	2024
Consultant Clinics – patients attended	390	464
Nurse-led Clinics – patients attended	772	896
Urodynamics Clinic procedures	164	230
Flexible Cystoscopies	71	111
Suprapubic catheter insertions	13	14
Intravesical Botox procedures	62	86
Telephone Support (calls received)	3,000+	3,750

Urology Department training and education activity is listed in the ‘Healthcare Professionals / Learning and Development’ section of the NRH website.



During 2024, NRH Volunteers, along with volunteers from our partner organisations, donated 8,500 hours to the hospital, and for this we are extremely grateful.

Clinical Engineering

David Farrell
Senior Clinical Engineer

Services Provided

Within the Clinical Engineering Department at the NRH, our work is a specialty that falls under biomedical engineering, but primarily works to develop, apply and implement medical technology for the delivery of patient care in the NRH.

Clinical Engineering provides technical support for a diverse range of medical devices in different areas such as High Dependency Units, Pharmacy, CSSD, Ophthalmology, Urology, Phlebotomy, Radiology, and Therapy services. The number of medical and therapy devices supported by CE increased to 921 individual assets

CLINICAL ENGINEERING UPGRADE INITIATIVES COMPLETED IN 2024

In 2024 Clinical Engineering in collaboration with our colleagues in the Urology and Resuscitation Services completed the following:

- Upgrading of the urodynamics system with the newest and most innovative comprehensive wireless urodynamics system which offers unique flexibility and modularity, ideal for both routine clinical urodynamics and research
- Procurement, installation and electrical safety testing to IEC 60601-1 standards of cardiac monitors, defibrillators, portable 12v suction machine and Stryker electric stretcher

QUALITY IMPROVEMENT INITIATIVES COMPLETED IN 2024

- The new hospital ambulance was commissioned in August 2024
- The Clinical Engineering Department worked with the Health Product Regulatory Authority (HPRA) to receive the most up to date guidance to navigate the challenges facing the Medtech industry, including: field safety, disrupted supply chains, medical device shortages, counterfeiting and cybersecurity. Clinical Engineering, with the HPRA, will continue to prioritise patient safety and medical device compliance

MEDICAL DEVICE ACTIVITIES

In total 1,401 maintenance requests were received by Clinical Engineering in 2024. 1,214 work orders were closed out by Clinical Engineering and 187 work orders were closed out by external service providers.

MEDICAL DEVICE UPGRADE INITIATIVES

Batteries are the beating heart of medical technology, and the new EU Batteries Regulation 08/24 introduced stringent compliance requirements. A hospital-wide audit was carried out by Clinical Engineering to establish compliance in the areas of removability and replaceability of portable batteries and CE marking and 326 batteries were upgraded in medical devices as part of the battery replacement programme.

Future Developments

As the Clinical Engineering Department continues to develop and recruit new staff, the service aims to continue to make a difference in supporting patients and colleagues (clinical and non-clinical) in the provision of a comprehensive range of specialist rehabilitation services at the NRH.

Clinical Microbiology and Infection Prevention and Control

Dr Laura Ryan
Consultant Microbiologist

The Infection Prevention and Control (IPC) team consists of Dr Laura Ryan, Consultant Microbiologist, Sharon Hughes, IPC CNM III and Maya Tom, IPC CNMII, and Clare Crehan, Senior Pharmacist.

The IPC team oversees infection prevention and control in the NRH in line with National and International best practice guidelines and recommendations. The Clinical Microbiology service also includes Antimicrobial Stewardship and a Clinical Liaison and Consult service. Antimicrobial Stewardship ensures judicious use of antimicrobials to prevent individual patient harm as well as reducing the risk of emergence of antimicrobial resistant organisms.

The IPC team aim to provide a safe, hygienic environment for all patients while they participate in a full rehabilitation programme in the NRH. Key activities include:

Audits: The IPC team continuously monitor cleaning standards with regular audits of the environment, patient equipment and care bundles - which helps to prevent Health Care Acquired Infections (HCAIs). Results of audits are fed back in real time to the Unit staff and to the Hygiene and Infection Prevention and Control Committee (HIPCC).

Surveillance: Surveillance of rates of hospital acquired infection (HCAI) and multidrug-resistant organisms (MDRO) forms a crucial component of infection prevention and control in the NRH. As most of our patients are admitted from other healthcare organisations, many are already colonised with MDROs on admission. Over recent years we have seen increasingly resistant organisms which can lead to extremely difficult to treat infections. We endeavour to ensure any patient identified as MDRO colonised is monitored and cared for with appropriate transmission-based precautions to prevent further transmission. Monthly updates on surveillance figures are reported to the HIPCC. The IPC team participates in the National Enhanced *Clostridioides difficile* Surveillance Programme and submits relevant Key Performance Indicator (KPI) data on hospital acquired infections to the HSE Acute Business Intelligence Unit monthly, and also participates in biannual National Hand Hygiene Audits.

Outbreak Management: Challenges in 2024 included several small outbreaks of respiratory viruses (COVID-19 and influenza), and an increase in MRSA cases (colonization, not infection). Thanks to the efficient collaboration and strong working partnerships with Unit staff and hospital management, and working closely with Occupational Health and Public Health, the outbreaks were contained very quickly, and measures put in place to help prevent further cases.

Education and Training: The IPC team provide education to all staff on hand hygiene, standard precautions, other mandatory topics, as well as COVID-19, RSV, catheter-associated urinary tract infection prevention, legionellosis, antimicrobial stewardship and intravascular device infection prevention training.

Antimicrobial Stewardship: Weekly antimicrobial stewardship rounds are carried out by the Consultant Microbiologist and the antimicrobial Pharmacist. Prescriptions for every patient on antimicrobials are reviewed and key indicators are measured. Where necessary, advice and feedback is given in real time to the prescriber.

Highlights in 2024

In 2024, following assessment by the Global Antimicrobial Stewardship Accreditation Scheme (GAMSAS), the NRH was awarded level 2 accreditation.

The team raised awareness with information stands for: WHO World Hand Hygiene Awareness Day, IPC Q&A day, World Sepsis Day, European Antimicrobial Awareness Day and Skip the Dip, raising awareness and engaging with staff on these important topics.

Clinical Psychology

Dr Simone Carton

Head of Clinical Psychology

Dr Suvi Dockree

Interim Head of Clinical Psychology (From August 2024)

The NRH Psychology Service

The Psychologists at the NRH work in partnership with patients to support shared biopsychosocial formulation and help optimise their independence, cognitive and functional status, psychological wellbeing and social participation. Clinical services include psychological and neuropsychological assessment and rehabilitation, evidence-based psychological therapies (individual and group format) and positive behaviour support. The Psychology Department also offers psychological support and consultation to families and healthcare professionals, and advocates within the NRH and the wider health care community, nationally and internationally. As scientist-practitioners, we integrate neurorehabilitation with (1) psychological theory and evidence based best practice, (2) clinical innovation and service development, and (3) research and education

Summary of Key Milestones in 2024

In September 2024, Dr Simone Carton, Principal Clinical Neuropsychologist, retired following more than 20 years as the Head of Psychology Department. Simone shaped the Department and the Hospital in countless ways and her legacy extends well beyond the NRH. In December 2024, Dr Simone Carton received the Psychological Society of Ireland (PSI) Division of Neuropsychology award for 'Distinguished Contribution to Neuropsychology in Ireland'. We wish her the very best in the future.

Dr Suvi Dockree, Principal Clinical Neuropsychologist, commenced as the Interim Head of Psychology in August 2024. Under the new leadership, the Department continued to progress towards its goals of integrated care and outward-reaching service provision.

The year brought unprecedented staffing challenges in the context of the HSE recruitment embargo and subsequent Pay and Numbers Strategy. Despite the challenging times, a number of service developments were initiated by the Psychology Department to bridge gaps in service provision and improve the continuation of services across the patient pathway, these include:

The Interdisciplinary Post-Concussion Clinic: This new service responds to patient need and aligns the NRH with the international best practice for treatment of persistent post-concussion symptoms (PCS). The clinic cohorts patients with complex PCS under one specialist interdisciplinary clinic. To develop integrated care from acute to post-acute services and thus improve timely access, a mild traumatic brain injury and concussion referral pathway was piloted in partnership with the Mater Hospital.

Outpatient Paediatric Neuropsychological Assessment Clinic: Review assessments are essential to help monitor change over time following childhood brain injury, however, neuropsychology is not available outside specialist settings. With this new service, neuropsychological assessments which were previously only available through a full NRH Inpatient admission, can now be offered on an outpatient basis as part of that child's overall NRH programme.

Acquired Physical Disability Service: The Psychologists in the Prosthetics, Orthotics and Limb Absence Rehabilitation, and the Spinal Cord System of Care Programmes provide a range of specialist clinical psychological services under the overarching title of Acquired Physical Disability. This service brings together psychological practice, and collaboration in the areas of clinical knowledge and research to optimally meet the psychological needs of people attending these two programmes, as well as supporting staff working within them.

A trend towards increased physical, cognitive, psychological and psychosocial complexity within the NRH patient cohort continued to drive a range of developments to the Psychology service provision, including growing demand for: (1) facilitation of functional capacity assessments to explore decision-making abilities; (2) positive behaviour support intervention and education for patients, families and staff; and (3) adaptations to psychological therapies to support psychological, cognitive and behavioural needs.

Clinical Services Provided Across All Programmes

Other service developments are listed below:

The NRH ADMA Service: The focus in 2024 was on making ADMA clinically relevant for staff, establishing referral pathways, providing a consultation service, co-working of complex ADMA cases, and advocating for and providing ADMA guidance specific to people with an ABI. The scope of service for the NRH ADMA Service was ratified in December 2024.

Behaviour Policy Group and PACE training: The Behaviour Policy Group ensures that NRH policies relating to the management of behaviours and events of concern are updated and that essential training for staff is organised, for example Prevention and Management of Aggression and Violence training.

Stepped Care for Psychological Therapies: This includes provision of preventative level 1 interventions for mild psychological distress (such as psychological screening, psychoeducation groups); level 2 individual and group psychological therapies for moderate distress; and level 3 specialist interventions for complex presentations (such as positive behaviour support, biopsychosocial pain management, and specialist therapies for psychological trauma).

Staff Support: The Psychologists provide formal and informal support to the members of the Interdisciplinary Teams. This year saw the introduction of Reflective Practice Groups to encourage teams to engage in reflective process work.

Psychology-Psychiatry Colloquia: The Department of Psychology and Liaison Psychiatry meet monthly to discuss mental health and psychological issues related to patient care across NRH clinical programmes; this is an important exchange of clinical evaluations and opinions.

Psychology Services delivered within specific Rehabilitation Programmes are detailed in Section 2, the Clinical Programmes Section of this report.

Psychology Department training, education and research activity is listed in the 'Healthcare Professionals / Learning and Development' section of the NRH website.

Dental Service

Alastair Boles

Senior Dental Surgeon (Special Needs), Hse Dún Laoghaire

The Dental Unit at the NRH provides a dental service for all Inpatients of the hospital, and also for Outpatients with additional needs from the Dún Laoghaire area. Dental treatment for Inpatients is mostly limited to treatment that can be provided in the time available while they are in the NRH. Onward referrals of patients being discharged from the hospital are organised to other regions of the country's public dental service. Students from the Dental Hospital are facilitated through observation of the Dental Service provided at the NRH as part of their training.

Nutrition & Dietetics

Kim Sheil
Dietitian Manager

The Department of Nutrition & Dietetics strives to deliver high quality, evidence-based nutritional care based on clinical need, to all Inpatients of the NRH.

With its small staff complement, dietitians work across more than one clinical programme. To ensure continuity of service during periods of planned and unplanned leave, all dietitians must be skilled in providing nutritional care to meet the clinical and Programme-specific needs of each patient. Restrictions on recruitment in 2024 resulted in the post allocated to the Outpatient Programme remaining unfilled, therefore no Outpatient dietetics service is available. Thanks to the commitment and hard work of the team, patients at nutritional risk were safely managed.

