National Rehabilitation University Hospital

45TH ANNUAL REPORT

2025

Advancing Quality, Enhancing Lives

Commission for Accreditation of Rehabilitation Facilities

Details of NRH Accreditation on www.nrh.ie

National Rehabilitation University Hospital

The National Rehabilitation Hospital (NRH) is a voluntary, publicly funded hospital, and is a Company Limited by Guarantee (CLG). The NRH 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 IN 2025

93

Brain Injury Programme

95

Stroke Specialty Programme

159

Spinal Cord System of Care

151

Prosthetic, Orthotic and Limb Absence Rehabilitation

84

Paediatric Programme

582

Total Inpatient and Day-patient Discharges in 2025

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Chairman's Report

Kieran Fleck
Chairman

The National Rehabilitation Hospital (NRH) CLG

The Board of Directors of the National Rehabilitation Hospital CLG continue 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.

Appointment of Deputy Chief Executive

In May, following HSE approval of the Post and completion of the recruitment process, the Board announced the appointment of Dr Amanda Carty as Deputy Chief Executive and Director of Operational Services. We wish Amanda every success in the role.

The New Hospital Development

In June 2025, Minister for Health, Dr Jennifer Carroll MacNeill attended a celebratory event hosted by the hospital to mark the 5th Anniversary of the move to Phase 1 of the 3 phase Capital Redevelopment Project at the NRH. I together with representatives of the Board met with the Minister on the day and presented the case for urgently progressing the next phases of the NRH redevelopment programme as expeditiously as possible, to meet the needs of people requiring timely admission to the NRH, now and in the future. The Minister also viewed the architect's model for future developments at the NRH. A strong sense of local and political support for the ongoing NRH development was noted from those present.

Corporate Governance

The NRH Board structure incorporates annual evaluation of the Board and its meetings, and 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. Following the legal restructure of the NRH (in 2024) from a Trust to a Company Limited by Guarantee, the Board of Directors commenced a governance review process in 2025 and developed an action plan. In addition, the hospital conducted a strategy review to develop a three-year strategy and implementation plan which will be published in 2026.

> 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.

Mr Henry Murdoch, former Chairman of the Board of Management of the NRH Trust sadly passed away in May 2025. Henry had an association with the hospital of over 40 years – he was regarded as a remarkable man who had many talents and diverse interests and contributed enormously to the development of the National Rehabilitation Hospital. Henry was a member of the first Board of Management from 1980, and following a tenure as Chairman up to 2013, he subsequently continued as a member of the Board until his resignation in 2024. He also served as Chairman of the NRH Foundation for many years. Henry gave of his time voluntarily in the interests of the hospital and the patients we serve, leading and guiding the hospital through some challenging financial times for the country during his tenure. Henry was a champion for the NRH, advocating for the capital redevelopment of the hospital and at all times supporting patient needs – he will be remembered fondly by all who knew him.

Dissolution of NRH Trust Board of Management

The final Board of Management meeting and dissolution of the Board under new legal structure took place in April. The Board Directors of NRH CLG extended their deep gratitude and appreciation to the Sisters of Mercy for their dedication to the hospital and on reaching this historic occasion.

Mr Henry Murdoch

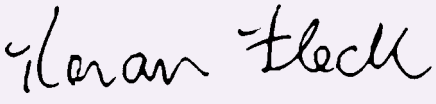
In May, we learned with great sadness of the passing of Mr Henry Murdoch. Henry had served on the original NRH Board of Management since 1980, and subsequently as Chairman for 17 years, then continuing as a Board Member. Henry Murdoch's contribution and service to the NRH has to be acknowledged as enormous, 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.

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.

Note of Appreciation

We extend our thanks and appreciation to the HSE and the Dublin and South East Regional Health Authority for their ongoing support. We continue to work constructively together to maintain and improve the 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

Dr June Stanley
Chief Executive

NRH Reporting Structure

The NRH comes under the HSE Dublin and South East (DSE) Regional Health Authority. We continue to work closely with our colleagues from DSE and other regions to further develop specialist rehabilitation services for the national population. A monthly Performance Review Meeting is held with the NRH management team and the IHA Team in Dublin South and Wicklow.

Activity and Performance Data Reporting

Monthly Activity and Performance Data reports are circulated to the Board to ensure the Directors are fully informed in relation to all key issues and milestones on an ongoing basis.

Capital Redevelopment Project at the NRH

The Feasibility Study relating to the next phases of the New Hospital Capital Project was completed and submitted to the HSE in 2025 and we await a response. The focus of the NRH, as outlined in previous National Capital Development Plans, 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.

Key Appointments

I would like to congratulate **Dr Amanda Carty** who was appointed by the Board as Deputy CEO / Director of Operational Services; and **Diarmuid Devereux** who was appointed Director of Estates in 2025. I wish Amanda and Diarmuid every success in their roles.

Highlights in 2025

NATIONAL REHABILITATION CONFERENCE

The NRH hosted a national conference in 2025. The conference – **Specialist Rehabilitation Services for Ireland: Connect – Reflect – Impact** was held on 5th December in the Royal Marine Hotel, Dún Laoghaire and delegates travelled from throughout Ireland and abroad. Minister for Health **Jennifer Carroll MacNeill TD** opened the conference and set the tone for a day focused on collaboration and meaningful progress. The conference sessions incorporated a journey from global vision, national systems, personal experiences of rehabilitation, integration of rehabilitation services, and reintegration to the community. It provided a forum to celebrate the progress made to date and shape our vision for the future of integrated rehabilitation services. We were delighted to have the opportunity at this conference to exchange knowledge, experience and expertise with leaders in healthcare at national and international levels.

> 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.

COMPASSIONATE LEADERSHIP PLEDGE

In 2025, the NRH became the first hospital in Ireland to sign up to the Compassionate Leadership Pledge. My decision to sign the Pledge, supported by the Board of Directors, is indicative of the hospital's commitment to promote a culture within the hospital which is proud to epitomise the key behaviours of compassionate leadership. Management and staff strive to foster a workplace that is supportive, inclusive and where every person feels valued and appreciated. This reflects the hospital's person-centred values, its commitment to quality, and dedication to achieving best possible outcomes for patients and all those who engage with our services, and the wider health system, as part of our core day-to-day activities. We at the NRH are proud to be part of this global movement to become a kinder, more attentive, inclusive and considerate society, making the NRH a Compassionate Organisation.

NRH STRATEGIC REVIEW AND DEVELOPMENT

Following the new legal restructure, we conducted a Governance and Strategy Review which began in 2025. This strategy will set the vision and key priorities for the NRH in the years ahead, ensuring that future planning reflects the needs of our patients, families, staff, and healthcare partners. As part of this process, we sought input from patients, families and external stakeholders along with staff across all areas of the organisation. Together, they help to shape the early strategic considerations that will guide future decisions and inform more detailed operational and tactical planning. The final strategy document will be published in early 2026.

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. 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.

In Conclusion

I look forward to continuing to work with an excellent and skilled team of Staff, Clinicians and Healthcare Professionals in the coming year, and look forward to working with the Board of Directors and Hospital Management Team to finalise develop the NRH Strategy and Implementation Plan in 2025.

Dr June Stanley
Chief Executive

NRH Board of Directors

Mr Kieran Fleck
Chairman

Mr Donal Collins
Deputy Chairman

Mr Paul McNeive

Ms Eilish Macklin

Ms Elizabeth Maguire

Mr Dermot Quinn

Dr John O'Keeffe

Mr Terence Liston

Mr Michael Meghen

Ms Andrea Hanson

Mr Gerry Hennigan

NRH Committees

Board of Directors, NRH CLG

Mr Kieran Fleck
Chair
Mr Donal Collins
Deputy Chair
Mr Paul McNeive
Ms Eilish Macklin
Ms Elizabeth Maguire
Mr Dermot Quinn
Dr John O'Keeffe
Mr Terence Liston
Mr Michael Meghen
Ms Andrea Hanson
Mr Gerry Hennigan

Executive Committee

Dr June Stanley
Chair
Dr Amanda Carty
Mr Sam Dunwoody
Ms Elayne Taylor
Ms Fiona Marsh
Dr 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
(to April)
Diarmuid Devereux
(from October)

Medical Executive

Prof Áine Carroll
Chair
Dr Jacinta McElligott
(to May)
Dr 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 Linda O'Rourke
Dr Irwin Gill
Dr Kirk Levins
Dr Lilia Zaporojan
Dr Shane Hanratty
Dr Cliodhna Browne

Ethics Committee

Ms Elizabeth Maguire
Chair
Dr June Stanley
Dr Jacqui Stow
Ms Elayne Taylor
Ms Fiona Marsh
Fr Michael Kennedy
Mr Sam Dunwoody
Dr Cliona McGovern
Mr John Maher
Ms Rita O'Connor
Dr Amanda Carty
Ms Asha Alex
Dr Olive Lennon
Ray O'Toole
(from October)

Finance, Remuneration and General Purpose Committee

Mr Kieran Fleck
Chair
Mr Dermot Quinn
Mr Terence Liston

In attendance

Dr June Stanley
Dr Amanda Carty
Mr Sam Dunwoody
Dr Jacinta Morgan
Ms Fiona Marsh
Mr Thokozani Sihlangu
Mr Vitor Oliveira

Patients Forum

Mr Tim Rice
Chair
Ms Carol Barton
Representative from Therapeutic Recreation Service
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 Eilish Macklin

In attendance

Dr June Stanley

Audit Committee

Mr Dermot Quinn
Chair
Mr Terence Liston
Mr Brian Crowley

In attendance

Dr June Stanley
Mr Sam Dunwoody
Ms Elayne Taylor
Mr Vitor Oliveira
Mr Thokozani Sihlangu
Ms Asha Alex
(from September)

Financial Statement

Sam Dunwoody
Director of Finance

The NRH CLG prepares the financial statements in accordance with FRS 102. Income for the year amounted to € 79.84M of which € 77.58M was direct HSE funding. Expenditure on Staff costs amounted to 62.6M and non pay costs 17.2M, resulting in an operating surplus of € 24K. With a prior year deficit brought forward of € 1.248M this has resulted in a deficit of € 1.224M carried forward at the end of 2025.

The hospital continued to see increased patient referrals with enhanced care needs, resulting in higher costs, use of Agency Staff and overtime as it awaits a decision from the HSE on the adjustment to 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 an all island remit.

National Rehabilitation Hospital CLG

STATEMENT OF INCOME AND EXPENDITURE

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2025

	2025 €'000	2024 €'000
Income		
HSE Grants	77,581	80,341
Other Income	2,259	2,226
	79,840	**82,567**
Expenditure		
Staff Costs	(62,597)	(59,277)
Non-Pay Costs	(17,219)	(23,515)
	(79,816)	**(82,792)**
Operating Surplus/(Deficit)	24	(225)
Taxation	–	–
Surplus/(Deficit) for the Financial Year and total comprehensive income	24	(225)

National Rehabilitation Hospital (CLG)

BALANCE SHEET

AS AT 31 DECEMBER 2025

	2025 €'000	2024 €'000
Fixed Assets		
Tangible Assets	3,977	4,359
Current Assets		
Stocks	311	278
Debtors	9,019	8,487
Cash at bank and in hand	6,495	5,651
	15,825	**14,416**
Creditors: Amounts falling due within one year	(17,049)	(15,664)
Net Current Liabilities	(1,224)	(1,248)
Total Assets less current liabilities	2,753	3,111
Capital Grants	(3,977)	(4,359)
Net Liabilities	(1,224)	(1,248)
Financed By:		
Capital and Reserves		
Retained Deficit	(1,224)	(1,248)

Clinical Director's Report

Dr Jacinta Morgan
Clinical Director, NRH

Overview

Rehabilitation Medicine capacity and practice in Ireland are expanding slowly after many decades of activism and advocacy. Early shoots of progress in the implementation of Managed Clinical Rehabilitation Networks appeared in 2025 in the form of four new community neurorehabilitation teams (CNRTs) around Ireland. This has resulted in the appointment (in early 2026) of four new Consultants in Rehabilitation Medicine. A new Rehabilitation Prescription (RP) was implemented nationally in 2025 to optimise clinical communication between referrers and the networks, and within those networks. The inclusion of early rehabilitation in the streamlining of national trauma processes has driven the routine use of the RP in acute hospitals. Dr Eugene Wallace was appointed as the new National Clinical Lead in Rehabilitation Medicine in September 2025.

The NRH Board and Executive Committees hosted the Minister of Health Dr Jennifer Carroll McNeill on two occasions in 2025 – once in the NRH in late Summer and again at the NRH conference in Dun Laoghaire on 5th December where attendees were treated to a range of international and national speakers including former patients.

Within the NRH all clinical governance processes and policies are regulated by the Quality, Safety and Risk (QSR) Committee and its subcommittees. A particular area of focus for QSR in recent years has been the development and implementation of the complex processes required to improve our clinicians' ability to respond effectively to early signs of clinical deterioration in our highly vulnerable population of patients. Significant progress was made in this regard in June 2025 with the introduction of the Medical Emergency Response Team underpinned by a rigorous programme of in-house experiential training. The NRH is an active participant in the National Cardiac Arrest Audit (NCAA) and is one of the few sites in Ireland that delivers basic life support (BLS) training using the AHA's Resuscitation Quality Initiative (RQI), an AI-enabled activity that has the potential to ensure exceptional rates of training compliance for BLS in the NRH.

Medical Executive Activities

During 2025, the Medical Executive, which reports directly to the NRH Board of Directors, continued to function as a forum for consultant leadership, clinical governance and strategic discussion, co-chaired by Professor Áine Carroll and Dr Jacinta Morgan, NRH Clinical Director (CD). We are indebted to Ms Clare Slevin, Executive Assistant to the CD, for her excellent administrative stewardship of all matters relating to the Medical Executive and the Quality, Safety and Risk committee.

A significant focus of Medical Executive and Clinical Director activity during the year related to medical workforce management including oversight of consultant retirements and recruitment, NCHD expansion and recruitment to enable full compliance with the European Working Time Directive (EWTD). In developing the new rosters particular attention was paid to ensuring continuity of NCHD supervision and responsive escalation pathways for management of the deteriorating patient.

Rehabilitation Medicine Consultants' Activities

In 2025, as UCD Professor of Integrated Care and Improvement Science Professor Áine Carroll led a substantial programme of rehabilitation, integrated care and learning health systems research at the NRH. Outputs included publications on interdisciplinary teamwork, physician wellbeing, hypoxic ischaemic encephalopathy outcomes, patient and family caregiver experience, clinical networks, digital rehabilitation, and learning health systems in post-acute rehabilitation.

Professor Carroll also represented the NRH nationally and internationally, with multiple presentations at the International Conference on Integrated Care in Lisbon and national rehabilitation and wound management conferences. Key areas of work included the LINK learning health system project, ROSIA telerehabilitation, ICAREWOUNDS, embedded research, SCIROCCO maturity assessment, and patient-centred goal setting in rehabilitation.

Together, this work strengthened the NRH's profile as a national leader in rehabilitation innovation, integrated care, digital health and applied health systems research.

Dr Jacinta Morgan continued as NRH Clinical Director and was centrally involved in all activities, as Chair of the Quality, Safety and Risk (QSR) Committee, related to implementation of national clinical standards, policies and documents, strategy development and medical resource monitoring and management.

Dr Jacinta McElligott retired in May 2025 after a long and distinguished consultant career in Ireland (20 years) and the US (30 years). We wish her health and happiness in her retirement. Dr McElligott was replaced in her role across 3 organisations – NRH, Peamount Healthcare and Tallaght University Hospital - by Dr Aaisha Khan.

Dr Raymond Carson stepped down as Medical Director of the Brain Injury programme in late 2024 and was appointed as RCPI National Specialty Director in 2025. He has worked with his trainer colleagues and RCPI personnel to refine and implement the 2024 outcomes-based curriculum for the growing number of trainees selecting Rehabilitation Medicine as their chosen specialty.

Dr Kinley Roberts is Medical Director of the Stroke Specialty Programme. Dr Roberts is Co-Chair of the Spasticity Committee with Dr Sabrina McAllister. Since 2024 Dr Roberts has delivered the NRH Concussion Clinic with a principal clinical neuropsychologist (Dr Dockree), a Vestibular Physiotherapist and Speech and Language Therapist. The team was joined this year by a Vocational Occupational Therapist.

Dr Roberts is a Principal Investigator on a research study that will commence recruitment when Dr Papa'a Kadafa returns to work in the NRH (and MMUH) from July 2027 as an embedded researcher. Dr Papa'a is a final year Specialist Registrar in Rehabilitation Medicine and will complete her doctoral studies on biomarkers in patients with persisting symptoms after concussion as part of the FAWN study.

Dr Sabrina McAllister is Medical Director of the Brain Injury programme. She is an active member or chair of many key NRH clinical committees including those that regulate protocols and policies related to the deteriorating patient, spasticity, sepsis, clinical aspects of TrakCare (EPR) and clinical audit. Dr McAllister engages regularly in person and virtually with NRH referrers around Ireland and in October 2025 she delivered a seminar at the Midland Regional Hospital Mullingar's Grand Rounds on the 'National Rehabilitation Hospital - Programmes and Referral Pathways'.

As an RCPI trainer Dr McAllister has contributed to teaching for Geriatric specialist registrars, delivering a lecture in Limerick in March 2025 on 'Incontinence in Elderly patients in Rehabilitation Programmes'. In October 2025 Dr McAllister was appointed as Senior Clinical Lecturer for Rehabilitation Medicine to Trinity College Dublin (TCD) School of Medicine.

Dr Paul Carroll has contributed to the Irish Rare Disease Strategy published in September 2025. As a member of the National Office of Traffic Medicine, Dr Carroll updated aspects of the new edition of the Road Safety Authority's Slainte agus Tiomaint (Medical Fitness to Drive) that are relevant to our patient constituency. Dr Carroll was centrally involved in the development with colleagues at RCSI of a research project 'Brain Restore' relating to rehabilitation for adults and children with brain tumours. This group secured over 750K in funding and provides resources for patients, families and clinicians.

Dr Carroll is one of two Irish delegates on the Union of European Medical Specialists (UEMS) Physical and Rehabilitation Medicine (PRM) group and European Society for PRM. Dr Carroll is co-chair of a UEMS PRM working group on Rare Disease and Rehabilitation. He supported the development of UEMS PRM international webinars and conducted the inaugural webinar. Dr Carroll is a member of the National Learning Analytics Unit steering group.

Dr Cara McDonagh continues as Medical Director of the Spinal Cord System of Care (NRH). She delivered one of the keynote addresses at the NRH December conference on the future opportunities and challenges for the NRH. Dr McDonagh was PI on a research project with Florence Anderson, CNM 2 on Lily and Fern units, titled 'Identifying barriers in communication on skin, bladder, bowel and sexual function in spinal cord injury' and delivered as a platform presentation by Florence at the 2025 MASCIP conference in the UK.

As qualified AHA ACLS instructor, Dr McDonagh was critical to the internal delivery of 6 ACLS courses for NRH clinical staff in 2025. Dr McDonagh is co-chair of the clinical governance group for the Dublin South East Community Neurorehabilitation Team and is Rehabilitation Medicine consultant representative on the National Neurorehabilitation working group.

Dr Eimear Smith, a former Medical Director of the SCSC, delivered the inaugural NRH National Grand Rounds *Supporting long-term health and wellbeing after spinal cord injury* on 28th May 2025 that was attended virtually by over 200 health care professionals across Ireland. She also delivered an invited lecture at the Symposium on paediatric spinal cord Injury (ISCoS pre course) in Gothenburg, Sweden, on 7th October 2025. Dr Smith joined the Board of Directors Steel Assembly (paediatric arm of the American Spinal Injuries Association) in January 2025 and since October 2025 has been an associate editor for Topics in Spinal Cord Injury Rehabilitation.

Dr Shane Hanratty was appointed to the substantive post of Consultant in Rehabilitation Medicine in the NRH SCSC programme and Beaumont Hospital in early 2026 after more than 2 years working as a locum consultant. He has already contributed to significant improvements in identifying patients and streamlining referral pathways from Beaumont Hospital to the NRH for those with cauda equina syndrome. Dr Hanratty contributes regularly to Neurosurgery unit teaching and has established a Spinal MDT working group in Beaumont Hospital.

Dr Susan Finn is Medical Director of the Paediatric and Family Centred Programme. Her post spans acute and rehabilitative care in CHI Crumlin and the NRH. Dr Finn and her team delivered one of the NRH National Grand Rounds in late 2025 to showcase the valuable work of the NRH's paediatric programme.

Dr Finn is on the steering group of Brain Restore whose mission is to enhance health, function and participation through rehabilitation for children and young people, and their families, after childhood brain tumour.

Dr Irwin Gill holds a joint appointment with the NRH and CHI Temple Street. He is also a Clinical Lecturer and Assistant Professor in the Paediatric faculty of UCD's School of Medicine. In 2025 he was deeply involved in advocacy work relating to TBI as a result of e-scooter accidents in children in collaboration with the Road Safety Authority and RCPI. He gained a national profile in this regard through media interviews. Dr Gill was lead author on a position paper the RCPI published in late 2025 (https://www.rcpi.ie/News/rcpi-calls-for-action-on-brain-injury-in-children-due-to-e-scooter-use) related to data he presented at the RCPI 2025 Autumn Conference.

Dr Jacqui Stow is Medical Director of the POLAR programme and our sole admitting consultant for patient requiring Inpatient and ambulatory prosthetic rehabilitation. Dr Stow delivered the Amputee Module in the University College Cork Medicine for the Elderly Rehabilitation diploma course. Dr Stow is an active participant on many NRH committees including the Research Ethics Committee, Falls Committee, POLAR strategic Partnership and the Digital Health Strategy Committee.

Dr Nicola Ryall. works principally in the ambulatory aspects of prosthetic rehabilitation in addition to liaison consultant duties in St Vincent's University Hospital and the Central Remedial Clinic, Clontarf. Dr Ryall previously developed the internationally renowned SIGAM mobility scale for amputees. In 2025 she was involved in publication of the Persian version of the SIGAM scale. This adds to existing versions in English, Dutch, French and Turkish. Dr Ryall was also co-author of a study that led to a presentation at the 2025 ISPO World congress in Stockholm by Dr Atekah Rehman titled *'Comparison of Five-year Survival-data Post Major Lower Extremity Amputation between 2000-2009 and 2010-2019 in a Tertiary Referral Hospital, Ireland'*. A. Rehman, Seán C. Maguire, N. Ryall, M. C. Barry.

Pictured at the Specialist Rehabilitation Services for Ireland Conference hosted by the NRH in December:
L-R: Ms Tanya King, CEO Peamount Healthcare; Prof Anne Hendry, Senior Associate at International Foundation for Integrated Care (IFIC), Scotland; Dr Eugene Wallace, Consultant in Rehabilitation Medicine, Clinical Lead for National Clinical Programme for Rehabilitation Medicine; Mr Brian J Dunne Oont, President and CEO, PHSS – Medical & Complex Care in Community, Ontario, Canada; Ms Shirin Kiani, Rehabilitation and Inclusion Specialist, World Health Organization; Dr Jacinta Morgan, Clinical Director, NRH.

Dr Lilia Zaporajan was appointed in June 2025 in a substantive capacity to the MMUH / NRH / DNE consultant post having held the post in a locum capacity for the previous 2 years. Dr Zaporajan is a member of the Post-Acute Specialist Rehab Pathways Workstream in MMUH and Acute Trauma Rehab Workstream in MMUH. Dr Zaporajan also presented the following reviews at the IAPRM and NRH conferences respectively: *A review of a six months Specialist Rehabilitation Pilot IOH Clontarf and The Mater Hospital Specialist Rehabilitation Unit in Clontarf Hospital – one year on, what worked well, where to go next*.

Sessional Consultants

Our specialist and sessional consultant services play a crucial role in supporting care across multiple programmes.

INTENSIVE CARE MEDICINE

Dr Mairead Hayes attends the NRH as a Consultant in Intensive Care Medicine jointly appointed with the MMUH. Dr Hayes is a critical member of the Spinal Cord System of Care team who manage patients that require long-term ventilatory support. Dr Hayes delivers regular and very popular didactic and experiential teaching sessions related to advanced respiratory care to a wide range of NRH clinical staff. Dr Hayes was a significant contributor to a joint NRH/SVUH business case submitted to the HSE in 2025 to support the development of an interdisciplinary outreach team required to support the growing number of ventilator-dependent patients that transition to community living.

UROLOGY SERVICE

Prof Robert Flynn, Senior Consultant Urologist in the NRH is jointly appointed with Tallaght University Hospital. Prof Flynn has been instrumental in enabling, with the Director of Nursing, an outstanding level of advanced clinical and procedural practice among nursing staff in the Urology Department. Prof Flynn and the NRH welcomed **Dr Cliodhna Brown** as a consultant colleague, also jointly appointed with Tallaght University Hospital, and we are very grateful for the support of **Mr Eoin MacCraith** who provided leave cover in the latter part of 2025.

MICROBIOLOGY

Dr Laura Ryan is the NRH's Consultant Clinical Microbiologist in a shared post with St Vincent's University Hospital. She has been instrumental in leading the NRH Infection Prevention and Control team to GAMSAS level 2 accreditation in 2025 Dr Ryan set up the Antimicrobial Stewardship Oversight Committee that will enhance the NRH's ability to achieve level 3 accreditation when next surveyed in 2027. Dr Ryan is also an active member of several key NRH clinical governance committees including Hygiene and Infection Prevention and Control, Drugs and Therapeutics, Sepsis (subcommittee of the DPC), Reusable Invasive Medical Devices and Dublin South and East Healthcare Associated Infection and Antimicrobial Stewardship. Dr Ryan is an avid supporter of internal clinical audits relating to clinical microbiology and her many poster 2025 presentations are listed later in this report.

Pictured at the Annual Ernest Goulding Memorial Lecture, 2025: L-R: Mr Donnie Anthony Executive Lead, PHSS Ontario, Canada; Prof Áine Carroll Professor of Integrated Care and Improvement Science, Consultant in Rehabilitation Medicine, UCD, NRH; Keynote Speaker Mr Brian J Dunne Oont, President and CEO, PHSS – Medical & Complex Care in Community; Dr June Stanley, CEO, Dr Olive Lennon, NRH Academic Lead, Mr Donal Collins, NRH Board Director.

LIAISON PSYCHIATRY

Dr Maria Frampton continues to attend the NRH one day per week and delivers a compassionate and highly effective service as a Liaison Consultant Psychiatrist across all adult clinical programmes as she has done since her appointment in 2014. Dr Frampton collects detailed data on her department's practice trends that reflect a continuous growth in referrals as evidenced in the figures below.

Dr Linda O'Rourke, Consultant in Liaison Psychiatry is jointly appointed to the MMUH Trauma Unit. The neurobehavioural clinic has evolved in role and scope. Dr O'Rourke and her colleague Dr Aisling Parsons, Senior Clinical Neuropsychologist have focussed their expertise on the pre-admission in-situ assessment of patients with complex behavioural presentation, with great benefit for those patients, their families and treating staff in the NRH.

RADIOLOGY

Throughout 2025, Consultant Radiologist **Dr Brian McGlone** chaired and presented monthly interdisciplinary Clinical Radiology Conferences including case presentations, multidisciplinary discussion and interesting topic presentations and participated in the NCHD Teaching Programme as well as providing seminars to physiotherapists on Chest X-ray Interpretation as part of the NRH Airways and Tracheostomy Training and is clinical supervisor for the NRH nurse referrer (ionising radiation) training.

Dr McGlone is Chair of the NRH Radiation Safety Committee which oversees the safe delivery of imaging services locally, as a qualified Certified Clinical Densitometrist (CCD, ISCD), Dr McGlone is also a board member of the Irish DXA Society and prioritises clinical audit and continuing quality improvement in bone densitometry, in addition to attending the National Specialty QI conference and a range of national and international radiology meetings.

ORTHOPAEDICS

Mr Seamus Morris attends the NRH from MMUH and National Orthopaedic Hospital, Cappagh for review of referred patients from across all NRH adult programmes. **Ms Grainne Colgan** brings specific expertise in the surgery of neurogenic hand deformities and she is working on referral and treatment pathways with Dr Eimear Smith in this regard.

PAIN MANAGEMENT / INTRATHECAL BACLOFEN PUMP SERVICE

Prof Kirk Levins delivers specialist pain clinics in the NRH and supports his rehabilitation medicine colleagues in maintaining the intrathecal baclofen (ITB) pump service for the 12 NRH patients with ITB pumps. Prof Levins delivered invited lectures at a range of national and international conferences in 2025.

PLASTIC SURGERY

Mr Tomás O'Neill, Consultant Plastic Surgeon in SVUH, commenced a sessional appointment with the NRH in September 2025. His service will primarily support patients within the Spinal Cord System of Care, with outpatient and inpatient activity expected to develop further in 2026.

Medical Executive Output and Academic Activity

DR ÉIMEAR SMITH

PUBLICATIONS

Hickey C, **Smith É**, Hayes S.

"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. Disabil Rehabil 2025 Feb;47 (3)633 – 643. doi:10.1080/09638288.2024.2355302

INVITED PRESENTATIONS

- 'Paediatric Spinal Cord Injury in Ireland: Epidemiology & Service Delivery'. Symposium on paediatric spinal cord Injury (ISCoS pre course), Gothenburg, Sweden, October 2025.
- 'Supporting Long-term Health and Wellbeing after Spinal Cord Injury'. NRH National Grand Rounds, Virtual, May 2025.

DR IRWIN GILL

- 'RCPI calls for action on brain injury in children due to e-scooter use' – Lead Author. https://www.rcpi.ie/News/rcpi-calls-for-action-on-brain-injury-in-children-due-to-e-scooter-use

PROF ÁINE CARROLL

PUBLICATIONS

- McEvoy O, **Carroll Á.**, Codd Y (2025), "Facilitators that assist teams move to a clinical network model of service delivery from the perspective of those working within a network: a scoping review". *Journal of Integrated Care*, Vol. 33 No. 4 pp. 313–336, doi: https://doi.org/10.1108/JICA-04-2025-0028
- Christophers, L., Torok, Z., Trayer, A. Hong G., **Carroll A.** (2025) Interdisciplinary teamworking in rehabilitation: experiences of change initiators in a national rehabilitation hospital. **BMC Health Serv Res** 25, 651. https://doi.org/10.1186/s12913-025-12795-6
- **Carroll, Á.** (2025). Navigating the Tension Between Collective Leadership and the Legal Accountability of the Named Consultant in Healthcare. *Irish Medical Journal*, 118(3), 34.

- **Carroll, Á.**, Nolan, R., & Dunwoody, G. (2025). ROSIA (Remote Rehabilitation Service for Isolated Areas). Improving rehabilitation access for isolated areas through the development of cutting-edge digital solutions. *International Journal of Integrated Care*, 25(2).
- **Carroll, Á.** (2025). Innovation in integrated care through procurement; The PCP process using the ROSIA EU funded PCP project as a living exemplar. *International Journal of Integrated Care*, 25(2).
- Frazer, K., Cheallaigh, C. N., & **Carroll, Á.** (2025). Co creating an Inclusion Health Special Interest Group (SIG) within the International Foundation for Integrated Care. *International Journal of Integrated Care*, 25(2).
- Torok, Z., O'Keeffe, A., Rafter, T., Christophers, L., Darley, A., & **Carroll, Á.** (2025). Using patient and family caregiver experience for quality improvement in rehabilitation settings: Learnings from a scoping review. *International Journal of Integrated Care*, 25(2).
- McGrath, E., Darley, A., & **Carroll, Á.** (2025). Co-design and implementation of integrated care digital health technology for older people in Ireland: Learnings from The ValueCare Project. *International Journal of Integrated Care*, 25(2).
- Trayer, Á., Torok, Z., Christophers, L., & **Carroll, Á.** (2025). Interdisciplinary Teamwork: A Mixed Methods Approach to Patient-Centred Goal Orientated Care. *International Journal of Integrated Care*, 25(2).
- **Carroll, Á.** (2025). It's not me it's you: Reflections on a failed Developmental Evaluation. *International Journal of Integrated Care*, 25(2).
- Christophers, L., Torok, Z., Hudson, C., Rafter, T., Trayer, Á., Chao-Chi Hong, G., & **Carroll, Á.** (2025). Learning health systems and learning organisations in post-acute rehabilitation care: a scoping review. *Disability and Rehabilitation*, 1–9. https://doi.org/10.1080/09638288.2025.2458746.
- **Carroll, Á.**, Collins, C. & McKenzie, J. (2025). Physician wellbeing in a national rehabilitation hospital, a qualitative study utilizing Maslow's hierarchy of needs as a framework for analysis. BMC Health Serv Res 25, 175 https://doi.org/10.1186/s12913-025-12310-x
- Roberts-Walsh, S., Sukumar, P., Twomey, V., & **Carroll, Á.** (2025). Etiology and Functional Outcomes following Hypoxic Ischemic Encephalopathy in Adults: A 10-Year Retrospective Cohort Study. *Archives of Rehabilitation Research and Clinical Translation*, 7(1), 100418.