AUDITS AND SURVEYS UNDERTAKEN

The Patient mealtime survey showed high levels of patient satisfaction with meals, and feedback was incorporated into a Quality Improvement Plan. Other audits undertaken include: Compliance with NRH standard operating procedures: Safe Insertion and Ongoing Care of Nasogastric Feeding Tubes; and Compliance with NRH Enteral Feeding Policy.

QUALITY IMPROVEMENT INITIATIVES

Quality Improvement initiatives in 2024 included: revision of hospital menus and available snacks in response to patient feedback, and to increase availability of healthier options; Analysis of hospital menus to ensure compliance with national standards; Revision of renal menus to improve choice; Revision of snack list for patients with dysphagia in collaboration with SLT.

Based on audit findings, an Enteral Feeding Tubes Training course for nursing staff was developed in collaboration with the Nurse Education Department.

A Black Belt Project was commenced to explore digital solutions for mealtime ordering as a follow on to the Green Belt review of Mealtime Ordering Processes. The Green Belt Project won an award at the NRH QIP Awards.

COMMITTEES AND WORKING GROUPS

The Dietitian Manager chairs the Nutrition & Hydration Steering Committee.

Nutrition and Dietetics Services delivered within specific Rehabilitation Programmes are detailed in Section 2, the Clinical Programmes Section of this report.



Dietitians work within the Interdisciplinary Teams in all NRH clinical programmes.

Occupational Therapy

Lisa Held

Josephine Herriott

Emma Shorthall (to December)

Amy O'Neill (from December)

Occupational Therapy Managers

Overview of Occupational Therapy Services

The Occupational Therapy Department's mission is to advance NRH services by enhancing patients' participation in meaningful occupations as part of their rehabilitation journey, through evidence-based practice, innovative research, and education. Occupational Therapy (OT) programmes are goal-orientated and designed specifically to meet the unique needs of each patient through individual and or group sessions focussing on physical, cognitive and behavioural rehabilitation. Interventions include personal care, home and community skills training, self-management, patient education and family training.

The OT service provides specialist intervention to patients from all clinical rehabilitation programmes as part of the Interdisciplinary Teams at the NRH. These include: Brain Injury; Stroke Specialty; Spinal Cord System of Care; Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR), and Paediatric Programmes. OT Services delivered within these Programmes are detailed in Section 2, the Clinical Programmes Section.

OT services provided across all five Programmes (cross-programmatic) are outlined below:

OT Services Delivered Across All NRH Programmes (Cross-Programmatic Services)

- Assistive Technology
- Discharge Liaison Occupational Therapy (DLOT)
- Driving Assessment and Training
- Horticulture
- Practice Education
- Splinting
- Vocational Service
- Wheelchair and Seating
- Woodwork

ASSISTIVE TECHNOLOGY

The Assistive Technology (AT) Clinic offers a service to Inpatients and Outpatients of the NRH to explore and access AT to meet their individual needs including: Alternative and Augmentative Communication (AAC), computers and mobile devices, and environmental control systems (ECS). Assistive Technology support guides for parents, staff and teachers in the Paediatric Programme were developed further in 2024 and development of the AT gaming station continued.

DISCHARGE LIAISON OCCUPATIONAL THERAPY (DLOT) SERVICE

The DLOT service facilitates timely assessment and discharge planning for Inpatients and Day-patients of the NRH rehabilitation programmes who live in the counties of Dublin, Wicklow and Kildare. The service works closely with NRH Programme Teams and the Complex Discharge Coordinator, and with services in the community, and local authorities where appropriate. The DLOT is Access Officer for the hospital and a member of the Accessibility Committee and Transport subcommittee; liaises closely with powered mobility committees and also with Technical Services in relation to vehicles and delivery of equipment. In collaboration with the OT Manager, a business plan is being devised for the expansion of the DLOT service.

Clinical Services Provided Across All Programmes



Fully licensed drivers have the opportunity to explore a return to driving. The Driving Service includes input from Occupational Therapy, the Medical Team and the Irish Wheelchair Association (IWA).

DRIVING SERVICE

Fully licenced drivers across all Inpatient programmes have the opportunity to explore a return to driving. Occupational Therapy coordinates referrals with input from the medical team and the Irish Wheelchair Association (IWA). Office-based pre-driving screens and or on-road functional assessment and driving rehabilitation is available for medically appropriate patients. The IWA driving instructor is available on-site two days a week for in-car assessments. Patients with visual or cognitive changes can be referred to Outpatients. The IWA have centres nationwide and can focus on teaching patients with physical difficulties to drive.

HORTICULTURE

The Horticulture service delivers sessions to patients from all NRH Programmes and mostly take place in the therapeutic garden, but also in specific indoor areas if weather doesn't allow for outdoor activity. Links were maintained with GIY, Thrive and with the steering committee of Social, Community and Therapeutic Horticulturalists Ireland. Seasonal projects, such as Christmas wreath making, continued to be very popular with patients, as well as activities facilitated for NRH Kindfulness Day, Outpatients' Wellness Day and Daisy Paediatric Unit.

PRACTICE EDUCATION (PE)

In 2024, the service facilitated 24 OT students on placement from Trinity College Dublin, University of Galway, and University of Limerick (UL). Both Practice Educators co-facilitated educator workshops around Ireland as part of the Occupational Therapy Practice Education Network (OTPEN). An advanced workshop for Practice Educators in UL, a workshop at INHED on Motivational Interviewing, and a trial of weekly teachings with PE3 students were also delivered in 2024.

SPLINTING

The Splinting Clinic provides an interdisciplinary service to Inpatients and Outpatients to assess for and provide: custom made elbow, wrist, hand, knee and ankle splints and casts. In August 2024, the new Outpatient Splint Clinic was launched in Unit 6 and is resourced to provide bespoke and prefabricated splints. All Outpatients are now seen in the Unit 6 Splint Clinic providing greater capacity for Inpatients to receive a service from the Inpatient Splint Clinic. Members of the Splint Clinic are undertaking a project with the Royal College of Occupational Therapists and ACPIN (UK) to publish updated Best Practice Guidelines in Neuro Splinting.

Clinical Services Provided Across All Programmes



The Assistive Technology (AT) Clinic offers a service to Inpatients and Outpatients to explore and assess AT solutions to meet their individual needs, including Alternative and Augmentative Communication (AAC), computers and mobile devices, and environmental control systems.

VOCATIONAL SERVICE

The Vocational Service provides interview, assessment, review, advice and recommendations related to vocational needs of NRH patients from Inpatient, Outpatient, RTU programmes, and older children in the Paediatric Programme. It includes ergonomic advice, work site visits and ongoing support on return to work. External referrals come through NRH Consultants and from other hospitals and services. The service undertakes medico-legal vocational assessment reports and reviews on behalf of the NRH. In 2024, a new Early Intervention initiative resulted in initial contact being reduced from 9.4 weeks in 2023 to 2 weeks in 2024. Members of the Vocational Service have launched a National Vocational Advisory Group with the AOTI. The OT team holds positions including Chairperson, Vice Chair and Secretary.

WHEELCHAIR AND SEATING CLINIC

The Wheelchair and Seating Clinic (WSC) is an interdisciplinary, cross-programmatic service for all Inpatients who require seating assessment. The team consists of occupational therapy, physiotherapy, wheelchair technicians and administrative staff. In 2024, the WSC team progressed to recording notes of patient sessions and seating interventions in the TrakCare Electronic Patient Record for all clinical programmes (initially this was trialled for one Programme only). Paper forms are currently still in use for some activities including referral and assessment. The monthly WSC team meeting has proved very useful for discussing operational issues and action plans - this has positively affected the efficiency of running the clinic.

Clinical Services Provided Across All Programmes

WOODWORK

The Woodwork service is being developed to provide the most efficient and effective woodwork service for patients from all NRH clinical Programmes. In 2024, working with the Education Department and OT students, we increased engagement of ABI and SCI patients with woodwork therapy practices. The woodwork instructor designed, made and delivered flat-pack nesting box kits for use with the Paediatric Unit and externally, increasing engagement with woodwork therapy.

OUTPATIENT OT SERVICES

The Outpatient OT service offers a wide range of assessment, intervention and group therapy for NRH patients with ongoing OT goals. Interventions include, but are not limited to, off-road driving assessment, cognitive assessment and rehabilitation, upper limb assessment and rehabilitation, fatigue management strategies, and splinting. We work closely with our IDT colleagues and carry out IDT assessments.

OT Department Challenges and Developments 2024

The main challenges experienced in 2024 were due to staff recruitment as the Department acted in line with the hospital's response to the HSE 'Pay and Numbers' strategy.

Developments other than those aforementioned include: the OT Van was replaced with a newer and more suitable model and new OT car was purchased. A business case to support expansion of the DLOT service to serve priority and complex patients outside the current catchment area has been submitted to the HSE. Temporary funding was approved to expand the Practice Education service and increase OT student placements.



An assistive technology session with input from Occupational Therapy and Speech & Language Therapy on Willow Unit.

Pharmacy

Sheena Cheyne
Pharmacy Manager

Overview of Services

The Pharmacy Department provides a comprehensive pharmaceutical service, ensuring a safe, economic and efficient use of medications throughout the hospital.

Having introduced the ePMA (electronic Prescribing and Medicines Administration) for all adult Inpatient Units, in conjunction with an electronic patient record (EPR) in 2023, the ePMA system was further rolled out to include the Paediatric Programme. The system is constantly being improved and expanded based on user feedback.

Pharmacy Services Delivered Across All Rehabilitation Programmes

The Pharmacy Department procures, stores and supplies all medication in a safe, effective, economic and timely manner. Procurement is becoming challenging with many medication shortages. Pharmacy technicians ensure continuity of supply with diligent sourcing and intelligence gathering. In addition, activity of the Pharmacy Department includes:

- Reconciliation of all admission and discharge prescriptions, ensuring accurate medication lists at transitions of care
- Attendance at Consultant rounds to advise and review proactively on medications at point of prescribing with the patient
- Many interventions were made to improve patient care and directly reduced harm to patients. De-prescribing was one of the main interventions leading to reduced numbers of medications for individual patients, resulting in financial savings
- Weekly antimicrobial stewardship round with the Consultant Microbiologist ensuring the appropriate use of antimicrobials
- Dispensing individualised medication for Inpatients and for therapeutic leave and discharge. Pharmacists educate patients and carers on their medications prior to discharge and provide their individual medication list
- Liaising with community pharmacies and other hospitals regarding 'high tech' and unlicensed medications
- Interactive workshops for all new doctors to help with safe prescribing, and supporting nurse prescribers
- Reporting Incidents monthly to the Risk Department for inclusion in NIMS (National Incident Management System)
- Responding to Staff medical information queries and dispensing prescriptions for convenience and cost savings
- Identifying areas for development of clinical policy and working with members of the Interdisciplinary Team such as Buccal midazolam therapeutic leave form, training for offsite administration, and policy on the supply of methadone for adult patients
- Pharmacy staff also participate in the following committees: Drugs and Therapeutics; CPR; Deteriorating Patient; Quality, Safety and Risk; Operations Management; and Enteral Feeding Committee

Clinical Services Provided Across All Programmes



Milestones in 2024 include

- Supporting further roll out of ePMA to the Paediatric Unit; and presentation on ePMA delivered to the Board of Directors
- Linking with HPRA (Health Products Regulatory Authority) ensuring continued supply and patient safety during medication shortages
- Successful GAMSAS (Global Antimicrobial Stewardship Accreditation Scheme) level 2 Accreditation
- Pharmacy Open Day – showcasing the work of the Pharmacy Department
- Drug and Therapeutics Committee newsletters on generic substitution, VTE assessment, glycopyrronium and Guide Doc; also expansion and updating of Guide Doc
- Participation in national HMMS (Hospital Medication Management System) meetings
- Policy development including: 'Access to Pharmacy Out of Hours' and 'ePMA Editorial Decision-Making'

Physiotherapy

Rosie Kelly

Cathy Quinn

Physiotherapy Managers

Physiotherapy plays a crucial role in maximising recovery, function, and quality of life for individuals with complex neurological injuries. The Physiotherapy Department promotes best clinical practice and the highest standards of care based on national and international best practice in rehabilitation. Physiotherapy services are delivered across the Interdisciplinary Teams (IDT) to provide a better patient experience and to maximise patient outcomes. Despite the challenges of 2024, primarily due to the impact of 'Pay and Numbers', the Physiotherapy Department strived to deliver personalised, evidence-based care, in a patient-centred and goal-oriented way.