PRESENTATIONS:

- *Integrated Care and Rehabilitation: a Lifelong Investment in People and Systems* **Keynote lecture**. Complex Specialist Rehabilitation Conference December 2025 National.
- *Services for Children and Young People with Acquired Brain Injury: a scoping review protocol* **Poster presentation** Complex Specialist Rehabilitation Conference December 2025 **National**.
- *The Experience of Embedded Researchers in a Fledgling Learning Healthcare System: A Qualitative Study* **Platform Presentation** International Conference on Integrated Care ICIC25 Lisbon, Portugal May 2025 **International**.
- *A Framework for Integrating Data in Integrated Care Projects* **Platform Presentation** International Conference on Integrated Care ICIC25 Lisbon, Portugal May 2025 **International**.
- *The Application of Complexity Theory in Health and Social Care Leadership Research: Insights from a Scoping Review Secondary Analysis* **Platform Presentation** International Conference on Integrated Care ICIC25 Lisbon, Portugal May 2025 **International**.
- *Assessing Integrated Care Maturity for Pressure Ulcer and Wound Management: A SCIROCCO Tool Evaluation in Ireland, Spain, and Poland* **Platform Presentation** International Conference on Integrated Care ICIC25 Lisbon, Portugal May 2025 **International**.
- *Learning Health System Integration for Next-Level Rehabilitation Care: LINK Project* **Platform Presentation** International Conference on Integrated Care ICIC25 Lisbon, Portugal May 2025 **International**.
- Challenges are also the goal!' Leadership Perspectives on Patient-Centred Goal Setting for Rehabilitation **Platform Presentation** International Conference on Integrated Care ICIC25 Lisbon, Portugal May 2025 **International**.
- *Staff Perspectives on Patient-Centred Goal Setting for Rehabilitation: A Year of Change* **Platform Presentation** International Conference on Integrated Care ICIC25 Lisbon, Portugal May 2025 **International**.
- *ROSIA: Improving rehabilitation access through the development of an integrated telerehabilitation solution* **Platform Presentation** International Conference on Integrated Care ICIC25 Lisbon, Portugal May 2025 **International**.
- *Integrating Digital Technology in Pressure Injury Management: The ICAREWOUNDS study*. **Poster presentation**. Wound Management Association of Ireland (WMAI) Conference, Portlaoise May 2025 **National**.

Consultants in Rehabilitation Medicine

Dr 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
(to May)

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 Zaporojan
Rehabilitation Medicine,
NRH and MMUH

Dr Cliodhna Browne
Consultant Urologist

Highlights of the Year

5th Anniversary of the move to Phase 1 of the New Hospital Development

We welcomed the Minister for Health, Dr Jennifer Carroll MacNeill to a celebratory event to mark the 5th anniversary of the move to Phase 1 of the new hospital development. This was an opportunity to highlight the benefits of investing in the future of rehabilitation for the national population with the successful completion of Phase 1 of the NRH capital redevelopment project. The world-class, award-winning rehabilitation facility is an exemplar in accessibility for patients, staff and community. The Minister also viewed the architect's model for future developments at the NRH.

Compassionate Leadership Pledge

Dr June Stanley is the first hospital CEO in Ireland to sign the Compassionate Leadership Pledge. The decision to sign the Compassionate Leadership Pledge is supported by the NRH Board of Directors and is symbolic of the hospital's continued commitment to promote a culture within the hospital that epitomises the key behaviours of compassionate leadership. This culture includes listening attentively, understanding, empathising with, and helping our patients and staff and all those who engage with our services as part of our core day-to-day activities.

National Rehabilitation Conference: 'Specialist Rehabilitation Services for Ireland: Connect - Reflect - Impact'

Minister for Health **Dr Jennifer Carroll MacNeill** opened this major conference hosted by the NRH in December, and set the tone for a day focused on collaboration and meaningful progress in rehabilitation, including the continuing roll out of Managed Clinical Rehabilitation Networks aligned with the new HSE regional structures and, crucially, incorporating patient feedback to enhance delivery of integrated, person-centred services that lead to better health outcomes. Key speakers and conference attendees travelled from throughout Ireland and abroad – we look forward to strengthening our connections and working together collaboratively into the future.

We are especially grateful to **Paul McNeive**, **Caoimhe Campbell** and **Eoghan Gorman** who shared their personal stories, insights and perspectives of their rehabilitation journeys that strongly resonated with conference delegates and brought the overall purpose of the conference into sharp focus. World Health Organization **Shirin Kiani's** keynote brought the global perspective on inclusive healthcare with the WHO 'Rehabilitation 2030' Framework, presenting us with an opportunity to further strengthen the WHO–Ireland collaboration and explore how it can support Ireland's ongoing efforts to make rehabilitation more accessible, person-centred, and closer to home for everyone who needs it. The exceptional range of poster presentations showcased at the conference demonstrates the tremendous dedication and innovation among healthcare professionals working in the field of specialist rehabilitation. The NRH Assistive Technology Service was showcased at the conference, as well as cutting edge research projects in progress at the hospital. 'Knowledge to Practice' educational sessions were also available as part of the Conference.

We were delighted to have the opportunity at this conference to exchange knowledge, experience and expertise with leaders in healthcare at national and international levels, particular thanks to all of our HSE Colleagues for your vital contributions on the day.

SECTION 2

NRH Rehabilitation Programmes

The National Rehabilitation Hospital provides specialist Inpatient, Day-patient and Outpatient rehabilitation for children and adults who have an acquired disability as a result of brain injury, stroke, spinal cord injury, other complex neurological conditions, and limb absence – both acquired and congenital conditions.

Rehabilitation is delivered through structured programmes in the following areas of specialty:

Brain Injury Programme
(including traumatic, non-traumatic brain injury and other neurological conditions)

Stroke Specialty Programme

Spinal Cord System of Care (SCSC) Programme
(including traumatic, non-traumatic spinal cord injury)

Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme

Paediatric Family-Centred (Paeds) Rehabilitation Programme

Outpatient Programme

Overview of NRH Rehabilitation Programmes

All rehabilitation programmes are delivered by an interdisciplinary team (IDT), are goal-directed and person-centred, and are aimed at maximising functional independence, participation and quality of life across the continuum of care from acute rehabilitation through community reintegration and lifelong management.

Care is delivered through an IDT model led by a Consultant in Rehabilitation Medicine and comprising rehabilitation nurses, physiotherapists, occupational therapists, speech and language therapists, clinical psychologists, neuropsychologists, medical social workers, prosthetists, orthotists, dieticians, pharmacists, creative arts therapists, diagnostic services (urology and radiology), rehabilitation engineers, and other health and social care professionals as required. Patients have access to the following specialties: Ophthalmology, Orthopaedics, Pain Management, Plastic Surgery, Psychiatry, Radiology and Urology.

In the case of prosthetic and orthotic care, this is provided through a strategic partnership agreement with Opcare Ireland. Children and young people attending the NRH have access to the onsite primary and secondary level school, The National Rehabilitation Community Hospital School (NRCHS) which is under the patronage of the Dublin and Dún Laoghaire Education and Training Board.

In each specialist programme, the interdisciplinary team works collaboratively with patients, families and support networks through an individualised goal setting and review process, case conferences, and coordinated discharge planning. Outcome measures are identified for each Inpatient and Day-patient programme and completed on admission and discharge to inform and assess effectiveness of treatment programmes. These include:

Outcome Measure	Programme In Use	Scoring Range
SCIM (Spinal Cord Independence Measure)	SCSC Programme, Paediatric Programme as appropriate	0-100
Modified Barthel	Brain Injury, Stroke, SCSC, POLAR and Paediatric Programmes	0-100
FIM FAM (Functional Independence Measure and Functional Assessment Measure	Brain Injury and Stroke Programmes, and Paediatric Programme as appropriate	30-210
SIGAM (Specific Interest Group in Amputee Medicine)	POLAR Programme, and Paediatric Programme as appropriate	A-F (1-60)

Under the Commission for Accreditation of Rehabilitation Facilities (CARF) International framework, Comprehensive Integrated Inpatient Rehabilitation Programmes (CIIRP) and Comprehensive Integrated Day Rehabilitation Programmes (CIDRP) are designated for patients with high medical and rehabilitation complexity requiring coordinated, intensive interdisciplinary input in an Inpatient or Day-patient setting. Non-CIIRP services include less intensive Inpatient and Day-patient programmes and Outpatient rehabilitation for patients who require structured but lesser intensity intervention. Both pathways operate within CARF standards to ensure quality, safety, and measurable rehabilitation outcomes.

For all outpatients, consultant-led appointments include doctor only appointments and interdisciplinary appointments, which include attendance of relevant health and social care professionals (HSCPs) and nursing. HSCP appointments may include single discipline (nurse or HSCP) or interdisciplinary appointments, individually or in a group.

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
– to October 2025

Dr Sabrina McAlister
Medical Director
– from October 2025

Emma Shortall
Interim Programme Manager
in 2025

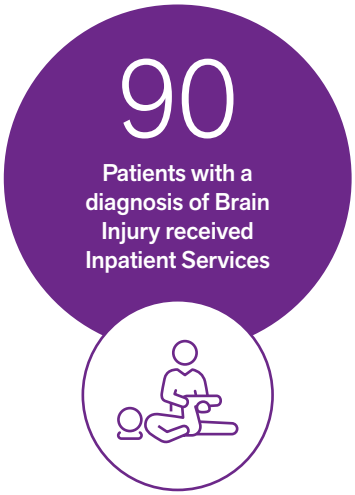
The Brain Injury Programme provides specialist neurological assessment and treatment to meet the specific and varied needs of 40 patients across the four brain injury units, five of these beds are dedicated for patients in Prolonged Disorders of Consciousness (PDoC).

Emma Shortall was the Interim Brain Injury Programme Manager in 2025; and Dr. Raymond Carson was the Medical Director followed by Dr Sabrina Mc Alister for the latter part of 2025. Dr. Suvi Dockree and Amy O'Neill were the Health and Social Care Professional Manager (HSCPM) representatives on the Brain Injury and Stroke Executive Committee.

Demographics, Activity and Outcomes for Inpatient Services – 2025, including Prolonged Disorders of Consciousness (PDoC) Services

93 patients received inpatient rehabilitation services in 2025. Of the total 93 patients admitted, the breakdown is:

- 82 patients received a **Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP)**
- 2 patients were admitted for a short **Review or Assessment**
- 8 patients received **Prolonged Disorders of Consciousness (PDoC)** services (CIIRP)
- 1 PDoC patient was admitted for a **short review or assessment**



DIAGNOSES OF PATIENTS ADMITTED TO THE BRAIN INJURY PROGRAMME, INCLUDING PDoC SERVICES IN 2025

Diagnoses of patients admitted to the BI Inpatient Programme (Comprehensive Integrated Inpatient Rehabilitation Programme – CIIRP)	
29 (32%) - Traumatic Brain Injury	**1** (1%) - other Neurological Conditions
59 (66%) - Non-Traumatic Brain Injury	**1** (1%) - Neuropathies

GENDER OF PATIENTS ADMITTED TO THE BRAIN INJURY PROGRAMME, INCLUDING PDoC SERVICES IN 2025

Gender of patients admitted to the BI Inpatient Programme	Gender of patients admitted to the PDoC Service
61 Male (73%)	**7** Male (78%)
23 Female (27%)	**2** Female (22%)

AGE PROFILE OF PATIENTS ADMITTED TO THE BRAIN INJURY PROGRAMME, INCLUDING PDoC SERVICES IN 2025

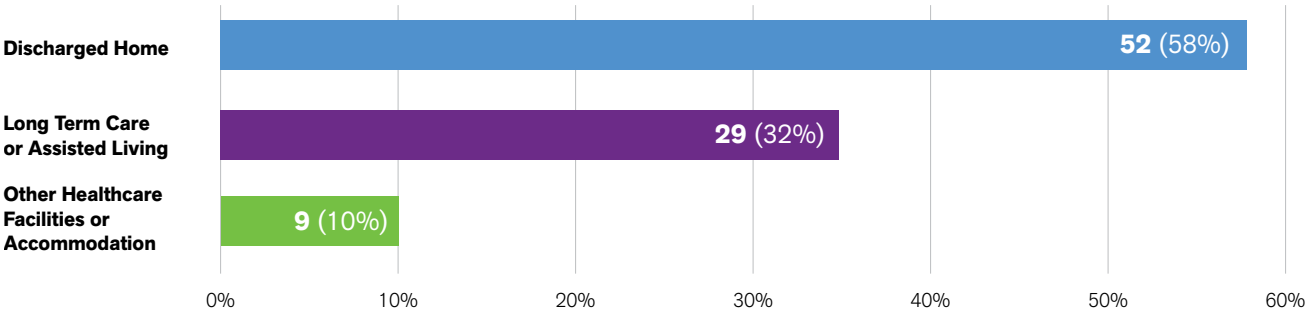
Age Profile of patients admitted to the BI Inpatient Programme	Age Profile of patients admitted to the PDoC Service
Average age **48 years**	Average age **46 years**
Lower age range **19 years**	Lower age range **19 years**
Higher age range **71 years**	Higher age range **65 years**

The 12th Annual NRH Sports Championship: 26 different sports and activities were hosted over the 4 days of competition. Over 85 patients and RTU trainees participated.

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PROGRAMME

DISCHARGE LOCATION OF INPATIENTS SERVED BY THE BI PROGRAMME IN 2025



Indicator	Target Set – 2025	Outcome
Average Days Waiting for Admission	Average days waiting for admission would be less than: **Brain Injury Programme: 90 Days** **PDoC Service: 90 days**	Average days patients waited for admission: **Brain Injury Programme: 180 days** **PDoC Service: 173 days**
Average Rehabilitation Length of Stay	Target length of stay would be less than or equal to: **Brain Injury Programme: 84 Days** **PDoC Service: 84 days**	Average length of stay in 2025 was: **Brain Injury Programme: 99 days** **PDoC Service: 163 days**
Incidence of Positive Change in Outcome Measure at Discharge for all patients in the Brain Injury Programme	Improvement in Functional Independence Measure (FIM) Score – 90% Improvement in Barthel Score – 90%	67% of patients Range of improvement 1-88 Average 19.45 50% of patients Range of improvement 1-79 Average 13
Discharge to Home or Appropriate Care Setting	Target for patients to be discharged to home (BI) or appropriate care setting (PDoC) **Brain Injury Programme: 75%** **PDoC Service: 75%**	Discharged to Home - 58% To long term care - 32%

A total of 1458 bed days were lost to delayed transfers of care in 2025, which equates to 10% of Brain Injury bed days unavailable.

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

Emma Shortall
Interim Programme Manager in 2025

2025 saw an increased demand on Stroke Services. Stroke patients are admitted to our 20 dedicated Stroke beds on Willow Unit, but were also admitted to other beds within the Brain Injury Programme depending on the demand on the service at any one time. The Interim Programme Manager for the Stroke Specialty Programme in 2025 was Emma Shortall. Dr Kinley Roberts was the Medical Director for the programme. Dr Suvi Dockree and Amy O'Neill were the Health and Social Care Professional (HSCP) Managers on the Brain Injury and Stroke Executive Committee.

Demographics, Activity and Outcomes for Inpatient Services – 2025

95 patients received Inpatient rehabilitation services in 2025. Of the patients discharged from the programme, 92 were admitted to the Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP), 3 patients were admitted for review or assessment.

DEMOGRAPHICS AND ACTIVITY

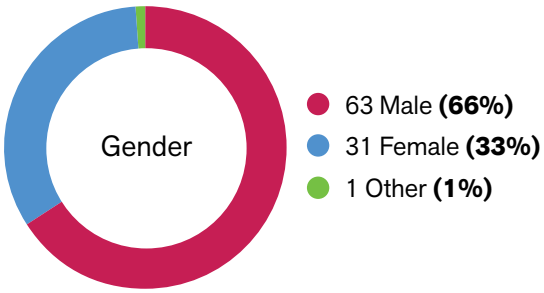
Of the 95 patients admitted to the Inpatient Programme:

31
(33%) had a diagnosis of Haemorrhagic Stroke

50
(53%) had a diagnosis of Ischaemic Stroke

14
(14%) had a diagnosis of other Stroke

GENDER OF INPATIENTS SERVED BY THE STROKE PROGRAMME IN 2025



AGE PROFILE OF INPATIENTS SERVED BY THE STROKE PROGRAMME IN 2025

52 years
Average age

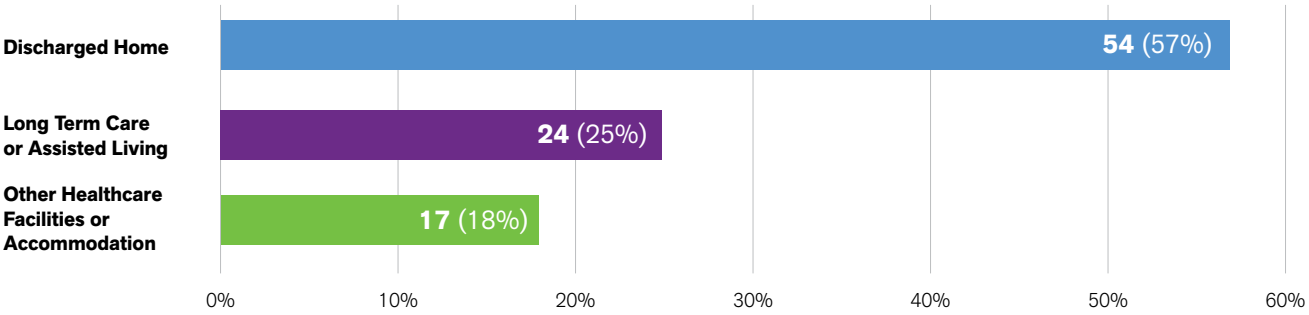
20 years
Lower age range

73 years
Higher age range

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PROGRAMME

DISCHARGE LOCATION OF INPATIENTS SERVED BY THE STROKE PROGRAMME IN 2025



Indicator	Target Set – 2025	Outcome
Average Days Waiting for Admission	Average days waiting for admission would be less than 70 days	Patients waited an average of 166 days for admission to the programme
Incidence of Positive Change in Outcome Measure at Discharge	Improvement in Functional Independence Measure (FIM) Score – 90% Improvement in Barthel Score – 90%	90% of patients Range of improvement 1-66 Average 23 75% of patients Range of improvement 1-70 Average 20
Average Rehabilitation Length of Stay	Length of stay would be less than or equal to 60 days	114 days
Discharge to Home Rate	75% of patients would be discharged to home	57% of patients were discharged directly to home

A total of 741 bed days were lost to delayed transfers of care in 2025, which equates to 10% of Stroke bed days unavailable.

Rehabilitative Training Unit (RTU)

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, with an onsite accommodation facility offering the opportunity for development of independent living skills. The RTU operates under the HSE New Directions Standards and the HSE National Framework for person-centred planning. It offers individualised training plans, a comprehensive training programme, and a tailored discharge planning process.

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

Indicator	Target Set – 2025	Outcome
Discharge Outcomes	40% discharged to training, employment or education	52% (8) trainees were discharged to training, employment or education
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 348 days Day place – average days waiting was 248
Average active length of stay	Average number of active training days will be less than 365 days	Average number of active training days was 348 (range 77 – 697)
Completion rate of outcome measures	90% completion rate of outcome measures - Mayo-Portland Adaptability Inventory (MPAI)	84% (16) had MPAI completed
Incidence of positive participation score change	75% will show a positive participation score change on exit MPAI	81% (15) showed a positive change on exit MPAI
Individual Training Plan (ITP) timelines	75% will have ITP completed within 42 days of admission	78% (14) ITPs were completed within 42 days of admission
Programme throughput	17 trainees will be discharged in 2025	A total of 19 trainees discharged during 2025

The RTU has an allocation of 17 training places.

Referrals in 2025: 32 referrals of which 19 for trainees requiring accommodation and 13 for day places.

Discharges in 2025: 19 discharges of which 16 (84%) males and 3 (16%) females.

Discharge outcomes for trainees: Of 19 Trainees discharged, 8 were discharged to employment, education or training programmes; 4 were discharged to community services; 1 was discharged to volunteering, and 2 were discharged to home life having reached their community reintegration goals at discharge. 3 trainees did not complete the programme due to illness and 1 left the programme.

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.

John Lynch
Programme Manager

Dr Cara McDonagh
Medical Director,
SCSC Programme

The Spinal Cord System of Care (SCSC) Programme provides specialised, interdisciplinary rehabilitation to persons with spinal cord dysfunction. The NRH has developed a continuum of care for people with spinal cord dysfunction, encompassing the inpatient rehabilitation phase, outpatient phase and links to community services. This comprehensive interdisciplinary system of care ensures that all individuals can receive the most appropriate programme of care based on their spinal cord dysfunction and their individual rehabilitation needs.

Demographics, Activity and Outcomes for Inpatient Services – 2025

In total, 159 patients were discharged from the SCSC Programme in 2025. Of these patients, 142 were admitted for a full Inpatient goal-setting rehabilitation programme (Comprehensive Integrated Inpatient Rehabilitation Programme – CIIRP) and 17 patients were brief admissions around specific needs such as wound management and orthotic fitting, and incomplete episodes of care such as unplanned transfer back to an acute medical facility.

DEMOGRAPHICS AND ACTIVITY

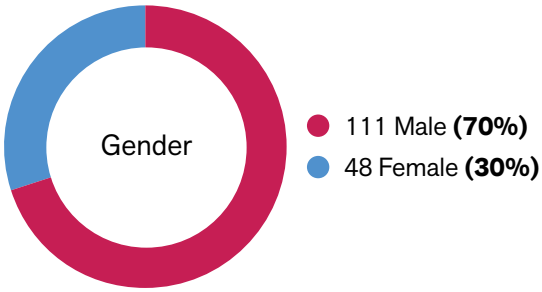
Of the 142 patients admitted to the Inpatient Programme:

61
(43% had a diagnosis of Traumatic Spinal Cord Injury)

63
(44% had a diagnosis of Non-traumatic Spinal Cord Injury)

18
(13% had a diagnosis of neuropathies and various other neurological disorders)

GENDER OF INPATIENTS SERVED BY THE SCSC PROGRAMME IN 2025



AGE PROFILE OF INPATIENTS SERVED BY THE SCSC PROGRAMME IN 2025

52 years Average age

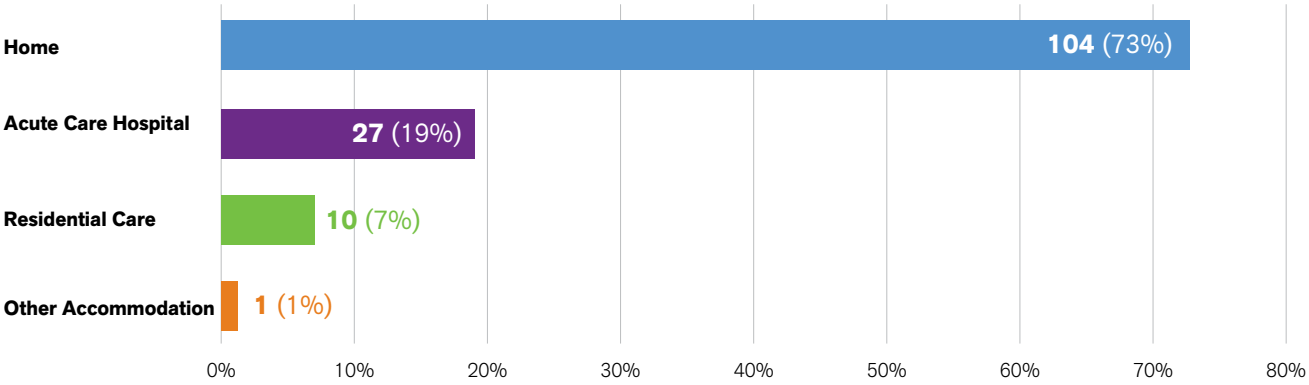
17 years Lower age range

90 years Higher age range

Outcomes

EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PROGRAMME

DISCHARGE LOCATION OF INPATIENTS (CIIRP) SERVED BY THE SCSC PROGRAMME IN 2025



The NRH Slí na Sláinte routes were launched in December. Five local routes and an internal route within the hospital are available. The Slí routes can be measured in steps or wheelchair pushes and a map with route options and distances is available at the main reception. Slí na Sláinte is an Irish Heart Foundation initiative.

Indicator	Target Set – 2025	Outcome
Average Days Waiting for Admission	Target – Patients would be admitted within 60 days	Average wait for admission was 79 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 100 days The LOS is negatively impacted by Delayed Transfers of Care (DToC). Excluding the bed days lost to DToC beds, the average LOS falls to 89 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	9% of bed days were lost due to Delayed Transfers of Care in 2025. The number of bed days lost due to DToC was 1275
Increase in Functional Improvement	Improvement in Spinal Cord Independence Measure (SCIM) Score – 90% Improvement in Barthel Score – 90%	91% of patients Range of improvement -5*-61 Average – 15 83% of patients Range of improvement 0-86 Average – 39 -5*represents one patient who opted to discontinue with one aspect of the Programme after admission
Discharge to Home Rate	Target – to discharge at least 75% of patients to home	73% of patients were discharged directly to home 19% of discharged patients returned to the acute referring hospital

The Inaugural NRH National Grand Rounds Online was launched in May. Dr Eimear Smith presented 'Supporting Long Term Health and Wellbeing after Spinal Cord Injury. The National Grand Rounds is a quarterly online educational session coordinated by the Academic Department.

L-R: Dr Eimear Smith, Consultant in Rehabilitation Medicine and Dr Olive Lennon, NRH Academic Lead.

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.

Demographics, Activity and Outcomes for Inpatient Services 2025

DEMOGRAPHICS AND ACTIVITY

In 2025, a total of 151 patients received services in the POLAR Inpatient and Day-patient Programmes (there were 154 discharges as three patients had more than one admission).

91 patients were discharged from the Inpatient programme. 83 patients (91%) were discharged following a full Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP) and 8 patients (9%) were discharged following a short admission for assessment.

Of 60 patients discharged from the Outpatient POLAR Day Programme, 55 (92%) were discharged following a full Comprehensive Integrated Outpatient Rehabilitation Programme (CIORP) and 5 patients (8%) were discharged following a short admission or were deemed not medically ready for a rehabilitation programme following assessment.

Of the 151 patients discharged from the POLAR Programme, the breakdown diagnoses were as follows:

98
(65%) sustained their amputation as a result of vascular disease

24
(15.5%) as a result of diabetes

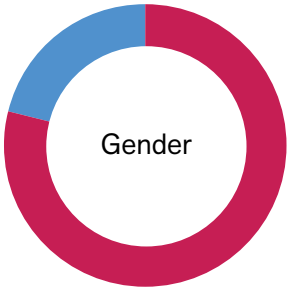
18
(12%) as a result of trauma

8
(6%) as a result of cancer

2
(1%) as a result of another diagnoses

1
(0.5%) of patients discharged had congenital limb absence

GENDER OF PATIENTS DISCHARGED FROM THE POLAR INPATIENT PROGRAMME IN 2025



- 72 Male **(79%)**
- 19 Female **(21%)**

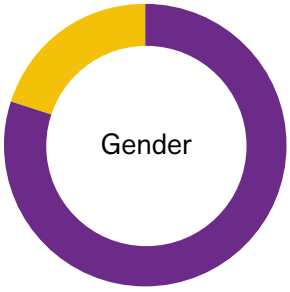
AGE PROFILE OF PATIENTS DISCHARGED FROM THE POLAR INPATIENT PROGRAMME IN 2025

62 years Average age

29 years Lower age range

92 years Higher age range

GENDER OF PATIENTS DISCHARGED FROM THE POLAR DAY-PATIENT PROGRAMME IN 2025



- 48 Male **(80%)**
- 12 Female **(20%)**

AGE PROFILE OF PATIENTS DISCHARGED FROM THE POLAR DAY-PATIENT PROGRAMME IN 2025

65 years Average age

26 years Lower age range

93 years Higher age range

Types of Amputation	Inpatients and Day-patients
Below knee	86 (57%)
Above knee	49 (32%)
Bilateral below knee	10 (7%)
Through knee	3 (2%)
Through hip	2 (1%)
Bilateral above knee	1 (0.5%)
Upper limb Bilateral below elbow	1 (0.5%)
Total	**152***

*** one person attended twice and had revision surgery from below knee to above knee – this accounts for the discharge figure moving from 151 to 152**

Outcomes

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

Indicator	Target Set – 2025	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: 63 days*** **POLAR Day-patient: 30 days**
Average Rehabilitation Length of Stay	Target length of stay would be less than: **POLAR Inpatient: 60 days** **POLAR Day-patient: 60 days**	 **POLAR Inpatient: 48 days** **POLAR Day-patient: 52 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	89% of **Inpatients** improved their Barthel Score and 90% improved their SIGAM score during admission 93% of **Day-patients** improved their Barthel Score and 87% improved their SIGAM score during admission
Delayed Transfers of Care (DToC)	Target - to lose less than 2% of Inpatient bed days due to Delayed Transfers of Care	0.35% of Inpatient bed days were lost due to Delayed Transfers of Care in 2025, equating to 24 bed days.

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

NUMBER AND TYPE OF NEW REFERRALS TO PROGRAMME IN 2025

Types of Amputation	Inpatients and Day-patients
Upper Limb	30
Partial Foot	30
Pre-amputation	6
Lower Limb	273
Total	**339**

DISCHARGE TO HOME OUTCOMES

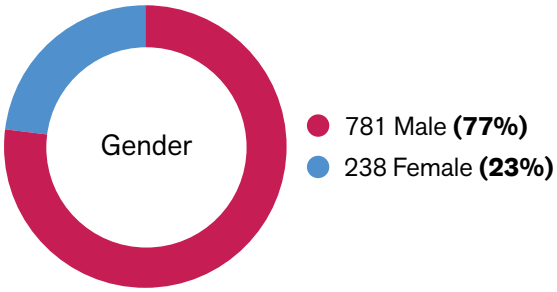
Inpatients discharged to home – 76 (91%). Day-patients discharged to home – 38 (69%)

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 ACTIVITY FOR 2025 – TOTAL ATTENDANCES

GENDER OF PATIENTS ATTENDING THE POLAR OUTPATIENT PROGRAMME IN 2025



AGE PROFILE OF PATIENTS ATTENDING THE POLAR OUTPATIENT PROGRAMME IN 2025

Indicator	Target Set – 2025	Outcome
Average Days Waiting for first Consultant-Led Appointment	Urgent Appointment: less than 13 weeks	4 weeks
	Routine Appointment: less than 26 weeks	7 weeks
DNA (Did Not Attend) rate at OPD Consultant Clinics	Less than 10%	8.4%
Cancellation rate at OPD Consultant Clinics	Less than 10%	4.1%

Average number of appointments attended per patient was 4*

* Average number excludes patients who attend for 2 or less appointments which are for assessment rather than treatment.

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 ensure that 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. Satellite clinics are located in Cork, Donegal, Galway, Leitrim, Mayo and Tipperary.

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.

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

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

Demographics, Activity and Outcomes for the Paediatric Services – 2025

DEMOGRAPHICS AND ACTIVITY

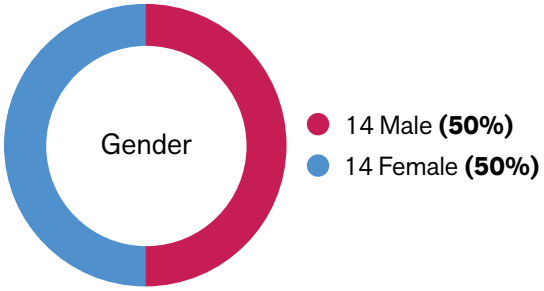
In 2025 the Paediatric Programme served **84** Children and Young People (CYP) in **86** episodes of care in Inpatient or Day-patient programmes. Of the **84** CYP, **41** were 'new patients' to the programme and **43** were 'return patients' including patients for whom a review rehabilitation programme has been planned due to age, developmental stage or change in circumstances.