Physiotherapy is delivered to patients from all NRH Clinical Programmes including: Acquired Brain Injury; Stroke Specialty; Spinal Cord System of Care including ventilated patients; Prosthetics and Limb Absence, and Paediatric Rehabilitation.

Physiotherapy activity specific to each of the above programmes is detailed in Section Two (NRH Rehabilitation Programmes) of this Report. Physiotherapy Services delivered across all five Programmes (Cross-Programmatic) are outlined below:

Physiotherapy Services Delivered Across All Rehabilitation Programmes

The Physiotherapy Department provides specialist treatment across all programmes and adjunct services engaging with Interdisciplinary Teams, these include:

- Respiratory
- Aquatic Physiotherapy and Sports & Exercise Physiotherapy
- Vestibular Rehabilitation
- Physiotherapy Outpatient Service
- Clinical Practice Tutor
- Therapeutic Recreation Service
- Wheelchair and Seating Clinic
- Splinting
- Patient and Non-Patient Handling Coordinator

RESPIRATORY SERVICE

The Respiratory service is predominantly provided in acute Spinal Cord Injury and Prolonged Disorder of Consciousness (PDoC) programmes. The Senior Respiratory Therapist has a close liaison with SLT for dysphagic and respiratory issues and has attended Fiberoptic Endoscopic Evaluation of Swallowing (FEES) for patients deemed a high respiratory risk. In 2024, of seven tracheostomy patients admitted, three were successfully decannulated; there were four ventilated patients. 10 unscheduled call-outs at night or weekends and 28 scheduled sessions took place. The tracheostomy IDT team (Consultant Intensivist from Mater Hospital, Respiratory Physiotherapist, Respiratory Nurse and Speech and Language Therapist) review tracheostomy patients and complex respiratory cases. Staff received respiratory competency training and on-call respiratory training. Family training was provided for those discharging back to the community, including ventilator patients.

Clinical Services Provided Across All Programmes

AQUATIC PHYSIOTHERAPY

In 2024, the Aquatic Physiotherapy team focused on increasing patient access to a wider variety of aquatic sports and improving strength and conditioning programmes via the pool. The team continued to emphasise education on the benefits of swimming, aquatic sports and pool-based exercises, as well as patient suitability to attend. New developments include: Music and Relaxation Class; staff and trainees from the Rehabilitative Training Unit attending aquatics, with staff participating in Kayak Training; new ATSPRA training and links with Leinster Lifeguard Trainer; Audit undertaken by Leisure Training Ireland. The daily aquatic team huddle meetings and the transition to the TrakCare Electronic Patient Record ensured better-coordinated care across services.

SPORTS & EXERCISE PHYSIOTHERAPY

In 2024, the Sports and Exercise Physiotherapy team focused on increasing patient access to sports, and strength & conditioning programmes in the gym. The team emphasised the benefits of physical activity, guiding patients to access community gyms, and national sports organisations. The 11th Annual NRH Sports Championships in November was extremely successful with 85 Inpatients engaging in 26 events over four days – a total of 862 patient sessions. Over 20 Sports were available for competitive or for demonstration purposes. The event welcomed a wide range of national sporting organisations and sporting and support partner organisations, enabling patients to connect with community-level sports programmes for continued engagement post-discharge. We welcomed Paralympic athletes Kerrie Leonard and Colin Judge, both former patients who continue to inspire through their success in competitive sports. A group of eight patients, with NRH staff, attended the annual Inter Spinal Unit Games in Stoke Mandeville, England - the birthplace of the Paralympic Movement.

VESTIBULAR REHABILITATION

Vestibular rehabilitation involves an exercise-based programme for reducing symptoms associated with poor balance and dizziness or vertigo. The need for vestibular rehabilitation is evident as vestibular problems are highly prevalent and debilitating across the complex neurological cases seen in the NRH. A new Persistent Post Concussion Symptoms clinic commenced in September, with vestibular physiotherapy attending to provide early assessment and intervention for this patient cohort. The Vestibular Physiotherapist attended an advanced competency-based course in vestibular rehabilitation hosted by the National Clinical Programme for Surgery and feedback was provided to the Brain Injury Physiotherapy team. 74 referrals were received in 2024.

“ The 11th Annual NRH Sports Championships in November was extremely successful with 85 Inpatients engaging in 26 events over four days – a total of 862 patient sessions. ”

Clinical Services Provided Across All Programmes

OUTPATIENT PHYSIOTHERAPY

The Outpatient Physiotherapy service delivers assessment and treatment in both individual and joint interdisciplinary therapy settings. Patients can attend virtually or in person for their appointments. Group interventions include: GRASP; 300 plus Reps Upper Limb Group; OPD Gym Circuit and Pilates as well as a quarterly Wellness Day and Multidisciplinary (MDT) clinics. In addition to the above, other new developments in 2024 include: the new Outpatient Splinting Service; purchase of new Saebo pneumatic glove for upper limb training; Staff training for the ROSIA Project (Remote Rehabilitation Service for Isolated Areas) telerehabilitation platform.

CLINICAL PRACTICE TUTOR

In 2024, the NRH facilitated 45 student placements from UCD and Trinity College. The practice tutors plan and co-ordinate a busy throughput of undergraduate students and, collaboratively with IDT tutor colleagues, a positive learning environment is created, and a great emphasis has been placed on interdisciplinary teaching. The physiotherapy practice tutors continue to link very closely with the Higher Education Institutes and are involved in providing practical and theoretical teaching on neurology and rehabilitation-specific subjects to students in the university setting. The physiotherapy practice tutors are also involved in examining UCD physiotherapy students on their practical skills.

THERAPEUTIC RECREATION SERVICE

The Therapeutic Recreation Service (TRS) focuses on intervention for adult Inpatients and aims to improve patients' functional independence, social participation and community integration through recreational pursuits. In response to patient feedback requesting more weekend recreational outings, the service has increased these activities. Stronger links with the National Concert Hall enhanced patient attendances at NCH performances in the hospital. TRS staff involvement with patient events continued, such as the 'Life Beyond the NRH' event designed to introduce patients to support organisations and services in the community that will be helpful post-discharge.

WHEELCHAIR & SEATING CLINIC

The Wheelchair and Seating Clinic (WSC) is an interdisciplinary, cross-programmatic service for all Inpatients who require seating assessment. The team consists of occupational therapy, physiotherapy, wheelchair technicians and administrative staff. Referrals to the clinic increased from 144 in 2022 and 164 in 2023 to 185 in 2024.

185

Referrals to the Wheelchair
& Seating clinic in 2024.
An increase from 164
in 2023.



Clinical Services Provided Across All Programmes



SPLINTING

The Splinting Clinic provides an interdisciplinary service to Inpatients and Outpatients to assess for and provide: custom made elbow, wrist, hand, knee and ankle splints and casts. In August 2024, the new Outpatient Splint Clinic was launched and is resourced to provide bespoke and prefabricated splints. Increased integration of primary therapists into splinting appointments facilitates learning and clinical reasoning skills, and there is also increased use of serial casting for patients in Paediatric and Spinal Injury Services.

PATIENT AND NON-PATIENT HANDLING

In 2024, the service underwent further development and co-ordination with Occupational Health, incorporating an Occupational Safety and Education service simultaneously. The primary focus this year was injury prevention. As well as providing patient handling education courses, the Patient and Manual Handling Coordinator spearheaded initiatives to prioritise staff wellbeing. Specialised training sessions were delivered on the Units to ensure staff proficiency in utilising Hoverjacks effectively when handling a patient who has fallen.

Milestones and Highlights for Physiotherapy in 2024

Project Fusion: The TrakCare EPR is now embedded and the next phase is focusing on standardising data capture. Physiotherapy staff contribute data for the physical assessment at admission, at discharge and post-follow up review at Outpatients to gather meaningful data and outcomes.

New Hospital Planning: Physiotherapy reps are involved in preliminary Schedule of Accommodation Meetings to discuss the Cross-Programmatic requirements, Clinical Modalities, Therapy Room Requirements, and Clinical Competencies & Innovation in Phase 2 of the new hospital development.

Clinical Services Provided Across All Programmes

Use of Technology for Rehabilitation: We strive to keep up to date with the technological advances in neurorehabilitation and continue to develop the use of digital modes such as VR, use of Apps and wearable sensors to improve therapy outcomes. We continue to explore and keep up to date on the use of robotics such as Exoskeleton and the latest electrical stimulation equipment with a view to expanding access to these modalities.

Research: We continue to work closely with the Academic Department to develop embedded research questions. This approach is important in supporting the retention of staff and ensuring dynamic careers and a satisfied workforce.

Events in 2024: In September, the Department had a great opportunity to showcase the Sports & Exercise Department and Gym to representatives from the HSE, Department of Health and IEHG REO as well as local elected public representatives who attended the formal opening of Phase 1 of the new hospital by the then Taoiseach, Simon Harris TD; the event was also attended by patients, families and staff. In November, the 11th Annual Sports Championships was an enormous success. A very successful Healthcare Professionals Study Day was held also.

Staff Milestones: Our colleague **John Lynch** was appointed as the SCSC Programme Manager. We thank John for his enormous contribution to the work of the Physiotherapy Department and his dedication to the Spinal Injury service over many years, and wish him well in his new post. We are sorry to announce the imminent retirement of our esteemed colleague, **Catherine Cornall**. For many years, Catherine has been a pillar of strength, knowledge, and kindness, bringing hope and healing to countless patients and invaluable contributions to our Team.

Finally, we thank all the physiotherapy staff for their valued work and commitment in providing a safe and healthy rehabilitation experience to patients, their families and to colleagues. The physiotherapy department plays an integral part in the rehabilitation journey and staff are energetic in their collaboration, and dedication to each patient and to the team, service, unit and programme.

We welcome all new staff to the Physiotherapy Team and several returnees also. We look forward to working together in 2025. We would like to acknowledge and extend our appreciation to all members of the wider team within the NRH as we rely heavily on their support and expertise which is crucial to running a successful service.



Psychiatry – Liaison Service

Dr Maria Frampton

Consultant Psychiatrist

Dr Linda O'Rourke

Consultant Psychiatrist (From September)

Led by Dr Maria Frampton, Dr Linda O'Rourke, and Louise Brady, the Liaison Psychiatry Consultation service supports adult Inpatients across the Brain Injury, Stroke Specialty, Spinal Cord Injury, and Prosthetic & Limb Absence rehabilitation programmes. The team follows an individualised, evidence-based biopsychosocial and spiritual model of care.

Developments in 2024

Expansion of Services: Dr Linda O'Rourke joined the service in September 2024, increasing sessions to four per week and contributing to the development of the Neurobehavioural Clinic.

TrakCare Electronic Patient Record: Liaison Psychiatry commenced recording patient sessions and interventions in the EPR in July 2024.

Nature of Mental Health Difficulties in the NRH

Psychological distress affects up to 60% of patients with brain or spinal injuries. Common conditions include anxiety, depression, behaviour disturbances, and personality changes. Suicide risk is significantly higher among patients with traumatic brain injuries (3–4 times) and is the third leading cause of death in spinal cord injury patients. Early referral to liaison psychiatry is essential for supporting patient recovery.

Reasons for Referral to Liaison Psychiatry

Patients are referred for mental illness, suicide risk assessment, medication review, and cognitive capacity evaluations. Treatment covers conditions such as anxiety, depression, PTSD, bipolar disorder, schizophrenia, substance misuse, and personality disorders. A significant proportion of patients will have more than one disorder, known as co-morbidity.