Type of Rehabilitation Admission / Activity	Description	Number in 2025
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.	**28**
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.	**23**
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.	**13**
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.	**20**

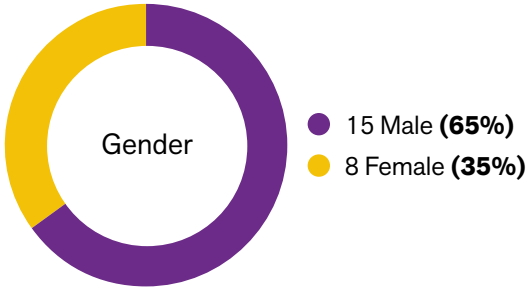
** Comprehensive Integrated Inpatient Rehabilitation Programme*

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 2025, 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 2025

Total number of Children and Young People (CYP) discharged from the full Inpatient rehabilitation Programme (CIIRP) in 2025	Up to 6 years	7 – 12 years	13 – 18 years
New Patients (1a)	5	9	14
Return Patient (1b)	3	8	12
Total	**8**	**17**	**26**

BREAKDOWN OF DIAGNOSES OF NEW AND RETURN PATIENTS DISCHARGED FOLLOWING A FULL PROGRAMME OF REHABILITATION IN 2025

Diagnoses of CYP discharged from the full Inpatient rehabilitation Programme (CIIRP) in 2025	New Patients (1a)	Return Patients (1b)
Acquired Brain Injury	22 (79%)	19 (83%)
Spinal Cord Injury	6 (21%)	4 (17%)
Limb Absence	0 (0%)	0 (0%)
Total no of Patients	**28**	**23**

Outcomes

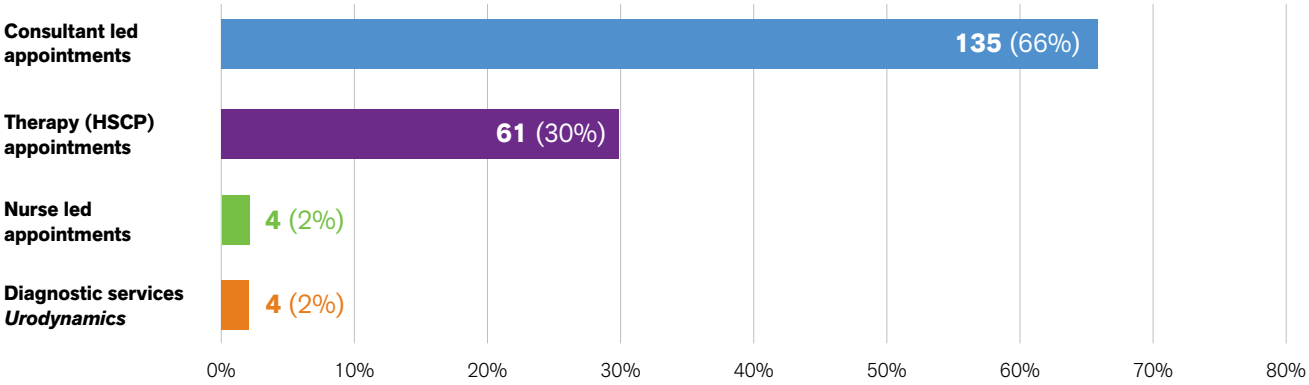
EFFECTIVENESS, EFFICIENCY OF, AND ACCESS TO THE PAEDS PROGRAMME

The indicators and outcome targets shown relate specifically to the CYP discharged from the full Inpatient Rehabilitation Programme (CIIRP Programme) in 2025.

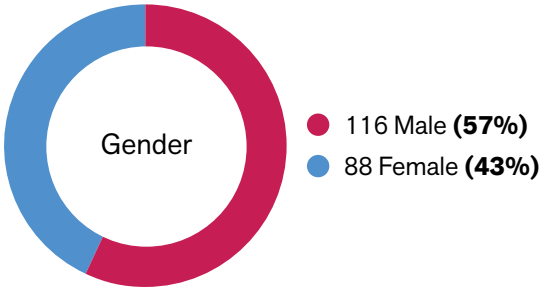
Indicator	Target Set – 2025	Outcome	Note / Trend
Discharge to Home Rate	75% of CIIRP patients (PAEDS 1a and PAEDS 1b) to be discharged home	96%	
Average Days Waiting for Admission	80% of new admission CIIRP patients (Full Rehab) to be admitted within 85 days	43% were admitted within 85 days	The average wait was 111 days for new patient admissions
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 55 days Average LoS for CIIRP return patients was 43 days	The range for new patients was 18 days – 115 days. The range for return patients was 24 days – 60 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	0% 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 2025

Paediatric Outpatient Clinic Data

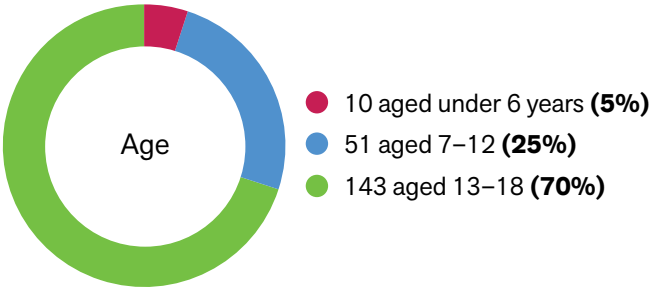
The Paediatric Programme outpatient clinics are attended by return patients only.



BREAKDOWN OF PAEDS OUTPATIENT CLINIC ATTENDANCES BY GENDER IN 2025



BREAKDOWN OF PAEDS OUTPATIENT CLINIC ATTENDANCES BY AGE IN 2025



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

The Outpatient Programmes provide a wide range of rehabilitation services to NRH outpatients from the Brain Injury Programme (BIP), Stroke Specialty Programme (SSP) and the Spinal Cord System of Care (SCSC). These activities are broadly defined as consultant led clinics, therapy (HSCP) led clinics, nurse led clinics and diagnostic services.

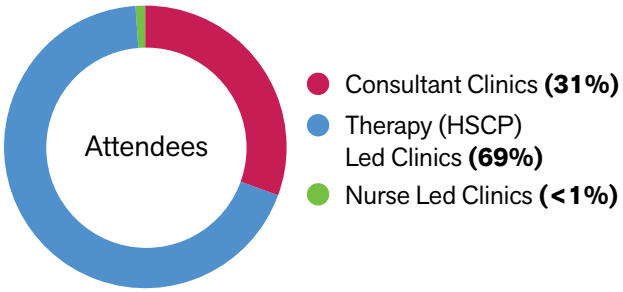
Feedback received from our patients:

> Overwhelming feeling of being safe and secure. It's a fantastic feeling.
>
> Sought my priorities at the start and asked what I hoped to get from my appointment.
>
> The way the information was passed on, and it was explained very well, and everyone was really nice and listened to you.

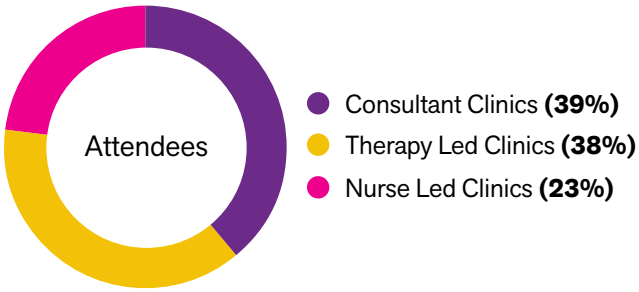
Outpatients Programme Clinic Attendances

Outpatient Programme Activity in 2025	Brain Injury and Stroke Programme	Spinal Cord System of Care Programme	Total
Consultant Led Appointments	2,036	1,344	3,380
Therapy (Health & Social Care Professions) Appointments	4,542	1,374	5,916
Nurse Led Appointments	30	811	841
Diagnostic Services – Urodynamics	59	1,097	1,156
Diagnostic Services – Radiology	–	–	1,490
Total appointments	**6,667**	**4,626**	**12,783**

BREAKDOWN OF ATTENDANCES AT BRAIN INJURY AND STROKE OUTPATIENT CLINICS

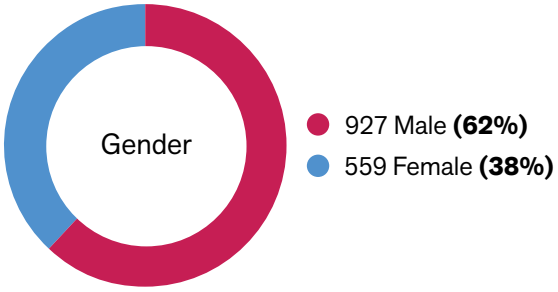


BREAKDOWN OF ATTENDANCES AT SPINAL CORD SYSTEM OF CARE OUTPATIENT CLINICS



Outpatient Programme Demographics for Brain Injury and Stroke Clinics in 2025

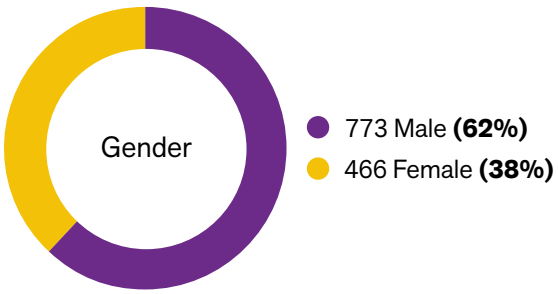
GENDER OF PATIENTS ATTENDING OUTPATIENT BRAIN INJURY AND STROKE CLINICS



AGE PROFILE OF PATIENTS ATTENDING OUTPATIENT BRAIN INJURY AND STROKE CLINICS

Outpatient Programme Demographics for Spinal Cord System of Care Clinics in 2025

GENDER OF PATIENTS ATTENDING OUTPATIENT SPINAL CORD SYSTEM OF CARE CLINICS



AGE PROFILE OF PATIENTS ATTENDING OUTPATIENT SPINAL CORD SYSTEM OF CARE CLINICS

Average number of Outpatient appointments attended per patient

Brain Injury and Stroke Programmes	5
Spinal Cord System of Care	5

The above data excludes patients who attend 2 or less appointments which are for assessment rather than treatment.

Key Performance Indicators for Outpatient Programme in 2025

Indicator and Target Set	Average Waiting Time in 2025
The time waiting for first Consultant Clinic appointment will be: Urgent appointments: less than 13 weeks Routine appointments: less than 26 weeks	**Brain Injury and Stroke Specialty Programme** Urgent: 9 weeks Routine: 18 weeks
	Spinal Cord System of Care Urgent: 16 weeks Routine: 27 weeks
The time waiting for first Interdisciplinary appointment will be: Urgent appointments: less than 13 weeks Routine appointments: less than 26 weeks	**Brain Injury and Stroke Specialty Programme** Urgent: 19 weeks Routine: 30 weeks
	Spinal Cord System of Care Urgent: 14 weeks Routine: 22 weeks
The 'Did Not Attend' (DNA) rates at Outpatient Clinics will be less than 10%	**Brain Injury and Stroke Specialty Programme:** 13.1%
	Spinal Cord System of Care: 6.7%
The hospital cancellation rates for Outpatient Clinics will be less than 10%	**Brain Injury and Stroke Specialty Programme:** 8.9%
	Spinal Cord System of Care: 13.4%

Members of the NRH Accessibility Committee launching the NRH Slí na Sláinte route as part of NRH Accessibility Awareness Day to mark International Day of Persons with Disability. Slí na Sláinte is an Irish Heart Foundation initiative and the NRH Slí routes can be measured in steps or wheelchair pushes.

Highlights from the Clinical Programmes in 2025

Across all Clinical Programmes, specialist events for patients and families were held throughout the year to provide opportunities for learning, education, fun and peer support. Some of these events included:

- The Spinal Cord System of Care Family Day: Wheelchair Skills Day, Men's Day and World SCI Day focussing on the International Spinal Cord Society (ISCoS) Annual Conference theme of "Falls Prevention, Spinal Cord Protection"
- SCSC and POLAR Ladies Day. The theme for 2025 was 'Caring for Ourselves from the Inside Out'
- Limb Absence Rehabilitation Education Day for colleagues in Acute and Community settings
- Paediatric and POLAR Day for children and young people with limb absence
- Events for children and young people also included 'Heads-Up' transition to secondary school; and Whizzy Wheels for wheelchair users

Collaboration with the Managed Clinical Rehabilitation Networks (MCRNs)

Colleagues from across Clinical Programmes engaged in ongoing collaboration with the new Community Neuro-Rehabilitation Teams (CNRTs) to support with induction to neurorehabilitation and integrated pathway development. Onsite visits were hosted for the new CNRTs, acute hospital teams, and community and residential services.

The NRH HSCP management team steered the development of the CNRT Competency Frameworks which are currently being piloted by the CNRTs.

Spinal Cord System of Care Programme

The Patient-focused video, **Neurogenic Bowel Care – for persons with spinal cord injury and their family or carers**, was formally launched in 2025. This resource supports self-management and improving understanding of neurogenic bowel care.

The SCSC Programme was integral in development of the business case submitted to Dublin South-East Region for Domiciliary Respiratory Support Service, in conjunction with colleagues from St. Vincent's University Hospital and the Mater Misericordiae University Hospital.

IDT colleagues represented the NRH at major national and international conferences including the NRH National Rehabilitation Conference; Guttmann Conference; MASCIP Conference and ISCoS Annual Scientific Meeting, with posters and presentations at all of the above including the prize-wining poster at Guttmann Conference '**Average Knowledge of the Spinal Cord Injury Patient on Discharge from Rehabilitation**' authored by: Declan Naughton, Ciara Staunton, and Sheena Egan.

SCSC Physiotherapists created an education video on safe use of tilt table for patients, families and healthcare workers to support ongoing use post-discharge.

IDT representatives are members of multiple international committees including the Multi-Disciplinary Association of Spinal Cord Injury Professionals (MASCIP) Committee, INSPIRE Committee, International Spinal Cord Society (ISCoS) Committees, Spinal Injuries Psychology Advisory Group (SIPAG) and Spinal Cord Injury Therapy Leads (SCITL) Group.

Dr Aisling Lennon was Secretary for ISCoS Climate and Health Special Interest Group.

Brain Injury and Stroke Programmes

Our data shows an increase in rehabilitation complexity based on RCSE scores over the past 5 years. This has necessitated new approaches to rehabilitation provision. Enhanced physical, psychosocial and neurobehavioural rehabilitation included the following:

- Exploration of robotic equipment to support mobility, and electrical stimulation devices to increase daily therapy dosage.
- Introduction of groups focussed on mobility, balance and upper limb recovery.
- Applications of the biopsychosocial approach in service planning and patient care.
- Launch of the Psychiatry and Clinical Psychology Pre-admission assessment service 'BIP-POP'.
- Weekly Psychology-led Positive Behaviour Support meetings and bi-monthly Positive Approaches for Challenging Events (PACE) training.

The Medical Social Work-led 'Brain Injury Family Support Group' offers families extended opportunities to participate either during a weekday or weekend. Participant feedback was excellent.

The Brain Injury Clinical Nurse Specialist (CNS) service was fully established and developed over the course of the year, accepting referrals to support complex brain injury patients, their families and treating teams.

To optimise integrated care across the neurorehabilitation pathway, a monthly Acquired Brain Injury Ireland (ABII) and Headway 'Life after Brain Injury' clinic continued to operate from the NRH, providing valuable information, support and onward referral options for patients and families.

Psychology colleagues presented 'Career Pathways in Neuropsychology' at St Vincent's Hospital.

Stroke Programme Psychologists worked with Tallaght Hospital to network and plan continuity of care from acute to post-acute to community.

Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme

IDT in-services were delivered to the Mater Hospital Trauma Team and Beaumont Hospital, and Cavan & Monaghan Rehabilitation Services.

The Programme Introduced the BLARt pre-assessment tool and a pre-prosthetic immersion clinic to increase insight into prosthetic walking for patients.

The POLAR OT team led out on the OT National Amputee Special Interest Group. Psychology contributed to teaching on the DClinPsych programme at TCD and MSc in Amputee Rehabilitation in UCC, and they completed a cross-sectional quality improvement initiative was to examine the presence of diabetes-related distress among patients.

The peer support service was further developed through the recruitment and training of POLAR peer support volunteers to provide enhanced support to all service users.

An Outpatient Nurse role for the POLAR Programme was introduced with the aim of improving patient experience and a new discharge leaflet was developed to help bridge the gap from discharge to community living.

The programme continues to advocate for a National Clinical Pathway for persons with Limb Absence.

Paediatric Family-Centred Programme

There was continued emphasis on working collaboratively with agencies across the continuum of care to enable coordination and continuity for children and families. This included piloting of a new facilitated peer support group for parents, in collaboration with the Children in Hospital Ireland play volunteers, engaging children and young people in play activities. The pilot was received positively, provided continuity from acute care to the tertiary service and supported social connection and psychological wellbeing for parents and carers. The poster for the initiative won best poster at the NRH National Rehabilitation Conference in December.

Highlights in 2025 include: PE Inclusion Day held for PE teachers nationally; delivery of workshops at the Children, Adolescent & Young Adult Cancers and Survivorship Conference; Keynote speakers at the International Music Therapy Conference; attendance at Le-Cheile: supporting young people and families during transition from paediatric to adult services conference, and provision of undergraduate and post graduate teaching across disciplines. The team has continued to strengthen links and working relationships with ABII and IWA remains integral to service delivery. 'Powerchair football at the NRH' was launched during our annual sports championships.

The 'Management of unwell children' education programme was led by the Paediatric Programme Advanced Nurse Practitioner.