INTERVENTIONS OFFERED INCLUDE:

- Individualised assessment, formulation, and management of care for the duration of hospital admission with post-discharge care plan
- Joint assessments with Occupational Therapy, Speech & Language Therapy, Physiotherapy, Social Work, and Psychology Teams
- Family and care provider meetings
- Liaison with IDT members, Primary Care, Community Mental Health Teams, and Voluntary Organisations
- Staff education and psychiatric reporting

Additional Service Activities

Additional service activities in 2024 include:

- Development of protocols for Pharmacological Management of Behavioural Disturbance and Responding to Suicidal Ideation
- Monthly NCHD teaching programmes and Psychiatry-Psychology colloquia meetings
- Membership in the Suicide Awareness Committee and the NRH Assisted Decision-Making Act (ADMA) Committee
- Contribution to the Patient Experience Project and the Magic Minds Podcast

Radiology

Rosie Conlon
Radiography Services Manager

Radiology Staffing and Services

In keeping with the mission of the NRH, the Radiology Department strives to provide high quality care and treatment to patients irrespective of background or status, but on the basis of clinical need. X-ray services are provided in a warm, welcoming, and caring environment. In 2024, service delivery was adapted to ensure adherence to local and national infection control guidelines.

The following services are provided to all Inpatient and Outpatient Programmes:

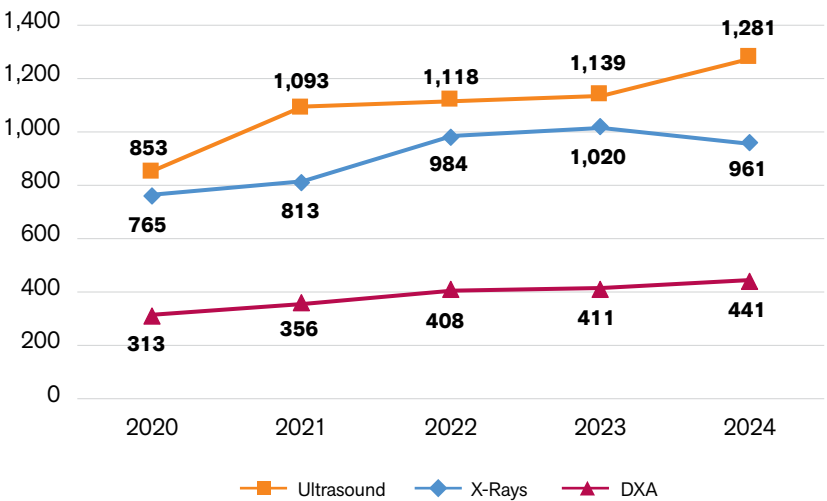
- General radiography, ultrasound (including portable service), mobile radiography, special procedures, and Dual-energy X-ray Absorptiometry (DXA) scanning
- CT scanning service at St. Columcille's Hospital, Loughlinstown
- MRI available locally at Blackrock Clinic
- 24-7 On-call radiography service at the NRH

Activity Data

Radiology activity data for 2024:

- **Ultrasound** - 1281 examinations were performed, a significant increase from 2023.
- **General X-ray** - 960 examinations were performed, a slight decrease 2023.
- **DXA scans** - 441 were performed, a slight increase from 2023.

RADIOLOGY ANNUAL STATISTICS 2020 – 2024



Clinical Services Provided Across All Programmes

Services and Developments

DXA: Work continues to develop a Centre of Excellence for Bone Health and for fracture prevention in the patients of our national referral centre.

Ultrasound: A portable Ultrasound machine is in use for specific patients to deliver diagnostics at the bedside where indicated. The introduction and provision of a gynaecological ultrasound service at the NRH is a welcome development. An expanding musculoskeletal ultrasound service is now readily available with increasing numbers of referrals and types of examinations requested.

Decontamination Unit: Introduction of the Trophon2 automated disinfection system ensures all relevant ultrasound probes in the NRH are safely and effectively decontaminated in keeping with legislation, national recommendations, standards, and quality improvement initiatives that are based on best available evidence. It also simplifies the creation of accurate, audit-ready, digital records which are stored on the unit.

X-Ray: The state-of-the-art digital x-ray machine has allowed an increased number of portable examinations as required.

Nurse prescribing: Nurse prescribing of ionising radiation at the NRH continues successfully within the Nurse-led Urology service.

NIMIS (National Integrated Medical Imaging System): National NIMIS upgrades and developments continue.

Key Milestones

RADIOLOGY PROTOCOLS AND POLICIES

New policies are being developed and continually updated to reflect the scope of work undertaken by radiology.

“ An excellent inspection report and feedback was received from the EPA regarding the radiation protection measures in place at the NRH. ”

Clinical Services Provided Across All Programmes**RADIATION SAFETY**

The Radiation Safety Committee (RSC) chaired by Dr Brian McGlone convened twice in 2024 as mandatory. The role of the RSC is to advise hospital management on the protection of patients (SI 256), workers and members of the public (SI 30) regarding the use of ionising radiation in the NRH. Internal QA programmes continued throughout 2024 as well as participation in the National Radiology QI Programme of the RCPI.

The anticipated inspection by the Environmental Protection Agency (EPA) - the regulatory authority for radiation protection of staff and members of the public - took place in May 2024. An excellent inspection report and feedback was received from the EPA regarding the radiation protection measures in place at the NRH.

The annual audit of Urology Nurse referrals for ionising radiation at the NRH confirmed excellent compliance with referral criteria. New linkages have been established between the RSC, Radiology Department and the NRH Clinical Audit Committee. Radiation safety training for new NRH employees and new NCHDs is ongoing.

Under the Service Level Agreement with SVUH, ongoing physics expertise was received from Ms Anita Dowling as Radiation Protection Adviser (RPA), from Medical Physics Expert (MPE), and Ms. Danielle Maguire, SVUH. The EPA was informed of the change to NRH CLG as the new licence holder in 2024. Carmel Kelly, Clinical Specialist Radiographer continues as the Radiation Protection Officer (RPO) for the NRH and presented to the Quality, Safety and Risk (QSR) Committee in December of behalf of the RSC.

The high quality and large number of Clinical Audits of radiation safety and quality improvement initiatives continued in 2024. There was again a high level of compliance across all audits, including incorporation of new recommendations from audits of VFA in DXA and of cervical spine radiography.

ACTIVITY FOR 2024

Radiology services delivered within specific Rehabilitation Programmes (Brain Injury, Stroke Specialty, Spinal Cord Injury, Prosthetics & Limb Absence, and Paediatric Programmes) are detailed in Section 2, the Clinical Programmes Section of this report.

Radiology Department training and education activity is listed in the 'Healthcare Professionals / Learning and Development' section of the NRH website.



Social Work

Anne O'Loughlin
Principal Social Worker

Service Provision

Social Work focuses on change management and problem solving from a 'person within their environment' or systems approach. In the NRH, we use counselling and care planning skills to support effective management of a traumatic event. Working as part of the Interdisciplinary Team (IDT), we have a particular role with families and carers and liaise closely with community and other services.

The services offered by the Social Work Department include: psychosocial assessment of the patient and family situation, counselling and support to patients and families, carer training programmes, care planning, complex discharge planning, advocacy, assisted decision making services and acting as the Designated Persons under both the Children First Legislation and the 'Safeguarding of Vulnerable Persons at Risk of Abuse' national policy.

Developments in 2024

Staffing: The single biggest challenge throughout 2024 has been maintaining the social work service in light of staffing shortages due to the Pay and Numbers Strategy.

Assisted Decision-Making (Capacity) Act (ADMA): The NRH has continued to implement this legislation enacted in April 2023 through an ADMA Implementation Committee, chaired by Anne O'Loughlin, Principal Social Worker, and the development of the ADMA service - this service works with patients to support implementation of the Act, ensuring that additional relevant policies and legislation are considered, including the HSE National Consent Policy and Safeguarding of adult patients. The NRH Board supported the secondment of a Senior Social Worker and Senior Neuropsychologist to provide the service which would not have developed without this invaluable assistance. There is a particular impact for NRH brain injury teams as 30% of patients on this programme now require formal decision-making arrangements to be put in place. Meeting patients' decision-making needs requires both a specialist assessment and support involving considerable clinical time. As the NRH patient cohort are typically complex, additional responsibility is placed on staff to support their decision-making needs as efficiently as possible during admission to avoid delayed transfers of care. Patients are expected to make rehabilitation gains over the course of their admission at the NRH and hence, may regain capacity during or after their admission, necessitating updated functional capacity assessments and, for patients under a Decision-Making Representative Order (DMRO), reviews of their capacity, as directed by the Circuit Court. Reviews on DMROs involving our patients to date have been listed as being within one year rather than the three-year option.

These factors place a substantial demand on the time and expertise of NRH clinical teams to adequately support their patients' decision-making support needs while also still delivering a high-quality neurorehabilitation programme. A scope of service was signed off by the ADMA and other committees in November and the ADMA service aims to give back clinical time to teams through consultation and co-working of complex cases, saving a significant amount of time and allowing for the efficient progression of formal decision support applications during Inpatient admissions.

In addition, the ADMA Service contributes to and receives support from the HSE National Office for Human Rights and Equality Policy, IEHG ADMA Implementation Group, the HSE ADMA Mentorship Programme, ad-hoc communication with legal professionals, the Decision Support Service, Courts Service and advocacy bodies including the National Advocacy Service and Sage Advocacy. Collaboration between the ADMA Service and these external organisations is important in order to foster close working relationships and establish the NRH as a lead agency and centre of expertise and excellence for the development of ADMA services in the national rehabilitation network.

Clinical Services Provided Across All Programmes

Complex Discharge Planning: The Complex Discharge Coordinator / Senior Social Worker liaises closely with the HSE Lead for Complex NRH Discharges, the IEHG Unscheduled Care Performance and Improvement Lead and key HSE staff as well as with NRH social workers, pre-admission staff and the clinical teams to maintain information on delayed transfers of care (DToc), barriers to discharge, applications for Intensive Home Care Packages and to track discharge outcomes where the patient was unable to return to their home.

Enhanced pre-admission planning and engagement with referring hospitals and service providers as early as possible in the rehabilitation journey aims to improve patient access and flow.

Key barriers to discharge for NRH patients include housing, home adaptations, the shortage of professional carers, lack of suitable placements for patients with highly complex care needs and delays in sourcing funding for specialist placements. The move to the new regional structures is a key opportunity to build and enhance integrated pathways between the NRH and our colleagues in the community.

“ The increase in the ceiling for the Housing Adaptation Grant is a very welcome development and work is progressing on the issues relating to young people being placed in Nursing Home care. ”

The national housing shortage has impacted greatly on patients who are homeless or renting at the time of their injury and now require wheelchair accessible accommodation. Housing stock for those requiring wet room type bathrooms or single-story housing is extremely limited. In 2024 considerable strategic and advocacy work was undertaken by the NRH including work with the Department of Housing, the HSE Implementation Committee for the Wasted Lives report and the Clinical Lead of the Rehabilitation Medicine Programme. The increase in the ceiling for the Housing Adaptation Grant is a very welcome development and work is progressing on the issues relating to young people being placed in Nursing Home care. Having a central HSE contact point for high complexity cases has proved invaluable in bringing about change and in improving consistency across CHO areas.

Safeguarding: The NRH Safeguarding and Patient Rights Committee, working on implementation of Children First Legislation and Child Safeguarding Policies Procedures & Guidelines in the NRH, is chaired by the Principal Social Worker. This Committee is also responsible for implementing the National Policy for Safeguarding of Vulnerable Adults, ensuring the promotion and protection of their human rights; it is an Interdisciplinary Committee with representation across NRH disciplines and services, and reports into the Quality, Safety and Risk Committee. The Safeguarding Social Worker has a key role in managing and or advising on cases where concerns are raised, ensuring that reports are sent to Tusla and or the HSE safeguarding teams, as well as policy development, staff induction and training and reporting into IEHG as required.

Clinical Services Provided Across All Programmes

New Developments: The guidelines for family meetings in the NRH, based on feedback from research on patient, family, and staff experiences, is now available for staff and a second paper on patient and family experiences is almost complete. Phil Butler submitted her PhD on the lived experiences of mothers with acquired brain injury and is presenting her research at the International Brain Injury Conference in 2025.

The third and final section of the Parental ABI resource with a booklet for parents with ABI and their partners or family members was printed in 2024, while David de Lacey and the SCSC Programme staff published a resource for parents following spinal cord injury. These resources are available on the NRH website and have been used by external service providers including those in other countries.

An interagency project between social workers in the NRH, Peamount Hospital, ABII and others has produced the first competency framework for social workers in acquired brain injury: this was completed in February 2024 and later ratified by the Irish Association of Social Workers.

ACTIVITY FOR 2024

Social Work services delivered within specific Rehabilitation Programmes (Brain Injury, Stroke Specialty, Spinal Cord Injury, Prosthetics & Limb Absence, and Paediatric Programmes) are detailed in Section 2, the Clinical Programmes Section of this report.

Training, education and research activity is listed in the 'Healthcare Professionals / Learning and Development' section of the NRH website.



Tim Rice, Chairman of the NRH Patient Forum with his dog Lucy – a Peata therapy dog.

Speech & Language Therapy

Róisín O'Murray

Speech and Language Therapy Manager

The Speech and Language Therapy (SLT) Department is driven to provide the best clinical practice and the highest standards of care based on national and international practice. The service provides comprehensive assessment, diagnosis and provision of therapeutic programmes for a range of language, speech, voice, social communication, cognitive communication and swallowing disorders. The team is driven to provide the highest standards of care based on national and international practice in rehabilitation for communication and swallowing disorders. We work together with patients, their families and IDT colleagues as we aim to empower each patient with the skills and confidence to eat, drink and communicate to the best of their abilities. Education is a fundamental part of our service. We aim to share our knowledge, skills, and experience with stakeholders internal and external to the NRH.

Specialist SLT is delivered by expert staff to patients on the following NRH Inpatient and Outpatient Rehabilitation Programmes: Brain Injury, Stroke, Spinal Cord Injury, Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR), and Paediatric Programmes. SLT services specific to each of the Programmes are detailed in Section Two (NRH Rehabilitation Programmes) of this Report.

2024 saw significant challenges for staffing within the SLT Department due to the HSE Pay and Numbers Strategy.

A key milestone was the retirement of our Clinical Specialist SLT Joan Monahan in June. Joan worked at the NRH for 43 years, providing the highest of excellence in patient and family-centred care and mentorship to many NRH colleagues. We wish her the very best in her retirement.

SLT Specialist Services Delivered Across all Rehabilitation Programmes

The SLT Department provides specialist treatment across all programmes and adjunct services, engaging with Interdisciplinary Teams, these include:

Adult Outpatient SLT service: The total number of patient attendances for Adult Outpatient SLT sessions was 469. A new specialist Adult Outpatient Post-Concussion IDT Clinic commenced, with SLT as a core team member.

Paediatric Outpatient SLT service: A total of 89 Children and Young People (CYP) attended the Outpatient Paediatric ABI review clinic, compared with 65 in 2023. Collaboration with schools and community teams, led by the Clinical Specialist SLT and Senior OT, ensures tailored rehabilitation strategies are implemented more consistently across environments.

Flexible Endoscopic Evaluation of Swallowing (FEES) Clinic: The FEES service continues to grow and expand alongside the growing patient need for this service. 128 procedures were completed in 2024 (an increase from 107 procedures in 2023). The Adult Outpatient FEES service commenced providing support to patients with severe dysphagia post-discharge.

Assistive Technology (AT) Clinic: SLT is an integral part of the AT clinic which provides vital access to Alternative and Augmentative Communication (AAC), Computers and Environmental Control systems across all rehabilitation programmes, and provides consultation and education to external stakeholders on this specialist area of rehabilitation. The AT clinic showcases both simple and advanced uses of technology in rehabilitation to enhance patients' lives.

Audiology Screening Service: The Audiology Screening Service provided across all adult programmes is a vital service to support patients with hearing loss, often caused or exacerbated by acquired brain injury and stroke. The NRH SLT Audiology service works closely with St Vincent's Hospital Audiology service in delivering patient care.

Voice Specialist Service: This specialist service saw referrals increase from five in 2022 to eleven in 2024. The service also expanded to Adult Outpatients in 2024, where a further two patients were seen. The aim is to develop this unique service in the coming years.

Clinical Services Provided Across All Programmes

Respiratory Specialist IDT Service: This IDT service consisting of Advanced Nurse Practitioner, Respiratory Physio, SLT, and Consultant Intensivist provides a high-quality service to patients admitted with tracheostomies +/- ventilators. SLT contributes to cross-programmatic respiratory education for staff, families and carers.

Practice Education: The SLT Department provided practice education placements to 10 SLT students from TCD and NUIG in 2024. Practice Education placement continued for SLT Assistants from Pearse College and one Biomedical Engineering student from UCD (via AT clinic) in 2024. The Practice Educator contributes to the education of undergraduate SLT students with universities nationally, a key support factor to growing the future workforce for the profession.

Group Therapy: A core mode of provision of rehabilitation at the NRH is via group therapy. There are a multitude of benefits to patients engaging in group therapy, many of which are core values of the SLT service provision: for example, peer support, education, communication and socialising opportunities, emotional and psychological support. In 2024, the SLT service developed a new, evidence-based group targeting Respiratory Muscle Strength Training which aims to improve respiratory function essential for swallowing and voice; this is also a recommended rehabilitation practice in the National Clinical Guidelines for Stroke. A Dysphagia support group commenced for patients who, due to the severity of their swallowing difficulties can no longer eat or drink, or have very limited oral intake. This group harnesses peer support, family support and psychological care for these patients who have experienced a significant impact on their quality of life. Other long-standing groups continued successfully and were delivered across Inpatient and Outpatient programmes.

Speech & Language Therapy Assistant service: The SLT service could not operate without the invaluable SLTA service. SLTAs provide clinical care support to patients and supported the operational management of the service, including the FEES, Audiology, AT clinic and Groups services.

Developments for the Speech and Language Therapy Service in 2024

- **NRH Patient Forum:** ongoing contribution to the Patient Forum and other patient feedback supports and events
- **Hospital projects and committees support to ROSIA and Fusion Projects;** Brain Injury and Stroke Executive Committee; Operational Management Committee; Accessibility Committee; Data Steering and Digital Strategy Committees
- **IDT Post Concussion Clinic:** SLT support to newly formed adult outpatient clinic
- **ADMA implementation support** to patients and NRH teams, including submission for SLT resource for the NRH ADMA office
- **Service QI:** Development of the Respiratory Muscle Strength Training group, converting documentation and streamlining referrals for service on new TrakCare electronic patient record system. Ongoing implementation of NRH Oral healthcare project, SMARThome, JAM (Just-A-Minute) card, Therapeutic MakeUp service pilot
- **National work:-** SLT Manager group advocacy and work, Neurorehabilitation Strategy implementation and MCRN project support, expert interview panellist for recruitment of Community Neuro Rehabilitation Teams, work with WHO representative re Assistive Technology and engagement with the National HSCP office and Chief HSCP Officer in Department of Health
- **Future planning** for SLT service, including planning for NRH Phase 2, with a significant focus on patient and feedback to drive change

Speech & Language Department training and education activity is listed in the 'Healthcare Professionals / Learning and Development' section of the NRH website.

Despite staffing challenges in 2024, the SLT team continued to work diligently and innovatively to provide a high standard of care to patients. I would like to acknowledge and thank each SLT team member for their care and work in 2024.

Corporate & Support Services



Dr Amanda Carty
Deputy CEO and Director
of Operational Services



Liam Whitty
Catering Manager



Olive Keenan
Director of HR



Dr Carol Barton
Patient Experience and Healthcare
Data Manager



Elayne Taylor
Risk Manager



Rosemarie Nolan
Communications Manager



Jason Farrell
A/Materials Manager



Rose Curtis
Occupational Health Nurse



Fr Michael Kennedy
Chaplain



Aoife Mac Giolla Ri
School Principal



John Maher
Head of Information
Management and Technology



Daragh Bolton
Head of Security Services
(to September)



Linda Byrne
Payroll and Superannuation
Manager



Peter Byrne
Technical Services Manager



Ruth Maher
Academic Lead
(to August)



Thokozani Sihlangu
Head of Internal Audit &
Corporate Compliance
(from July)



Kenneth Lawlor
Director of Estates and Facilities
(from July)



Dr Olive Lennon
Academic Lead
(from November)

Academic Unit Report

Prof Olive Lennon, Academic Lead

SUPPORTING EDUCATION AND TRAINING AT THE NRH

The NRH continued to offer excellence in rehabilitation education at post-primary, under-graduate and post graduate levels in 2024, supported by administrators Anne Marie Dean and Sarah Coffey Hall.

Clinical Placement: 214 clinical placements were provided, supported by clinical tutors, clinical educators and academic unit staff at the NRH including:

- **Dietetics** (n=2 Trinity College Dublin (TCD); n=2 University College Dublin (UCD))
- **Medicine** (n=24 Royal College of Physicians (RCSI)); n=83 TCD and n=2 UCD) and an additional 106 on-site visits for UCD graduate-entry medical students
- **Medical Social Work** (n=1 TCD; n=1 UCD)
- **Music Therapy** (n=2 University of Limerick (UL) and n=1 Munster Technical University (MTU))
- **Nursing** (n=11 UCD)
- **Occupational Therapy placements** (n=9 National University of Galway (NUIG); n=8 TCD; n=7 UL) and one OT Assistant placement (Dundrum College of Further Education)
- **Physiotherapy** (n=10 TCD; n=29 UCD)
- **Prosthetics and Orthotics** (n=1 University of Strathclyde)
- **Psychology traineeships** (n=3 TCD; n=2 UCD)
- **Speech and Language Therapy** (n=2 NUIG; n=8 TCD); two SLT assistant placements (n=2 Pearse College); one biomedical engineering student (n=1 UCD) and one clinical observership (post graduate in dysphagia)

An additional five non-clinical student placements were facilitated: **Bio-Innovate students** (n=4 NUIG); outpatient administration placement (n=1 Bray Institute of Further Education).

Courses run at the NRH: a total of 51 courses (online or in-person) or study days were delivered with a total of 769 attendees recorded in 2024. **Neurogenic bowel:** 16 courses delivered (n=289 attendees); **Airways and Tracheostomy Care:** 25 courses (n=246); **Neurogenic bladder:** 3 courses (n=14); **Train the Trainer Neurogenic Bowel:** 2 courses (n=22). Four study days (PDoC; POLAR; SCI and AOTI) were run totalling 182 attendees. One modular **Bobath** course was run with a total of 16 attendees.

Training at the Clinical Education Centre (CEC): Following its opening in 2023, the CEC was utilised well in 2024 for training purposes within the NRH (n=159 bookings for the main CEC room and n=95 bookings for the other tutorial rooms). The main training and tutorial activities included interdisciplinary training, student tutorials, manual handling, making every contact count (positioning); airways and tracheostomy training and Bobath training.

Transition Year (TY) Programmes: Two week-long TY programmes were delivered to 40 students hosted at the NRH from across 38 schools nationally.

Virtual Careers Evening: Comprising nine presentations covering eight professions at the NRH saw 420 people register to attend.

Grand rounds: Delivered in hybrid format on 10 occasions with 468 attendances by NRH staff recorded. Presenters included NRH staff and invited speakers.

Academic bulletin and portal resources: A weekly academic bulletin is issued with news about internal and external webinars, podcasts, courses, conferences, useful resources and events for healthcare staff. Regular updates are provided as a staff resource on the Academic Portal.

HSE Library: Available across the hospital and at the resource room in the Ivy Building for staff and students.