The initiation of Outpatient Interdisciplinary Telerehabilitation Services and the Outpatient Psychological Therapy Service in December 2025, funded by the Disability Fund, supports children to transition from the NRH to home and community and maintain gains from their rehabilitation Programme. The initiatives will be evaluated with learnings informing service delivery models.

The Programme is part of a multi-site international research study exploring assessments with children who are in Pervasive Disorders of Consciousness (PDoC); are members of the research team led by RCSI for Brain Restore Childhood and Youth research programme; and is delighted to announce that Dr James Burns successfully completed his PhD exploring music therapy practices in rehabilitation for children with acquired communication impairments.

The NRH Paediatric Programme will continue to advocate for and pursue the development of national paediatric rehabilitation pathways for children and young people accessing the NRH aligned to national strategy.

All of the equipment in the external Paediatric Playground has been funded by the NRH Foundation from the generous contributions and support received through fundraising events and donations organised by members of the public, and for which we are deeply grateful.

Major Milestone as ROSIA Project Concludes: *The EU funded ROSIA (Remote Rehabilitation Services for Isolated Areas) Project completed testing the two solutions (**Raise** and **Rehabilify**) selected in Phase 3 of the project. Testing of the solutions involved the participation of clinicians and patients recruited from the NRH Outpatient Services (BI and SCSC Programmes). The testing aimed to verify and compare the features and performance of the two solutions by testing them in real-life clinical situations and patients' home environments. The insights gained and lessons learned during the pilot phase will be key in shaping the future of telerehabilitation in Europe. The ROSIA platform aims to allow healthcare systems to easily integrate telerehabilitation into their existing services, providing patients with improved care while reducing geographical barriers and enhancing resource efficiency. The Project Team conveyed their thanks to all patients and staff for their interest, participation and continued support throughout the ROSIA Project.*

Outpatient Programme (Spinal Cord Injury, Brain Injury and Stroke)

The OT and physiotherapy led Upper Limb Clinic, and the Specialist Interdisciplinary Post-Concussion Service were further developed in 2025, and an Outpatient Nurse Clinic was established.

A joint Advanced Nurse Practitioner and Respiratory Physiotherapy clinic for assessment of patients with spinal cord injuries who have experienced a decline in respiratory health was established.

A joint Advanced Nurse Practitioner and Tissue Viability Nurse clinic was established to support the management of patients with complex pressure injuries. Additionally, an Orthotics Outpatient clinic was established in 2025.

Early access pathways for patients with a new diagnosis of cauda equina were developed, allowing for rapid specialist input.

Challenges in 2025

Across Programmes, notwithstanding ongoing increases in activity, the demands for specialist services continue to increase. This has resulted in increased waiting times rehabilitation services.

Teams continue to work over four physical areas – main hospital, Cedars building, the Outpatient Prosthetic building and Outpatient Department Unit 6. The physical environment with the Units in the new hospital and therapy services in Cedars remains a challenge in terms of cohesive IDT working and transport of patients.

SECTION 3

Clinical Services Provided Across All Programmes

Fiona Marsh
Director of Nursing

Dr Suvi Dockree
A/Head of Clinical Psychology
(to May)

Anne O'Loughlin
Principal Social Worker

Kim Sheil
Dietitian Manager

Rosie Kelly
Physiotherapy Manager

Cathy Quinn
Deputy Physiotherapy Manager

Róisín O'Murray
SLT Manager

Lisa Held
Occupational Therapy Manager

Prof Robert Flynn
Consultant Urologist

Rosie Conlon
Radiology Service Manager

Dr Brian McGlone
Consultant Radiologist

Stuart McKeever
Therapeutic Recreational Specialist

David Farrell
Senior Clinical Engineer

Maureen Gallagher
Rehabilitative Training Unit
Manager

Sheena Cheyne
Chief II Pharmacist (to May)

Tamasine Grimes
Pharmacy Executive Manager
(from July)

Sharon Hughes
IPC CNM III

Dr Eimear Cunningham
Principal Psychology Manager,
Clinical Neuropsychologist
(from May)

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

Nursing Department

Fiona Marsh
Director of Nursing

Valerie O'Shea, Sajini Lawrance, Sarah Whelan
Assistant Directors of Nursing

The clinical teams have shown remarkable dedication, compassion, and professionalism throughout the year. Their commitment to delivering safe, high quality care, despite many challenges, has been central to the Department's success. Their expertise, resilience, and consistent focus on supporting patients and families is deeply appreciated.

The Assistant Directors of Nursing (ADONs) and Clinical House Managers have provided essential leadership, guiding staff through operational pressures, driving quality and safety improvements, and fostering an environment where nursing excellence can thrive. Their hard work, resilience, and commitment to organisational values continue to enhance patient, family, and staff experiences.

Warm wishes are extended to all colleagues who retired in 2025, with gratitude for their service and contributions.

Registered Advanced Nurse Practitioners (RANP)

Advanced Nurse Practitioners (ANPs) in the Spinal Cord System of Care programme noted rising patient demand and service complexity. All clinics operated at full capacity with growing waitlists requiring adjustments to clinic schedules.

New ANP initiatives in 2025 include:

- Saturday clinics held to expand capacity and provide flexibility for patients
- Monthly clinic for telephone support
- Joint ANP – Respiratory Physiotherapy clinics
- Joint ANP – Tissue Viability Nurse clinics
- Paediatric-to-Adult Programme transition clinics
- Early intervention pathways for Cauda Equina patients

Referral Pathways

Primary referrals are from NRH consultants, with additional referrals from the Mater, Tallaght, Beaumont and St Vincent's University Hospital, reflecting growing trust in the service. Early referrals, particularly Cauda Equina, benefited from fast access to specialist advice.

ANP Milestones

Milestones for 2025 include: development of ANP Policies, launch of patient-focused neurogenic bowel educational video, and collaboration on national neurogenic bowel guidelines and educational resources.

NEUROGENIC BOWEL CARE – PAULA KEANE, RANP

Nursing and Midwifery Board of Ireland (NMBI) approved virtual Education in Neurogenic Bowel Care continues, supported by the Academic Department. Courses delivered include: in-person 'Train the Trainer' course delivered biannually; 'An Introduction to Neurogenic Bowel Care' delivered to undergraduate nursing students in UCD; Neurogenic Bowel course delivered to the MSc in Public Health Nursing students in UCD and UCG. Strategic work continues to strengthen partnerships with Higher Education Institutes. A total of 493 attendees received training in 2025.

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. Tracheostomy and airway management education for all staff is delivered fortnightly. Training is delivered by ANP and Dr Hayes with support from Physiotherapy and Speech & Language Therapy. Tracheostomy and Airway Management study days for staff from the NRH and external hospitals were delivered with input from Critical Care ANPs and a Clinical Specialist Physiotherapist from the Mater Hospital who continue to support our training programme. 169 attendees received training in 2025.

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.

In 2025 there was 10% increase in: Inpatients Urology Clinics attendances, urology procedures, flexible cystoscopy and intravesical Botox procedures. The nurse-led review and urodynamics clinics attendances increased by 11% and 20% respectively. Telephone communication is vital in providing support and advice – in 2025 we received over 3,700 telephone calls from patients, their families and Healthcare Professional seeking advice.

PAEDIATRIC PROGRAMME ANP SERVICE– 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. 328 patient episodes were supported by the Paediatric Programme ANP, either in person, virtually or by phone in 2025. There were 4 ANP only Nurse-led clinics, with the ANP also attending Consultant-led spinal clinics. 101 staff were trained in paediatric emergencies over 11 sessions.

Clinical Nurse Specialist (CNS) Services

BRAIN INJURY CLINICAL NURSE SPECIALIST – CARLYN ENNIS

The Brain Injury Clinical Nurse Specialist role delivers specialist nursing care and accepts referrals from NRH Interdisciplinary Teams (IDT) for adult Inpatients with primary Acquired Brain Injury, and adult Inpatients from the SCSC and POLAR Programmes with suspected or confirmed seizures or dual acquired BI. 79 referrals have been received via TrakCare since the service commenced in April 2025.

Clinical Activities include: Inpatient reviews – independently or with the IDT; working with nursing and senior management colleagues regarding medically unstable patients; coordinating care for BI Inpatients temporarily transferred to acute hospitals; participation in patient centred events for Brain Injury and Stroke Units; maintaining national collaboration with external healthcare professionals.

Key BI CNS Projects in 2025: Co-developed Sexual Wellbeing Assessment Tool with the Sexual Wellbeing CNS; developed Nursing Intensive Rehabilitation Outcomes Tool; participation in Spasticity Education Working Group; Basic Life Support (BLS) Instructor input to paediatric and adult emergency scenario training; contributor to external nursing CPD courses; NRH health promotion initiatives for patients and staff.

NURSING PRACTICE DEVELOPMENT – ASHA ALEX (TO SEPTEMBER 2025), MAYA TOM (FROM SEPTEMBER)

Nursing Practice Development (NPD) supports clinical excellence and professional growth through a Coordinator and two Clinical Facilitators. This work is driven by clinical care programmes, national standards, NMBI requirements, learning from incidents, and feedback from patients, staff, and students.

Service Development and Competency Enhancement in 2025:

- Provision of Induction programmes for new RGNs and Healthcare Assistants.
- Delivery of Venepuncture Practice Course.
- Input to Spinal Cord Injury CPD Programme.
- Standardising nursing documentation as part of transition to electronic patient recording with the Fusion team.
- Nursing student placements: NPD hosted 24 students (2nd and 3rd year) and post-diploma students.
- Transition of Quality Care Metrics Audits to national MEG healthcare quality, patient safety and compliance platform.
- Provision of Healthcare Assistant workshop.

RESUSCITATION SERVICE – SHINY GEORGE, RESUSCITATION OFFICER

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 oversees all CPR activities at the NRH, ensuring high quality resuscitation care through coordinated staff training, competency assessment, event and equipment review, evidence based policy development, guidance on Do No Attempt Resuscitation (DNAR) orders and emergency response protocols, and ongoing quality improvement to enhance patient safety.

The RQI (Resuscitation Quality Improvement) Programme in Basic Life Support Skills is ongoing 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. Training sessions facilitated and delivered via the Resuscitation Service were attended by **538** staff, students and medical students in 2025. A range of Quality Improvement Initiatives and Emergency Response Enhancements were completed in 2025.

SEPSIS REPORT – JOANNA CORROES, SEPSIS LEAD

Significant advancements were made in sepsis governance, early recognition, and clinical response with publication of the updated National Sepsis Guidelines in September 2025 which informed clinical practice. The Early Warning Score (EWS) and Sepsis Subgroup created a framework for oversight and quality assurance, reporting to the Deteriorating Patient Committee and the Quality, Safety & Risk Committee. INEWS Sepsis 'Train the Trainer' course and organisation wide education was delivered from September to December.

Sepsis and Deteriorating Patient Surveillance included: Tracking of INEWS / PEWS scores, escalations, and clinical concerns through the Sepsis Dashboard, highlighted to the Medical Emergency Response Team during huddles and to nursing and medics via report and onsite follow-up; and monitoring of sepsis screening and adherence to national standards.

INFECTION PREVENTION AND CONTROL – SHARON HUGHES

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. 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.

A broad range of educational activities for multiple specialties and grades of staff including students, volunteers and contract staff were carried out by the IPC team in 2025.

Clinical Services Provided Across All Programmes

TISSUE VIABILITY SERVICE – LISSY AUGUSTINE, TISSUE VIABILITY CNS

This service aims to reduce hospital acquired pressure injuries through strengthened interdisciplinary collaboration, consistent evidence based practice, early risk identification, timely specialist input, formulary-compliant care, and patient education, with the specialist nurse leading service development through referral pathways, team training, case reviews, and the creation and evaluation of Policies, Procedures and Guidelines aligned with best practice standards.

TVN referrals spanned simple to complex wounds, with both hospital acquired and present-on-admission wounds. Clinical support was provided for leg ulcers, surgical wounds, and exit site wounds, trauma related injuries, cellulitis, skin tears, ingrown nails, diabetic foot calluses, and skin excoriations.

A comparative review of 2023–2025 showed a reduction in the number and severity of NRH-acquired pressure injuries. The service supports robust pressure injury prevention through ongoing staff education on staging, documentation, and evidence based practice, alongside consistent use of validated risk assessment tools and timely escalation.

SEXUAL WELLBEING SERVICE – REA AMADORA, CNS IN SEXUALITY AND DISABILITY

The Sexual Wellbeing Service provides specialist support to both Inpatients and Outpatients across all Clinical Programmes. Referrals are received for patients and or their partners through their Unit or patient education series. Referrals are also received from external healthcare providers. 2025 saw a 21% rise in external referrals. The service held interactive sessions with peer support to offer patients a supportive space to discuss relationships, identity, and fertility after disability. The service also introduced staff resources on the NRH Intranet to support a knowledge based, confident approach to these discussions.

The CNS used evidence based learning from Dr. Mitchell Tepper's Sexuality, Relationships and Rehabilitation masterclass to develop a new Sexual Wellbeing Assessment Tool (SWAT) for patients in collaboration with the BI and Stroke CNS. Advancement of academic collaboration with UCD related to spinal cord injury and completion of the HSE Foundation Programme in Sexual Health Promotion. The SCSC Men's Day promoted men's health which received strong patient engagement. Overall, the service experienced continued growth, increasing demand, sustained clinical activity, and strengthened capacity through professional development and research engagement.

Health and Social Care Professions (HSCP) and other Clinical Services

The Departments represented in this group provide services to all Inpatient, Outpatient and Day-patient programmes (including the Rehabilitative Training Unit) in the NRH. These disciplines include:

- Physiotherapy
- Occupational Therapy
- Speech & Language Therapy
- Psychology
- Creative Arts Therapy
- Medical Social Work
- Nutrition and Dietetics
- Radiography
- Phlebotomy
- Clinical Engineering
- Orthoptist
- Pharmacy

This diverse group of clinical departments includes Health and Social Care Professions (HSCP) and Pharmacy, representing over 190 staff and over 25% of the workforce. HSCPs and Pharmacy deliver direct patient therapy and specialist services across all NRH clinical programmes. In 2025, these departments have responded dynamically to the changing landscape of rehabilitation service delivery in Ireland, under the Trauma and Neurorehabilitation Strategies and with the development of the Managed Clinical Neurorehabilitation Networks, serving the increasingly complex needs of our patients and collaborating closely with our community and hospital partners. Continued development of the specialism of the staff profile to match these changing needs will be a vital priority, in accordance with HSCP Deliver: A Strategic Guidance Framework (2021-2026).

Radiography continued to deliver X-ray services in a welcoming and caring environment, providing the following services to all patients: general radiography, ultrasound (portable service also available), mobile radiography, interventional procedures, and Dual-energy X-Ray Absorptiometry (DXA) scanning. The team focus on quality and safety audits to continually improve care and access to their services.

The **Pharmacy** Department provides dispensing, clinical and informatics services. Clinically, pharmacy staff work as part of the Interdisciplinary Team (IDT), leading medicines reconciliation at admission and discharge to ensure accurate medication lists and transitions of care. Pharmacists attend Unit rounds for medicine optimisation. Patient management is a key focus and Pharmacy provides a personalised Medicine List and individual patient education, and work with local teams to ensure continuity of supply on discharge.

The Pharmacy Informatics team, working collaboratively with the eHealth team, are responsible for the operation and maintenance of the electronic Prescription and Medication Administration (ePMA) aspects of the Electronic Patient Record. The Pharmacy team additionally supports the safe, effective and cost-efficient use of medicines through policy management, guideline development and dissemination, antimicrobial stewardship, training and education, and contribution to multiple committees and strategic developments.

Collaborative Work undertaken to achieve NRH Strategic Goals

The Managers of these Departments work collaboratively to achieve the strategic goals of the organisation. The focused goals of this group include:

- Leadership in the clinical, operational and strategic delivery of services, policies and vision for NRH and rehabilitation in Ireland.
- Leading in clinical excellence, innovation with education, training and research.
- Contributing to all clinical and operational committees within NRH.
- Contributing to national professional and service developments, for example, The National Clinical Programme for Rehabilitation Medicine, Expert Advisory Group for Under 65s in Nursing Homes (in development), Council on Stroke, INDI Nutritional Support Reference Guide Development Group, and each of our professional organisations and associated specialist committees.

Examples of the Services Provided and Highlights of 2025

Assisted Decision Making Act (ADMA) Service: The NRH ADMA Service is led by a Senior Psychologist and a Senior Medical Social Worker. Key roles include:

- Supporting NRH interdisciplinary teams (IDT) to facilitate functional capacity assessments to explore decision-making abilities as well as issues relating to consent and restrictive practices. The service had an average of 29 open cases across NRH Programmes throughout 2025.
- Attendance at IHA and HSE National Office for Human Rights meetings
- Delivery of ADMA-related education, training, advice, and guidance to colleagues at the NRH and external to the NRH within the rehabilitation network.
- Review of NRH policies to ensure alignment with ADMA and HSE Consent Policy.

Complex Discharge Coordinator-Social Worker (CDC): This service aims to enhance discharge planning from pre-admission. An integrated person-centred whole systems approach is adopted in the planning of referred cases to support the smooth and timely transition of individuals from the NRH to home or alternative settings appropriate to their needs and preferences. The Social Work Managers along with CDC staff are a key link with the HSE in relation to Delayed Transfers of Care and complex discharge planning across all Regional Health Authorities.

Flexible Endoscopic Evaluation of Swallowing (FEES) Clinic: The FEES service continues to expand, with the commencement of Adult Outpatient FEES in 2025. A total of 110 FEES procedures were completed in 2025.

Mind Matters: This Psychology-led psychoeducation group supports patients with emotional adjustment and provides psychological skills to live well with acquired physical disability.

Makeup Therapy: This service provides a supportive and inclusive space for both adults and young people to re-engage with and learn makeup application skills and skincare routines. Many patients express a desire to enjoy using makeup again, but face significant barriers due to recent changes in physical, cognitive, or communication abilities.

Assistive Technology (AT) Clinic: This clinic provides a Speech & Language Therapy (SLT) and Occupational Therapy (OT) led interdisciplinary service for the assessment, trial and provision of AT equipment to enhance patients' access to technology and their environment.

Wheelchair and Seating Clinic: This is a Physiotherapy and OT led service that provides assessment, trial, prescription and issue of specialised wheelchair and seating solutions to inpatients.

Vocational Service: This OT led service provides Vocational Assessment and interventions to support patients' return to work or alternative roles. The service is delivered to Inpatients and Outpatients, including the Interdisciplinary Outpatient Vocational Clinic with Neuropsychology. The service is delivered through individual and group interventions, and supports the person, and their workplace, in this process.

Audiology Screening: This vital service is provided across all adult programmes 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.

Clinical Services Provided Across All Programmes

Respiratory Service: There was an increase in the number of complex respiratory patients admitted in 2025 with a significant increase in out-of-hours on-call sessions. Ongoing staff training sessions on airway and tracheostomy education are provided by the IDT respiratory team.

Driving: The driving service partners with the Irish Wheelchair Association, to provide off-road and on-road assessment and training to support patients to return to driving where possible. This work is carried out in collaboration with our on-site Ophthalmologist and Orthoptist to provide a comprehensive service.

Therapy Garden: The OT therapy garden provides therapeutic sessions for patients and RTU trainees. There are established external links with Grow It Yourself, Thrive and with the steering committee of Social, Community and Therapeutic Horticulturalists Ireland. The Horticulturist works closely with the Volunteer Coordinator for ongoing assistance in the garden via corporate and individual volunteers, and is a member of the Positive Work Environment Group.

Woodwork: Staffed by a woodwork instructor, this service is facilitated in the OT Department and enables patients and RTU trainees to engage in the functional and therapeutic task of woodworking, in individual and group formats.

Discharge Liaison Occupational Therapy (DLOT): This service provides OT led specialist discharge planning, including access and home visits, equipment prescription, housing adaptation recommendations, community liaison, and family training alongside the Interdisciplinary Team. Given the increasing complexity of discharge planning and patient needs, a business case has been submitted to the HSE for a service expansion based on need and pilot cases over the past two years.

Positive Approaches to Challenging Behaviour: The Psychology team continues to lead on the training and implementation of Positive Approaches to Challenging Events (PACE), including the regular provision of staff training (PACE2). Psychologists facilitate weekly Behaviour Support Meetings on all units, leading the IDT assessment and care planning for patients with complex emotional and behavioural needs. The NRH Behaviour Policy Committee is chaired by Psychology and attended by Psychologists to provide oversight of challenging behaviour events within the hospital and to support policy development and implementation.

Vestibular Rehabilitation: The Vestibular Physiotherapist receives referrals from Inpatient and Outpatient programmes, and from Occupational Health (74 referrals in 2025). This service is also a part of monthly IDT Concussion Clinic.

The NRH celebrated national Health and Social Care Professionals (HSCP) Day in line with the theme of Lead - Learn - Innovate. Health and Social Care Professionals hosted a range of activities including an Information Stand and Quality Improvement Showcase featuring the many innovations and initiatives that HSCPs are involved in at the NRH.

Clinical Services Provided Across All Programmes

Aquatic Physiotherapy: Developments in 2025 include:

- Partnership established with SwimCamp to offer patient swimming instruction
- RTU Partnership: RTU trainees attend aquatics with RTU staff.
- Music and Relaxation Aquatic Class: This successful partnership has run throughout 2025 with excellent feedback from attendees.

Sports Therapy: Highlights of activity of the Sports Service included:

- Development of new strength and 'seated' conditioning classes including Pilates and TRX resistance. All exercise classes are tailored to meet diverse patient needs with the goal of improving functional abilities.
- Inter Spinal Unit Games (ISUG): 7 patients and 5 staff travelled to Stoke Mandeville, England to represent Ireland.
- The 12th Annual NRH Sports Championship: 26 different sports and activities were hosted over the 4 days of competition. Over 85 inpatients, outpatients and RTU trainees participated.

Splinting Service: This inpatient clinic is a joint OT and Physiotherapy led service. Staff flexibly provide timely person-centred care outside of clinic hours where necessary and to adult and paediatric outpatients. The new Outpatient Splinting Service enables the integration of splinting into therapy programmes and coordination of splinting with other outpatient appointments.

Therapeutic Recreational Service (TRS): The TRS received 367 referrals in 2025: 112 for individual interventions, 147 for Pet Therapy, and 108 for independent gym sessions on Saturdays and Wednesday evenings.

Suicide Awareness Group: Through this group, HSCP staff (with Psychiatry and Occupational Health) promoted awareness and sharing of information on Suicide Awareness Day, and marked World Mental Health Day with a Tea and Talk themed event. Safe Talk training was provided for staff. Feedback on the Suicide Awareness Toolkit was presented as a poster at the NRH National Rehabilitation Conference.

Patient and Non-patient Handling Coordinator: The commencement of this post in 2025 has resulted in:

- Increased number of Manual Handling and People Handling training courses delivered
- Comprehensive Display Screen Equipment (DSE) ergonomic assessments
- Specialised hover jack training sessions on units, addressing challenges in handling fallen patients and reducing injury risks

Clinical Case Conferences: The Radiology Department runs monthly interdisciplinary case conferences.

Anne O'Loughlin, Principal Medical Social worker coordinated and hosted a visit to the NRH from the Conference of European Directors of Roads (CEDR) from Chechia, in May 2025. The main focus of the visit was to explore the topic of informal caregivers of individuals with acquired brain injuries. The presentations on the day included and reflected the perspective of caregivers as well as individuals with acquired brain injury.

Practice Education: The Education of students is a major focus of the HSCP disciplines. There are 2.5 allocated Practice Education posts in OT, PT and SLT that deliver education, support and co-ordination to student services in collaboration with the Universities – on site at NRH and at the university locations, working collaboratively with the Academic Department to deliver high-quality practice education to students. Physiotherapy Clinical Practice Tutor training was completed for students from both BSc and MSc programmes. Student placements provided in 2025 included:

HSCP Discipline	Placements provided in 2025
Physiotherapy (PT)	34
Occupational Therapy (OT)	24
Speech & Language Therapy (SLT)	13
Psychology	5 (plus 1 international internship)
Dietetics	2
Creative Arts Therapies	4
Medical Social Work	4 (including return to practice)
Pharmacy	2
Radiology	Facilitates visits for UCD Medical Students
All Services	Education and information sessions are facilitated by a range of disciplines for students from the TY Group Programme

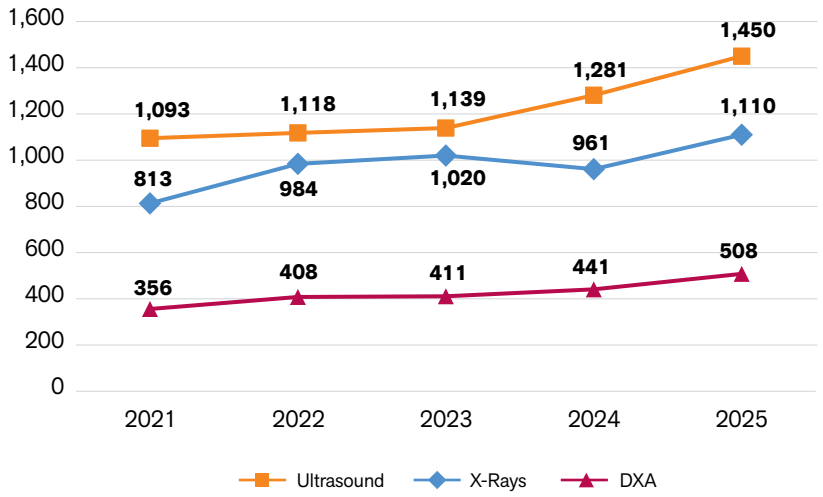
Service Developments in 2025

- The Wheelchair, Seating and Splinting Clinics were relocated into a larger fit for purpose facility in collaboration with Technical Services and Health Planning colleagues, greatly enhancing the clinical environment for patients and staff.
- The NRH Accessible Gaming project is progressing with a pilot in the SCSC Programme in collaboration with the NRH Volunteers and the Technical Services team.
- 'Eating and Drinking at Risk' and Choking policies and procedures were developed to support the increasing complexity of needs of our patient cohort.
- The Medical Social Work team commenced a pilot programme of information sessions ('What is Rehab?') for families.
- Nutrition & Dietetics introduced an Indirect Calorimeter which allows for accurate estimation of energy requirements for individualised nutrition prescription. The NRH is the first rehabilitation hospital in Ireland to introduce this technology. All dietitians were trained in the use of the device and a pilot project commenced in late 2025.
- Nutrition Focussed Physical Examination (NFPE) was introduced to patient nutritional assessments across all programmes. This tool is used to identify and diagnose malnutrition.
- New IDT Creative Arts Therapies (CAT) groups were established based on patient needs: music therapy sensory group for adults on BI and Stroke programmes; music therapy aqua group session for patients for all Programmes, beat buddies music therapy and speech and language group for the paediatric programme.
- The CAT team instigated a collaborative relationship between the NRH and the Royal Hospital for Neurodisability (RHN) in London. This skill share exchange supported service development, quality improvement and reflection. The CAT team presented at a conference at the RHN and had a paper accepted to present at the World Congress of Music Therapy in 2026.
- The CAT team has developed and leads the NRH IDT House Band, which performs at events around the hospital. Both patients and staff have provided feedback that the events are very powerful and enjoyable and that the initiative has had a positive impact on staff wellbeing.
- Pharmacy previously facilitated the introduction of Allergy Wristbands in NRH for patients with a documented allergy to be worn as an additional wristband. In 2025 a single patient identification band was introduced which includes both patient details and the presence of an allergy. Patients with a documented allergy will no longer have to wear two wristbands.

Clinical Services Provided Across All Programmes

- An e-library prototype of medication information resources was launched on the NRH website facilitated by the Pharmacy Department. The aim of this project is to provide patients with access to validated sources of electronic information on their medications or conditions. The e-library prototype is easily accessible via a QR code on the My Medicines List provided to patients by the unit pharmacist.
- Psychology acquired a number of actigraphy watches, funded by the HSE Spark Innovation Programme, to support research and service development in assessing sleep post brain injury. Phase 1 of the NRH Sleep Study was completed in 2025.
- Radiology and Radiography supported and integrated services with the welcome addition of a new Nurse Prescriber for Ionising Radiation Radiology, and a range of high-quality audits were completed by the team for radiation safety and quality improvement
- The BEAM system was replaced by 'Stratus Image Share' allowing sharing of radiology images, and the service continued year on year growth in attendance for all modalities (see graph below)

Radiology Yearly Stats 2021 – 2025



Research Activity in 2025

- A significant number of HSCP staff presented posters on research and Quality Improvement Initiatives at the NRH National Conference in December.
- Sorcha McNamara, Senior Dietitian completed a Black Belt Lean Sigma Six Review of the NRH Mealtime Ordering Process for patients.
- Verena Mahr-Byrne, Snr MSW completed research on NRH OPD Staff Knowledge of Non-death Grief and Loss as part of Masters in Trauma and Grief with RCSI and Irish Hospice Foundation
- Majella Stack, Pharmacist made an oral presentation at the Irish Medication Safety Network Conference, November 2025, on the Design and Delivery of Offsite Seizure Management at the National Rehabilitation Hospital
- Dr Phil Butler completed her PhD on Working with Mothers affected by ABI and has expanded the educational literature for patients and support persons.

External Collaborations in 2025

NRH Collaborations with External Stakeholders in 2025 included:

- A written consultation was submitted to the World Health Organisation Assistive Technology Capacity Assessment by Dr. Amanda Carty, Deputy CEO and Andrea Hanson, Board Director.
- The NRH contributed to the HIQA discharge standards consultation process.
- Ongoing Physics expertise was received throughout 2025 from Ms Anita Dowling as Radiation Protection Advisor, and from Medical Physics Expert Ms Danielle Maguire, SVUH.
- NRH HSCP Managers and Teams have developed competencies for the Community Neuro-Rehabilitation Teams (CNRTs) and continue to liaise on strategies and scope links with the NRH.
- Physiotherapy delivered BTL Exoskeleton exploratory sessions.
- Continued links with Aine Kelly, HSCP Regional Integration Development Lead for HSE Dublin and South-East.
- Dr Phil Butler, in collaboration with colleagues in Peamount Hospital, developed a peer support network with Social Workers in other neurological and rehabilitation settings.

Milestones

Throughout 2025 there were ongoing collaborations with the HSE Regional Health Authority Areas. Aisling Heffernan, Integrated Healthcare Area (IHA) Manager for Dublin South & Wicklow visited the NRH in January 2025.

Ciara Lynch Programme Manager, Neurorehabilitation Strategy and Managed Clinical Rehabilitation Network attended several meetings at the NRH to discuss CNRT Competencies and training resources and to provide an update on strategy implementation, recruitment, induction and NRH support & supervision of CNRTs.

Several onsite meetings with CNRTs from various RHA areas took place also to discuss standardisation of resources and education and access to rehabilitation pathways.

Áine Kelly, recently appointed HSCP Regional Integration Development Lead, Dublin and South-East Health Region, visited the NRH in September to discuss Practice Education Mapping and Advanced Practice in HSCP, as well as potential increases in student numbers and the subsequent increased need for student placements and Clinical Practice Tutors. Discussion also took place regarding exploring the additional roles of clinical specialist posts for expert staff and leaders in rehabilitation. The ratio of clinical specialists to staff is a key development for expert staff, for recruitment and retention of staff and to be on a par with other healthcare facilities. The development of the role of an HSCP Advanced Practitioner was also discussed.

A HSCP day was held in April to display the different HSCP roles within the NRH. Olive Lennon, Academic Lead, delivered a presentation on the topic of 'Innovating Health and Social Care: Embracing Technology, Research and Evidence'.

We welcomed Dr Eimear Cunningham as Principal Psychology Manager and Clinical Neuropsychologist. Catherine Cornall, Clinical Specialist Physiotherapist, and Bobath Tutor retired. We wish them well for the future.

Challenges in 2025: There is a trend of increased medical, psychosocial and rehabilitation complexity of patient admissions to all programmes. This results in an increased need for double staffing during therapy. Complex behavioural presentations and social difficulties alongside fluctuating staffing levels have presented significant challenges for Interdisciplinary Teams. Complex discharge planning has become increasingly challenging with reduced availability of primary care team members resulting in significant additional equipment for discharge planning from the NRH teams, and delays in discharge as a result. Challenges for discharge planning also include access to funding for care packages, availability of carers and suitable discharge long term or interim care facilities.

The NRH Discharge Liaison OT Service continued to pilot out of scope expansion to address these issues where capacity allowed. A business case for an expansion of the DLOT service has been submitted to the RHA for consideration.

Goals for 2026: The priority goal for the upcoming year for the HSCP Management Committee is to establish links and collaborative working with the IHA HSCP Directorate team including the Director, Integration Lead, and Practice Development Lead.