Supporting Research Activities at the NRH

The NRH is a research active institute with governance and support of research overseen by staff at the Academic Unit at the NRH and supported by the Clinical Research Centre at UCD. The Academic Unit is working collaboratively with staff and individuals with lived experience of disability to identify the key NRH research priorities and to identify and support research funding applications.

Research Ethics Oversight: Seven Ethics Committee meetings were held in 2024; nine new research studies were approved to commence. Thirteen studies were recorded as ongoing during 2024; seven were successfully completed.

The Ernest Goulding Memorial Lecture: The annual lecture was held on 28th November 2024 where Associate Professor Olive Lennon from UCD School of Public Health, Physiotherapy and Sports Science presented *Frontiers in Neurorehabilitation Science: Time to Embrace the Liminal Space*.

The NRH Research, Clinical Audit and Quality Improvement Awards Event: Run on 28th November to showcase excellence in research activities at the NRH. 10 research abstracts were received and presented in poster and invited platform presentation formats to an estimated 70 attendees

- **Team awards 1st place** was awarded to Dr Matthew Francis and Prof Jacinta Morgan for their study: *Staff Understanding of Pain in Clinical Practice: a review of survey data and comparison with TrakCare Data*
- **Team awards runner-up** was awarded to Dr George Hong, Ms Niamh Timon, Ms Áine Trayer and Prof Áine Carroll for their study: *Staff Perspectives on Goal Setting for Process– A Year in the Making*
- **The research student award** was won by Dr Amanda Dunne for her study: *Parenting Experiences of Fathers with Acquired Physical Disabilities: An Interpretative Phenomenological Analysis*

NRH ACADEMIC RESEARCH TEAM AND RESEARCH ACTIVITIES AT THE NRH

The NRH academic research team is led by Prof Áine Carroll, alongside 10 research staff members (based on December 2024 figures). One research staff member is funded on a halftime basis by the Clinical Research Centre at UCD (CRC@NRH) to build research capacity and support clinical trial activity at the NRH.

In 2024, NRH research teams collaborated with 36 research partners from Spain, Portugal, Poland, Italy, Greece, Croatia, Finland and the Netherlands, presented at seven scientific conferences, organised four workshops, and held numerous multinational consortium meetings and webinars to co-design health system solutions.

In 2024 groundbreaking research activities focused on three EU-funded projects and one NRH-led project:

- **ValueCare:** The NRH Academic Department proudly announced the successful completion of this EU-funded project in September 2024 which developed and tested the 'ValueCare Wellness App' to enhance the well-being of older adults with mild to moderate frailty and their family caregivers in Ireland.
- **ROSIA (Remote Rehabilitation Service for Isolated Areas):** Funded by the EU Horizon 2020 programme and supported by two researchers at the NRH, this Pre-Commercial Procurement (PCP) project develops a value-based integrated care model for tele-rehabilitation and supported self-management at home for individuals with long-term conditions and disabilities. As one of three procurers and pilot sites, NRH researchers are evaluating the usability and feasibility of two digital platforms—'RAISE' and 'REHABILIFY'—among Outpatients with spinal cord injury or acquired brain injury.
- **ICAREWOUNDS (Intelligence and Integration of Care for Smarter Chronic Wound Management):** An EU-funded project leading the collaborative co-design, deployment, implementation, and validation of the first-ever Integrated Care model for chronic wound management in Ireland. It is supported by two researchers at the NRH in collaboration with partners from Spain and Poland.
- **INSPIRE:** This three-person team at the NRH is Ireland's first embedded research team in a hospital. Activities, in collaboration with multidisciplinary rehabilitation teams at NRH, have included the co-design of a patient-centred goal-setting framework and examination of the facilitators and barriers to quality improvement using mixed-methods approaches. The overarching ambition is to establish Ireland as a leader in patient-centred, data-driven rehabilitation with ongoing workstreams to collaborate with external research institutions, secure funding, and develop scalable strategies to implement the Learning Health System (LHS) across Ireland within two years.

Catering Department

Liam Whitty
Catering Manager

The Catering Department provides catering services for patients, staff, and visitors across the NRH campus. The Catering Team also prepares 'Meals on Wheels' for people living in two local areas, the meals are delivered by volunteers. The Team catered the Staff Summer BBQ and Annual Christmas Parties for Patients and Staff as well as an event to celebrate the formal opening of the hospital by then Taoiseach Simon Harris in September. These events were a great success and very much appreciated by our patients, staff and visitors who attended.

The cost of providing catering services to the hospital in 2024 was €1,112,828 (excluding wages) and the income was €546,621. I am proud to say that the staff in the Catering Department met the challenges of providing a high-quality service with professionalism and dedication to our patients and colleagues who avail of the catering service.

Highlights in 2024

In 2024 the catering service won the **Irish Happy Heart Gold Award** and the **Food Safety Assurance Award**, from the Food Safety Authority of Ireland

In collaboration with the UCD MSc in Clinical Nutrition and Dietetics programme and the Catering Department, four dietician students on placement carried out a Patient Mealtime Satisfaction survey, the results are available on the hospital Intranet.

- Shane Loughlin, Head Chef completed the Green Belt certification in Process Improvements in Health Services
- Peter Pokus completed a diploma in Hospitality Management
- Aska Pasek completed a Designing Food Safety Management Systems, QQI level 6 and Environmental Sustainability at Work, QQI level 5

RE-TURN SCHEME

The Re-turn scheme commenced in February 2024 and the Catering Team began an initiative to collect all cans from the Café and staff restaurant for exchange. The funds were used to buy hampers for patients who had to stay in the hospital over the Christmas period, and to purchase new plants, pots, flowers and Christmas decorations for the patient dining areas and staff restaurant.

Individual cans sold - 15,143	33% returned - 5,000	Value €750.00
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INITIATIVE TO REDUCE USAGE OF SINGLE-USE TAKE-AWAY CUPS

In 2024 an initiative to reduce the quantity of single-use take-away cups commenced and reusable 2GoCups were purchased by the Catering Department.

Daily usage of single-use take-away cups in 2023	Daily usage of single-use take-away cups in 2024– after introducing 2GoCups
586 cups a day!	113 cups
Cost of cups: €30,870	Cost of cups: €5,986

Central Supplies

Jason Farrell

A/Materials Manager

The Central Supplies Department purchases and maintains stock materials for the day to day running of the hospital. Purchases for hospital equipment, patients' aids and appliances, and special requirements are managed by Central Supplies, in addition to placing purchase orders for service and maintenance contracts for medical equipment and technical services equipment. The Supplies Manager assists in Tenders preparation and loading onto the e-Tenders website for open competitive Tenders in line with the Hospital's objective to obtain value for money in all purchasing decisions.

Cost-saving initiatives include, but are not limited to: Utilising HSE Framework agreements which are nationally negotiated and continual evaluation of new products and services to reduce costs and improve efficiencies; maintaining access to the HSE Pricing and Assisted Sourcing System (PASS) which shows listings of the Health Business Section (HBS) Framework Agreements and Contracts, and the Office of Government Procurement (OGP) current Contracts and Frameworks.

Throughout the year, the Central Supplies Department worked collaboratively with hospital departments to ensure compliance with HSE, HIQA and CARF accreditation standards. The Department sourced the most cost-efficient products for all services across the hospital.

Chaplaincy

Fr. Michael Kennedy, CSSP

The Chaplaincy Service plays an important role in the overall aim of rehabilitation. It is a support service which provides spiritual, pastoral and listening care to patients, their families, staff and volunteers. It helps to meet the needs of the hospital community, providing a space for prayer and worship in the hospital chapel and multi-faith room, and celebrates Holy Mass during weekdays and Sundays. The chaplain is also involved with the local Parish Church.

Fr Michael Kennedy is the full-time RC Chaplain. The Reverend John Tanner and Susan Dawson are the chaplains assigned by their respective Church of Ireland and Presbyterian Church to the NRH. Ministers of other faiths can be contacted as requested. Eileen Roberts is part time sacristan. St Vincent De Paul Society meet each week at the NRH and offer pastoral, listening and financial assistance to patients and their families.

Visiting Patients: The Chaplain is on call 24/7 and the hospital provides onsite accommodation to facilitate the Chaplain's availability to patients at all times of the day and night. The Chaplain visits patients on the Units on a regular basis at times that don't impact on treatment schedules. Chaplaincy is also a round-the-clock on-call service. The Chaplain is available to meet with patients and relatives for private consultation as requested. All visits are controlled by the patients.

Chaplaincy Involvement: The Chaplain plays an important role in the pastoral care of staff and is available to meet with them on request. As far as possible, he also attends funeral services of family members of staff who have passed away. He is involved also in the following Committees: Ethics Committee, Heads of Departments, Liturgy Team, St Vincent De Paul Conference, the Legion of Mary, the NRH Staff Induction Programme, and the Dublin Chaplain's Association.

Holistic Approach: During the year, the Chaplaincy Department worked collaboratively with various clinical and therapy departments and provided assistance to patients who wished to attend Mass in the chapel with their therapists. This formed an important therapeutic and holistic part of their individual rehabilitation.

Milestones in 2024

The hospital was blessed with a visit from The Archbishop of Dublin, Dr Dermot Farrell who celebrated Holy Mass on Sunday 9th June. It was a truly memorable occasion. The Archbishop met with patients, management, staff and volunteers.

The Chaplaincy Department is delighted to have a streaming facility for patients who are unable to come to the chapel and can watch Holy Mass on the TV monitors in their rooms.

Retired staff returned to the hospital in November for the annual Mass for deceased staff, and a Month's Mind Mass was organised for the family of a former staff member in June.

I acknowledge my appreciation to Fr Michael O'Connor and Fr Arthur O'Neil for their availability to help with Holy Mass during times of annual leave. I also acknowledge my appreciation to Stuart McKeever, Alicja Chochorowska and William Byrne for all their support and inclusion of Mass times on the patients' weekly activity schedule.



The hospital welcomed the Archbishop of Dublin, Dr Dermot Farrell, in July. The Archbishop celebrated Mass and met with patients, staff and volunteers.

Communications

Rosemarie Nolan
Communications Manager

Launch of NRH social media platforms and new intranet

The Communications Department in collaboration with the IM&T Department completed work on developing the new NRH Intranet which we were delighted to launch in November.

The NRH Social Media Strategy was completed in 2024 and we continue to build our Social Media presence on LinkedIn, Instagram, X and Facebook, to meet the needs of all NRH stakeholders.

During 2024, The Communications Department worked closely with all Heads of Programmes, Departments and Services to ensure that accurate and timely information is available to all staff and patients, in a range of accessible formats. A broad range of information posters, leaflets and booklets for patients, staff and visitors are produced and updated by the Communications Department on an ongoing basis. The Communications Department supported our colleagues from across the hospital in keeping staff informed about major projects, initiatives and events throughout the year, using a range of communications processes including print, digital and person-to-person methods. These projects and initiatives include:

Business transfer from NRH trust to NRH Company Limited by Guarantee (CLG)

The Communications Department played a key role in ensuring that all stakeholders of the hospital were kept apprised of regarding the hospital's internal business transfer, which was a historic event in 2024. The department, in collaboration with HR, developed a staff information booklet outlining the Transfer of Undertakings Protection of Employees (TUPE) regulations and participated in a series of staff information and Q&A sessions in the months leading up to the transfer. Patient information was also disseminated and was available on the hospital's website. Relevant information notifications were also developed for a wide group of both internal and external stakeholders.

EVENTS RELEVANT TO PATIENTS, STAFF AND FAMILIES OR CARERS WITH COMMUNICATIONS INPUT:

- Official Opening of the New Hospital Phase One by the Taoiseach, Simon Harris in September
- NRH Annual Sports Championships in November
- Visit by the 'Wallabies' Australian Rugby Team in November
- NRH Clinical Audit and Quality Awards celebrating Quality Improvement Initiatives in the NRH throughout the year
- Promotion of the hospital's new Electronic Occupational Health Management System, and Pharmacy Open Day as well as a range of staff and patient awareness days and peer support events including: Brain Awareness Week; Accessibility Awareness Day; NRH Annual Farmers' Peer Support Day; and NRH Ladies' Day run by the SCSC and POLAR Programmes
- Annual 'Life beyond the NRH' information day providing patients with an opportunity to meet representatives of external agencies that provide support services and peer support following their discharge from the NRH

The Communications team supported colleagues across the hospital in the formatting and branding of conference posters and presentations for a range of national and international conferences throughout the year, as well as promoting education courses and events for healthcare professionals, staff, patients and families in collaboration with the Academic Department.

The Communications Manager provides input to the Digital Technology Steering Committee; HR Recruitment and Retention Working Group; Accessibility Committee, NRH Strategy Working Group; Sports Championships Group; ROSIA Project Team, and Social Media Working Group.

Action plans have been put in place to develop our communications systems and processes to ensure we can optimise our time, effectiveness and efficiency as a team in contributing towards the strategic objectives and mission of the NRH and to enhance the services we provide to our patients, their families, our colleagues and the management team across the hospital.

Health Planning

Ken Lawlor

Director of Estates and Facilities (From July 2024)

Emma Mulhall

Facilities and Projects Administrator

James Withero

Clerk of Works

The Health Planning Team assists with the planning, organising and securing of resources to achieve specific organisational goals, within the hospital's original (Cedars) building and the New Hospital Development. The team further facilitate and or manage specific projects or parts thereof to enable hospital services to meet their unique goals and objectives.

NEW HOSPITAL DEVELOPMENT - PHASE TWO

The Health Planning Team (HPT) functions as the client's (NRH) representative on the New Hospital Project – a three-phase project. The primary responsibility of the HPT is to capture the requirements of our stakeholders both internal and external, and act as facilitators to work in partnership with the design team to translate those clinical, operational, and human requirements into a fit for purpose, accessible for all design, for the new hospital. Our stakeholders are defined as any individuals who will use the new buildings or any aspect of the NRH service. A fundamental responsibility of the NRH as an internationally accredited rehabilitation facility is to affect positive change Inpatients' functional ability, independence and self-reliance, while protecting and promoting the rights of the patients. The hospital design is patient-centred and endeavours to create that specific environment to facilitate the delivery of rehabilitation by an integrated team, which includes the patient.

The NRH site development was conceived in three principal phases, of which Phase One is now complete. A Schedule of Accommodation and Requirements for Phase Two, submitted by all NRH Departments and Programmes to the HPT, was submitted to HSE Estates in August to allow the appointed financial consultants to complete a Strategic Assessment Report (SAR). A design team was appointed for a feasibility study to commence following completion of the SAR. Work continues by the Health Planning Team on preparation of the brief to include 60-80 Inpatient beds and the project plan for Phase Two.



Chairman Kieran Fleck discussing the plans for progressing the NRH Capital Redevelopment Project with Minister Jennifer Carroll MacNeill, TD.

Human Resources

Olive Keenan

Director of Human Resources

The HR Department provides a range of services, such as recruitment and selection, personnel administration, employee relations, industrial relations, policy development, staff development, and ensuring compliance with legal, regulatory and Public Service Agreement requirements. The HR Department is also involved in a number of corporate initiatives and projects across the hospital. It endeavours to provide a professional and effective service to the NRH and support all staff through the lifecycle of their employment, in an environment where they can work well and thrive in their role.

Recruitment and Staffing

The HR team continues in our mission to support the hospital in delivering expert, high quality patient centred care by recruiting, retaining, supporting and developing our staff. The biggest challenge for HR professionals continues to be staff recruitment and retention against a backdrop of national shortages in Healthcare Professionals with particular skill requirements. These challenges have been compounded moving from a recruitment embargo to the introduction of the HSE National Pay & Numbers Strategy in July. Recruitment and retention, succession planning and provision of further opportunities for career development have been affected as a result. Accommodation costs locally has been an additional barrier to recruitment in some cases. The HR team has capably responded through involvement in direct recruitment campaigns, recruitment fairs and overseas recruitment as well as meeting the increasing demands and complexity in HR transactional activities across the hospital.

The HR team, as part of the NRH Recruitment and Retention Working Group continues to develop creative solutions, strategies and actions around attracting and retaining talent. The HR team are involved in many initiatives to support and foster a positive, compassionate and supportive culture in the NRH, which is central to successfully recruiting and retaining talent.

HR Information Management System

Work has been ongoing to scope out requirements for an upgrade to our HR System, which is in legacy support, to a more updated and fit for purpose HR Information Management System (HRIS) that will enhance availability of workforce information for managers and provide valuable reports to assist with decision-making processes. The HR team have been busy engaging with key stakeholders and working through the tasks and activities required for the project, in preparedness for implementation in January 2025. The upgrade project is an exciting initiative and a welcome project that will realise benefits for both the HR department and across the hospital.

Absenteeism

The focus on absence management remains one of prevention, health and wellbeing promotion. A broad spectrum of health and wellbeing initiatives are available to support staff and also to mitigate against work related illness and injury. The HR Department supports managers in improving levels of attendance, staff health and wellbeing by working collaboratively with our Occupational Health Department, with an overall aim of aligning absenteeism levels with the HSE national target rate.

Employee Relations and Change Initiatives

The HR Department plays a key role in helping shape the NRH through organisational change and development plans in the achievement of its strategic and operational goals and objectives.

Following completion of the Nursing Review, the final review report regarding the Nursing Staffing Compliment issued in Q1 2024. The Nursing Review was a tripartite process between the NRH, IEHG, and INMO. The aim was to apply the principles of the Safer Staffing Framework to review the nursing workforce; inclusive of HCAs. The report contained a number of findings and recommendations, specifically for a substantial increase in the hospital's HCA cohort.

The implementation of the recommendations of the review are being overseen by a Local Implementation Group (LIG) led by the Chief Director of Nursing and Midwifery, IEHG with the support and expert advice of the National Lead for Safe Nurse Staffing and Skill Mix. I would like to sincerely acknowledge the hard work, collaborations and dedicated commitment given to this process to date by the Chief Director of Nursing and Midwifery, the external Reviewer, the National Lead and all the other stakeholders involved.

Employee Engagement

Staff engagement helps to encourage innovation, collaboration and partnership at all levels, and to create awareness of the challenges facing staff which ultimately can affect patient care and outcomes. The HR Department works to foster a positive working environment and supportive culture within the hospital whereby staff can feel happy, healthy and well at work, and able to thrive and provide the best care and service to our patients. There are many health and wellbeing initiatives and activities available for all staff via our Occupational Health service, such as coaching and psychotherapy. The subgroups of PWEG continue to increase staff awareness and promote inclusivity which is fundamental to the hospital ethos.

Key Department Developments and Achievements in 2024

Some of the HR Departmental highlights include:

- **NRH CLG – Business Transfer** – As part of the re-organising of the hospital's legal structure, transitioning from a charitable Trust to a new company limited by guarantee (NRH CLG) in 2024, the HR Department had significant involvement in the business transfer arrangements in collaboration with our corporate colleagues. The HR team had key involvement regarding the Transfer of Undertakings (Protection of Employees) Regulations (TUPE), which are designed to protect employee's rights and interests where there is a business transfer. There were a number of opportunities for employees to consult with management and discuss the transfer of employment to the new company. These included staff letters and internal communication notices, communication with staff representative bodies (Trade Unions), a series of Staff Information Briefing Sessions, Staff Information Booklet and dedicated email address for enquiries. The aim throughout the process was to ensure staff were clearly informed and consulted in a timely and efficient manner in advance of the business transfer on the 30th September.
- **Digitalisation of HR Processes** – a collaborative project is ongoing regarding the digitalisation of some HR processes, in particular the Joiners, Movers and Leavers process (JML) with a view to streamlining and automating some of these activities, to create efficiencies and give back time to managers to reinvest in clinical services and duties. This process improvement will be incorporated as part of the implementation of the HR System project in 2025.
- **Educational Assistance** – The Hospital is committed to the promotion of a learning culture and staff development and has an Educational Assistance Steering Group (EASG) in place to review and support educational assistance applications from staff. During 2024 the EASG supported a total of 193 applications from staff. The EASG collaboratively work with our Academic and Research Department as part of a more strategic approach to educational assistance supports; and as part of encouraging and providing opportunities for competency upskilling, growth and development for staff.

Staff retirements

During 2024 we said a fond farewell to 11 members of staff as they retired from the NRH with a collective 264 years of loyal and dedicated service. I would like to thank each and every one for their hard work and commitment to the NRH and acknowledge the enormous contribution they have given through their knowledge, expertise and professionalism. Every best wish is extended to all our retirees for a long happy and healthy retirement and for the future as they enter this new chapter in their lives.

All the HR team once again capably responded to the work demands, challenges and opportunities that presented in 2024, particularly in relation to the Business Transfer arrangement, preparations for the new HR System upgrade project and against the back drop of unsettled Industrial Relations nationally throughout the year. I thank the HR team for all their hard work, support and commitment during the year. Special appreciation also to our Occupational Health department who work tirelessly to promote and protect the health and wellbeing of our staff.

Information Management and Technology (IM&T)

John Maher

Head of Information Management and Technology (IM&T)

2024 marked the first full year of the TrakCare Electronic Patient Record at the NRH. The focus shifted from project mode to operational mode, driving system adoption, optimising workflows, and charting the next steps for system evolution. In parallel, IM&T have developed a cross-functional Fusion team to support hospital IT-related projects, maintenance releases, upgrades and new initiatives.

Key Achievements:

- **April 2024:** Completed a full maintenance upgrade, ensuring the site stays current with application enhancements. This smooth transition was a significant effort by the configuration and testing team
- **July-August 2024:** Configuration and rollout of the clinical single sign-on (SSO) application **One Sign** from Imprivata. This application supports strong user authentication and simplifies password management
- **October 2024:** The Paediatric programme launched the Electronic Prescribing and Medicines Administration (ePMA) module after extensive testing. Staff received additional training for a successful implementation
- **October-November 2024:** Enabled full interface between the T-Pro dictation system and TrakCare, improving patient letter visibility and reducing manual data entry

Ongoing Efforts of the IM&T Team include continuous targeted training and reviews to address user and data quality issues; developing mechanisms for data integrity and timely clinical need escalation; leveraging system data for monthly, quarterly, and annual reports.

Further Initiatives include:

- Deploying additional workstations on wheels (WOWs), electronic dispensing and phlebotomy carts, and therapy laptop devices following a national tender with the HSE
- Improving management and integration of paper components for a complete record at the point of care
- Patient meal ordering deployment and integration with TrakCare

The focus for IM&T in 2025 will include ensuring high data quality and reducing the burden of data collection for users.



The NRH is one of the first hospitals in the country to implement the Electronic Patient Record (EPR).



Damien McCallion, HSE Interim Deputy CEO & Chief Technology and Transformation Officer (far left) visited the NRH to view and discuss the successful rollout of the Electronic Patient Record (EPR) with IM&T and members of the Fusion Project Team.

Operations

Key Achievements in 2024 include: expansion of Microsoft Teams Room conferencing facilities within the hospital; improvements to business continuity systems and processes; upgrading of wireless infrastructure to older areas of the hospital; expansion of existing networks to facilitate renovation of existing facilities; streamlining of Service Desk operational process to enhance operational efficiency; and installation and configuration of 'Single Sign On' across all clinical areas of the hospital.

In 2024, IM&T developed a new Mobile Device Management (MDM) solution to streamline the deployment of mobile devices, tablets, phones, and hospital-managed apps; configured a secure global WiFi service designed for the academic community and implemented a range of initiatives and improvements to support NIS2 (Network and Information Security Directive).

2024 Operations Activity:

- Service Desk Support Tickets raised by staff: 6173
 - Average Response Time: 5H 45M
 - Resolved within 16 Hours (2 working Days): 93.52%

Finally, I would like to commend the Operations, eHealth, Applications Support, and Business Support teams for their dedication and support throughout the year.



Patient Experience and Healthcare Data Management

Carol Barton

Patient Experience and Healthcare Data Manager

The NRH is committed to continuously improving patient-centred care through stakeholder engagement and data-driven decision-making. Patient feedback and healthcare data analysis drive service quality, satisfaction, and meaningful change. In August 2024, the team expanded to include the Central Referrals Administrator and NRH Reception team.

The Central Referrals Administrator manages all NRH referrals through a centralised referral office. The Admissions Administrator oversees patient admissions, coordinating with clinical teams and maintaining records. The Urology Administration team manages appointments, records, and communications, ensuring seamless coordination and timely care. The Reception team handles check-ins, enquiries, and visitor coordination, providing a welcoming front desk and supporting hospital operations. The Volunteer Coordinator oversees the recruitment, training, and support of NRH volunteers. The Healthcare Records team efficiently managed data in 2024, coding 1,736 patient episodes and copying 128 volumes, 105 charts. The team oversees HCR tracking, retrieval, and delivery via the Electronic Patient Record, ensuring accessibility and compliance; the team also supports Freedom of Information (FOI) requests and HIPE reporting, collaborating closely with hospital departments. The administrator generates, assigns and finalises case numbers.

Stakeholder feedback is gathered through multiple channels, to drive improvements in the patient experience and hospital services, including:

1. Comments, Suggestions, Compliments

Patients, families, staff, volunteers and visitors share feedback via comment and suggestion boxes, emails, online forms, and verbally.

2. uSPEQ Questionnaires

In line with CARF standards, structured patient surveys are sent to patients three months post-discharge to assess rehabilitation outcomes and satisfaction, guiding programme improvements.

3. Patient Forums

Monthly Patient Forums chaired by volunteer Tim Rice, and targeted forums for Day-patients, RTU, and Parents ensure that patient voices are heard. The quarterly Patient Experience Newsletter provides information, news and updates.

4. Inter-Agency Forum

This bi-monthly forum enhances coordination between NRH and external agencies. The 'Life Beyond the NRH' information Day was held in April 2024.

During 2024 the NRH received 318 comments and suggestions and 298 compliments; 11 complaints were received, resulting in 8 actioned recommendations.

Risk Management

Elayne Taylor

Quality and Risk Manager

The National Rehabilitation Hospital (NRH) is committed to providing effective and integrated care in an environment that is safe for our patients, staff and visitors. The Risk Management Department oversees the NRH risk management programme that aims to reduce risks within the organisation. It also ensures that systems and processes are in place to identify and to manage these risks to an acceptable level. The Department is committed to managing risks in a proactive, integrated and accountable manner. It provides advice with regards to best practice in risk management, patient safety, and environmental health and safety issues. All staff levels within the NRH support the effective risk management processes in place and are kept informed of risk management developments in the organisation. The Department prepares monthly quality and risk reports for the Board of Management, Quality, Safety and Risk Committee and the Executive Management Committee. These reports are also made available to all staff.

The NRH promotes a proactive health and safety culture by encouraging the reporting of all adverse and near-miss events. All incidents are recorded using the National Incident Report Forms (NIRF) and are recorded onto the NIMS database (National Incident Management System). All reported incidents (clinical and non-clinical) are managed in line with the NRH Incident Management Policy supported by the HSE Incident Management Framework. The framework was updated in September 2024 following the implementation nationally of the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023. All reported incidents are reviewed by the service line manager and the risk management team. Review processes allow the NRH to learn from incidents and initiate change that facilitates improvements in our standards of care. Several external regulatory inspections took place during 2024 and quality improvement plans were developed in response to all recommendations made.

Alex Craft, Quality Improvement and Accreditation Officer, continued to support a number of quality initiatives during the year including incident reporting training, open disclosure workshops, patient safety notices and patient safety staff newsletters. In November, the Risk Management Department in conjunction with the Academic Department hosted the annual NRH Research, Clinical Audit and Quality Improvement Awards.

In 2024, the Risk Management Department introduced Quality and Safety Walkarounds; members of the Board of Directors and Executive Management Committee visited six different clinical areas during the year. A Clinical Audit committee was also developed to oversee Clinical Audit practices in the hospital.

Subject Access Requests

The Risk Management Department facilitates access to personal requests for information, such as Freedom of Information (FOI) requests and also responds to corporate requests for information. In 2024, 400 subject access requests were received.

In Summary

The Risk Management Department remains focused on identifying opportunities for improvement in our care standards and will continue to use information from numerous resources to support this, including implementation of national guidelines, findings from investigations into reported adverse incidents, along with findings and recommendations from site visits or inspections undertaken by authorised agencies.

School Report

Aoife Mac Giolla Rí
Principal

Our Lady of Lourdes School is a registered Primary school which provides education to students of primary and second level (4 to 18 years old) admitted to the National Rehabilitation Hospital.

School Management: Policies in Our Lady of Lourdes School include a Health & Safety Statement, Code of Behaviour, Child Protection, Acceptable Use Policy, Data Protection, Information and Technology Policies.

Philosophy and Ethos of the Hospital School: The school promotes a child-centred philosophy where the pupil is central in a context of significant rehabilitation and educational support provided to young people recovering from acquired spinal injury, brain injury or limb absence. The education provided for each child is customised and as far as possible and follows the State curriculum while supporting pupils in their holistic development. The emotional, physical, and spiritual wellbeing of pupils is paramount, and every effort is made to nurture pupils' unique skills and interests.

The Education Provided in the NRH

On enrollment: Contact is made with the student's base school to ensure that continuity of work is maximised. School sessions are planned in line with the Interdisciplinary Team (IDT) goals for each child or young person.

The school liaises with the base school and communicates with the student and their Home-School Liaison Teacher, Career Guidance Teacher or Resource Teacher as appropriate, in consultation with the base school's Principal.

On discharge: Our Lady of Lourdes School passes on the report-work and results of any educational diagnostic tests administered while in the NRH, to the pupil's base school.

The school classroom is located in Daisy Unit complete with interactive whiteboard, height adjustable and assistive classroom furniture to cater for students' various needs. The addition of the classroom at the Daisy Unit has enabled the school to collaborate further with the Paediatric Interdisciplinary Team and allows students to access school with ease and comfort. The original classroom in the Cedars Building is open for pupils from other Units. The school's main focus has been on wellbeing - something that has been widely incorporated into group activities and sessions.



The NRH Green Team completed the Environmental Sustainability at Work Training Programme in August 2024.

Technical Services Department

Peter Byrne

Technical Services Manager

David Donoghue

Technical Services Department

The Technical Services Department (TSD) completed many major projects in 2024 and many are still underway throughout the hospital and its campus. Some areas in the original hospital (Cedars building) are still occupied and works are ongoing to optimise use of all remaining space in the building. TSD continue to improve the buildings and grounds, and continue to work closely with teams from all departments in the hospital to provide a safe and comfortable environment for patients, staff and all stakeholders using our facilities.

Projects and Developments in 2024 included the following:

Cedars Building Developments: TSD along with the Health Planning Team are part of the Space Utilisation Group which focused in 2024 on relocation of some services to refurbished areas of the original hospital building (Cedars). Services that were relocated include: the Wheelchair and Seating Clinic, Splinting Clinic and Clinical Engineering.

Nurse Emergency Call Points: New emergency call points installed in the Cedars building are linked to the nurse call system and the paging system. External call points have been situated outside all doors leading to the gardens and to the new external lift.

Soundproofing Works in the Outpatients Department: Soundproofing of assessment rooms was completed, ensuring patient confidentiality. This work has the added benefit of insulating the rooms.

Pipe Insulation Works: This major project included insulating over 1700 meters of pipework in a wide range of areas in the hospital including exposed pipework and replacing damaged or old expired insulation, as well as insulating pumps and valves in all boiler houses.

Pump Replacement and Heating Controls: Existing pumps were replaced with energy efficient pumps, along with installation of modern heating controls in plant rooms, new actuators and control measures for heating systems, which will lead to a reduction in oil and carbon emissions.

New Ceiling Works: New dropped ceilings were installed in large open areas of Cedars which have been repurposed for non-clinical services; this has significantly improved the sound quality and heating efficiency in these areas.

NRH Vehicles: TSD manage the NRH road fleet ensuring our vehicles are maintained to the highest standards, are roadworthy and that the tie-down Parfit safety system is in place. TSD also manages the tax, insurance, NCT, toll access, disabled parking discs, cleaning and fuel requirements, and the provision of training in vehicle safety checks as required.

EV Chargers: A bank of seven EV chargers has been installed on the campus.

Energy Management: The Technical Services Department is actively engaged in energy management projects to ensure the hospital works towards reducing its carbon footprint by 2030. Dave Donoghue and the NRH Energy Management Team continue to work alongside the HSE Energy Management Team, the Sustainable Energy Authority of Ireland (SEAI) and Office of Public Works (OPW), aiming to reduce energy usage, which in turn reduces carbon footprint.

Other Projects and Ongoing Works in 2024 include: Conversion of spaces in the Cedars building to accommodate Nursing services, and NCHD rest and study areas; ongoing painting and redecorating of the facilities throughout the NRH campus, and ongoing works and requests generated through the TSD support desk ticketing system.

TSD continues to work alongside contractors to ensure the NRH remains as accessible as possible with minimal disruption for our patients, staff and visitors.

Volunteer Service

Jennifer Glansford

Volunteer Coordinator

During 2024, NRH Volunteers along with volunteers from our partner organisations, St Vincent de Paul, Children in Hospital Ireland and Peata Pet Therapy, donated 8,500 hours of their free time to the NRH. With 164 active volunteers engaged over the year and an additional 65 on our database who are available for events or other one-off events, the NRH Volunteer Service grew again this year, showing an annual increase of 2,500 hours. 64 new volunteers were onboarded during 2024. In addition, NRH Sports Championships week in November was supported by 44 AIB volunteers.

8,500

Hours donated by
volunteers to NRH



We are immensely grateful to all our volunteers who consistently attend the NRH and support our patients and staff with their valuable time, energy, skills, friendship, and kindness. All we can say is, on behalf of all patients, families and staff - THANK YOU!



With over 30 separate roles, volunteers are supporting a large cross section of the NRH weekly. Other departments are also being supported in response to individual requests. Referrals to the Volunteer Service substantially increased this year with staff seeking volunteer support for individual patients who are experiencing loneliness, including foreign language visiting.

New roles developed in 2024 include Patient Orientation Volunteers for Willow, Poppy and POLAR Day Units, with plans to extend this initiative to all units by end of Q1, 2025. Other new roles include support for the Wheelchair and Seating Clinic, support at lunchtime in some Dining Rooms, Mobile Activity Cart and Huff and Puff groups which run twice daily.

Peata Pet Therapy volunteers, in addition to their three patient sessions per week, extended their hours so that we now run fortnightly sessions where staff can enjoy spending time with our volunteer therapy dogs.

Music Volunteers continue to hold Thursday sessions in the Café which are a real treat for patients and families.

We are immensely grateful to all our volunteers who consistently attend the NRH and support our patients and staff with their valuable time, energy, skills, friendship, and kindness. All we can say is, on behalf of all patients, families and staff - THANK YOU!

Quote below from a Patient Thank You card:

- Volunteers are not paid, not because they are worthless, but because they are priceless
- Kindness is a language that the deaf can hear and the blind can see
- Volunteers don't necessarily have the time, they just have the heart

Thank you all so very much for your time, beautiful music, inspirational stories, abundance of tea and treats. You are all simply amazing. You all have my endless gratitude and I couldn't have done it without you.

Unit Guide

Unit Name	Symbol	Programme	Floor Level
Daisy		Paediatric Family Centred Rehabilitation	-1
Pine		Brain Injury	-1
Willow		Stroke Programme	G
Poppy		Prosthetic, Orthotic and Limb Absence (POLAR)	G
Ash		Brain Injury	1
Rose		Brain Injury	1
Holly		Brain Injury	1
Lily		Spinal Cord System of Care	2
Oak		Spinal Cord System of Care	2
Fern		Spinal Cord System of Care	2



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