SECTION 4

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
Quality & Risk Manager

Rosemarie Nolan
Communications Manager

Jason Farrell
A/Central Supplies Manager

Rose Curtis
Occupational Health Nurse
(to May)

Fr Michael Kennedy
Chaplain

John Maher
Head of Information Management and Technology

Linda Byrne
Payroll and Superannuation Manager

Peter Byrne
Technical Services Manager

Thokozani Sihlangu
Head of Internal Audit & Corporate Compliance

Kenneth Lawlor
Director of Estates and Facilities
(to April)

Dr Olive Lennon
Academic Lead

Diarmuid Devereux
Director of Estates and Facilities
(from October)

Anne Cremin
CNM II Occupational Health
(from September)

Asha Alex
Interim Quality & Risk Manager
(from August)

Academic Unit Report

Prof Olive Lennon, Academic Lead

Supporting Education and Training at the NRH

The Academic Unit at the NRH continues to advance excellence in rehabilitation education, research, and professional development across the hospital.

In 2025, the NRH maintained its strong commitment to education at post-primary, undergraduate, and postgraduate levels. Education delivered included:

Transition Year and Outreach: Two week-long Transition Year programmes were delivered to 44 students from 32 schools nationwide. A Virtual Careers Evening, comprising eight presentations across seven professions, attracted 370 registrants, highlighting sustained national interest in rehabilitation careers.

Clinical Placements: A total of 239 clinical placements were supported across multiple disciplines including medicine, nursing, physiotherapy, occupational therapy, speech and language therapy, psychology, dietetics, music therapy, and medical social work, representing a national spread across higher level institutions including Trinity, RCSI, UCD, University of Galway and University of Limerick. These placements were enabled through the commitment of clinical tutors, educators, and academic staff.

Grand Rounds: 10 hybrid Grand Rounds were delivered, with 595 attendances recorded. Presenters included NRH staff and invited speakers.

NRH National Grand Rounds launched in 2025, delivering two online lunch-time events with 198 participants and 300 subscribers to the mailing list.

Courses, Workshops and Study Days

A total of 78 courses and study days (an increase of 27 from 2024) were delivered, with 673 attendees. Growth was facilitated by implementation of the Booking Hawk system.

Key programmes included:

- 20 Airways and Tracheostomy training sessions (175 attendees)
- 14 Neurogenic Bowel online courses (251 external attendees)
- Neurogenic Bladder courses (internal and external)
- Carer training and Train-the-Trainer programmes

Workshops included:

- Neurogenic Bowel Video Launch (live-streamed and in-person)
- Prosthetic, Orthotic & Limb Absence Rehabilitation (POLAR) Education Day (attendance increased from 35 to 45 from previous year)
- Irish Association of Rehabilitation Medicine (IARM) external workshop (39 attendees)
- Occupational Therapy training workshops and webinars
- Knowledge to Practice sessions linked to the NRH National Conference, **Specialist Rehabilitation Services for Ireland: Connect – Reflect – Impact** held on 5th December.

Academic Resources: A weekly Academic Bulletin disseminates information on webinars, conferences, podcasts, and educational resources. The Academic Portal continues to expand, including development of a new Education Pack resource page for clinicians.

Further Education Support: Seventeen applications were approved in 2025, with over 59% of the funding directly invested by NRH and an additional 41% secured through HSE and NMPDU funding streams.

Clinical Education Centre (CEC): The CEC was well utilised with 180 bookings recorded in 2025, 44 relating to student tutorials. Ongoing internal training included Airways and Tracheostomy, Patient Handling, Advanced Cardiovascular Life Support (ACLS) and Basic Life Support (BLS), Neurogenic Bowel and Bladder, and Healthcare Assistant training.

HSE Library: The NRH Library Champions initiative was launched in October to promote resource usage and evidence-informed practices. Fourteen champions participated in the initial training session. A marked increase in usage of resources such as UpToDate, BMJ Best Practice, Wiley Online Library, and Elsevier has been recorded following the initiative.

Supporting NRH Research Activities

The NRH remains a research-active institution, with governance overseen by the Academic Unit in collaboration with the UCD Clinical Research Centre.

Research Ethics: Six Ethics Committee meetings were held in 2025. Sixteen new studies were approved, 30 remained ongoing into 2026, and six were completed. Processes were streamlined in line with HSE Research Governance and Implementation recommendations to facilitate a low-risk research approval pathway and to broaden Principal Investigator participation.

Ernest Goulding Memorial Lecture: Held on 4 December 2025, the lecture was delivered by Brian Dunne, President & CEO of PHSS Support Services (Order of Ontario 2025), entitled From Patienthood to Personhood: A Complex Journey Home.

Research Education: A six-week staff course, An Introduction to Self-Directed Rehabilitation Research, was delivered in Autumn 2025. Eighteen staff successfully completed the programme.

Public and Patient Involvement (PPI): A five-member PPI panel (former patients) met three times in 2025, contributing to research strategy development, the research ethics committee, grant applications, and providing advisory input on research methods and lay summaries.

NRH Conference and Research Showcase: The NRH Conference (5 December, Royal Marine Hotel, Dún Laoghaire) provided an important forum to showcase research activity. The Academic Department led the scientific subcommittee. Of the 110 abstracts submitted, 93 posters were displayed, 42 representing NRH research. A Best Poster Award was presented to the Paediatric Programme team for their study on peer support for parents of children with acquired brain injury undergoing neuro-rehabilitation.

NRH Academic Research Team and Key Projects

Under the leadership of Professor Áine Carroll, the Academic Research Team comprised 10 staff in 2025, supporting project-led and business development functions. NRH collaborated with 36 international partners across Europe and presented at 10 conferences.

KEY PROJECTS:

ROSIA: Successfully completed in December 2025, exceeding recruitment targets (43 patients, 13 professionals). The project advanced rural telerehabilitation pathways and strengthened NRH's European leadership in digitally enabled care.

ICAREWOUNDS: Achieved significant technical and clinical milestones, including AI dataset development, integrated care pathway design, and pilot workshop delivery. Academic dissemination and strategic partnerships were expanded.

INSPIRE–NRH: Continued embedding a Learning Health System model within the NRH. Achievements included patient co-design initiatives, staff engagement activities, data approvals, and international dissemination. A manuscript was accepted by BMC Health Services Research.

Overall, 2025 marked a year of sustained educational growth, strengthened research governance, expanded national and European collaboration, and continued embedding of research into clinical practice at the NRH.

Chaplaincy

Fr. Michael Kennedy, CSSP

The Chaplaincy Service plays an important role in the overall aim of rehabilitation. It helps to meet the spiritual needs of the hospital community, providing a space for prayer and worship in the hospital chapel and multi-faith room, and celebrates Mass during weekdays and Sundays. Fr Michael Kennedy is the full-time RC Chaplain. Ministers of other faiths can also be contacted as requested. St Vincent De Paul Society meet at the NRH weekly and offer pastoral, listening and financial assistance to patients and their families.

The Chaplaincy is a 24-7 on-call service; visits to patients take place on the Units on a regular basis at times that don't impact on treatment schedules, and the Chaplain is available to meet with patients and relatives for private consultation at any time as requested. All visits are controlled by the patients. The Chaplain is also available to meet with staff on request.

The Wheelchair, Seating and Splinting clinics have been relocated into a new larger and fit for purpose facility, greatly improving the clinical environment for patients and staff.

Communications

Rosemarie Nolan
Communications Manager

The Communications Department in collaboration with the IM&T Department continued to develop the NRH Intranet throughout 2025, enhancing its navigation, functionality and accessibility for staff. We continued to build our Social Media profile and presence on LinkedIn, Instagram and Facebook, to meet the needs of all NRH stakeholders. The number of followers and engagement with the platforms are continuing to grow.

The Communications Manager continued to manage the hospital website, external communications and media relations, and oversees the team who manage the internal communications. The team 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 in multimedia formats for patients, staff and visitors is produced and updated by the team on an ongoing basis.

The Communications Team supported colleagues from across the hospital in keeping patients and 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, some of which included:

- The celebratory event to mark the 5th Anniversary of the move to the New Hospital (Phase One). The Minister for Health attended the event and also spent time meeting with Patients, their families, and staff.
- Communications support for the NRH Annual Sports Championships; Launch of Patient-focused Neurogenic Bowel Video; Launch of Slí na Sláinte at the NRH; Annual Accessibility Day; ROSIA EU funded project, and provision of a range of branded materials for conferences, job fairs and educational events.
- Roll-out of the Compassionate Organisation initiative led by the CEO and NRH Culture working group
- Promotion of a range of staff and patient awareness days and peer support events
- 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 HR System Upgrade Change Management Project; Staff Wellbeing and NRH Positive Working Environment Group (PWEG) events; NRH National Grand Rounds Online Education Sessions, and a wide range of national and international patient-focused and clinical 'Awareness Days'.

The Communications Manager provided input to the Digital Technology Steering Committee; HR Recruitment and Retention Working Group; Accessibility Committee, NRH Strategy Working Group; ROSIA Project Team and was a member of the NRH National Conference organising committee.

We continue 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 patients, their families, our colleagues and the management team across the hospital.

National Conference: Specialist Rehabilitation Services for Ireland: Connect – Reflect – Impact

The Communications Department played a key role in marketing and promoting this major Conference and liaising with the external event management company engaged to support the administration and registration processes. The conference was formally opened by the Minister for Health, Dr Jennifer Carroll MacNeill, whose message was warmly welcomed at the beginning of a day of constructive discussion around ways to strengthen the infrastructure and resources supporting the provision of specialist rehabilitation services on a national, regional and community basis, to meet the growing demands for rehabilitation services for Ireland. As part of the Conference, the Academic Department organised and coordinated 'Knowledge to Practice' clinical education sessions at the NRH.

Department of Estates and Facilities

Diarmuid Devereux
Director of Estates and Facilities (from October)

Overview

The Estates and Facilities Directorate is responsible for all aspects of the built environment in the NRH, including technical services, health planning, energy management and capital development. In addition, soft services, namely: catering, cleaning, hygiene, laundry, security, portering, front of house, environmental health & safety and clinical engineering also fall under Estates and Facilities. A summary of each of the departments' activities in 2025 is provided below.

HEALTH AND SAFETY – ROSHNA JOSE

The Health and Safety Department completed nine peer reviewed audits in 2025. Detailed reports were issued to each area, with all resulting actions tracked and fully documented. In addition, monthly unit peer review audits were conducted in collaboration with the Infection Prevention and Control Department. Departments and Units completed quarterly internal Health and Safety audits through the Meg tool, and daily and monthly fire safety checks were also completed as relevant. A Dangerous Goods Safety Audit was completed and identified items were all fully addressed and closed.

As part of the NRH Command and Control Training Programme, a series of emergency preparedness exercises were delivered throughout the year. These included tabletop exercises, fire drills, utility failure scenarios, bomb threat simulations, and natural disaster tabletop drills.

Comprehensive training was provided across the hospital on healthcare waste management, fire safety management, and the Chemwatch Safety Data Sheet management system. Health and Safety policies were reviewed, updated, and implemented as required, to ensure compliance with legislation.

TECHNICAL SERVICES DEPARTMENT – PETER BYRNE, DAVID DONOGHUE

The Technical Services Department completed a range of upgrades and developments throughout the hospital campus in 2025. These projects include:

- Upgrading works to facilitate relocation of a number of Nursing Services to McAuley Unit in Cedars (original hospital building)
- Fireproofing of Server Room in Cedars
- Completion of soundproofing works in the Outpatients Department, Unit 6
- Relocation of NCHD Rest and Study areas to Cedars
- Upgrading works and reconfiguration to Urology Department Area
- New wheelchair storage facility at rear of Sports Hall completed
- Fleet management: three new vehicles were added to the NRH fleet including an ambulance, patient transport vehicle, and OT vehicle.
- Energy management: sustainable lighting, heating, and building fabric upgrades were completed in Cedars and ancillary buildings.
- Works progressed on the new Wheelchair, Seating and Splinting Clinic, and the new Clinical Engineering Workshop with plans for relocation of these services in early 2026.
- Maintenance: 3,460 reactive maintenance tickets were resolved, and a further 4,760 planned maintenance events were carried out by a combination of Technical Services staff and external contractors.

CLINICAL ENGINEERING – DAVID FARRELL

The Clinical Engineering Department work is a specialty that falls under biomedical engineering but primarily works to develop, apply, and implement medical technology for provision of patient care in the NRH. Clinical Engineering provides technical support for a diverse range of medical devices throughout the hospital.

CLINICAL ENGINEERING UPGRADE INITIATIVES COMPLETED IN 2025

In 2025 Clinical Engineering, in collaboration with our colleagues in Technical Services, undertook the design development and completion of a fit-for-purpose clinical engineering workshop focusing on workflow efficiency, safety, and specialised infrastructure to support the repair, maintenance, and calibration of medical equipment.

Core Functional Areas contained within the Workshop include:

- **Receipt and Decontamination Area:** A secure, quarantined zone to receive clinical equipment and perform initial cleaning and disinfection before it enters the repair area.
- **Electronic Workshop:** A clean area for repairing, calibrating, and testing electronic medical equipment.
- **Mechanical Workshop:** A space for handling mechanical repairs, fabrication, and working with larger equipment.
- **Calibration and Testing Bay:** A controlled environment with stable temperature for verifying equipment accuracy, for example, patient monitors or ventilators.
- **Parts Storage and Inventory:** Organised storage for spare parts, components, and tools, facilitating the use of Lean principles for inventory management.
- **Administrative and Technical Library Area:** A space for reviewing technical manuals, documentation of maintenance, and managing equipment databases.

MEDICAL DEVICE ACTIVITIES

In 2025, Clinical Engineering received 717 maintenance requests – a 16% increase compared with 2024. The number of medical and therapy devices supported by Clinical Engineering now stands at over 800 individual assets. Currently 607 devices have been migrated to the HSE asset registry (ecri-aims database) helping to efficiently manage the life cycle of these devices.

FRONT OF HOUSE – TARA RING

Front of House services include the porter service, main reception and security. A key operational enhancement in 2025 was the extension of the porter service hours. This change was implemented to better support patient transition to therapies and evening activities within the Hospital. Extended coverage into the evening has strengthened support to clinical areas and patient and improved visitor experience, by ensuring consistent front-of-house support across reception, portering and security service during visiting hours and peak times.

HEALTH PLANNING – EMMA O'BRIEN, JANE LYNCH, JAMES WITHERO

The Health Planning Team assists with the planning, organising and securing of resources to achieve specific organisational goals, and in this regard the primary responsibility of the team is to capture the requirements of our stakeholders both internal and external as appropriate.

In 2025, the NRH completed a feasibility report and masterplan for the development of the campus. This included schedules of accommodation for a phased approach to delivering additional services, beds and facilities, which was coordinated by the team. Discussions with the HSE and Department of Health are ongoing, and the Health Planning Team are in the process of refining a brief for Phase 2 and the delivery of essential therapy services and ambulatory care.

Work has progressed on the upgrade of spaces in the Cedars Building, these projects are outlined under the relevant departments within this report. Works are also now progressing to relocate the Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme to the Cedars Building to enhance and facilitate these essential services for patients.

Work continues on traffic management control measures on the hospital's internal access roads and also on developing improved signage and wayfinding for all users of the campus.

CATERING, HYGIENE AND LAUNDRY MANAGEMENT – LIAM WHITTY

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 Summer BBQ, Annual Christmas Parties and Events for Patients and Staff. These events were a great success and very much appreciated by our patients, staff and visitors who attended.

I am proud to say that 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.

Cleaning services in the hospital are outsourced and managed by the Catering and Hygiene Manager. Other Services managed by the Catering and Hygiene Department include Environmental Health Management and Laundry Management. The majority of the hospital's laundry is outsourced to a contractor. Inpatient clothing and small items can be washed in the hospital laundry in emergency situations. Other items cleaned in the NRH laundry include aquatics uniforms and towels, chefs' uniforms, some therapy equipment and cleaning equipment. 2025 saw a slight decrease in items laundered externally and an increase in items laundered in-house.

HIGHLIGHTS IN 2025

- Menus were updated and enhanced, and a new 'Click and Collect' service was introduced for the sandwich counter in the staff restaurant.
- The Catering Department, in collaboration with Dietetics, commenced work on developing a digital meal ordering system for patients, which will improve patient safety and enhance patient experience by providing a pictorial digital menu.
- A project to develop shared dining spaces where patients can enjoy carvery style dining also commenced in 2025.

Aisling Heffernan, Integrated Healthcare Area Manager, Dublin South and Wicklow, HSE visited the hospital in early 2025 to view the new hospital facilities (Phase 1) and meet with the CEO and members of the Executive Management Team.

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 ensures 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. The Department 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.

NRH Information Management System

The key highlight of 2025 was the HR Department leading the successful delivery of a major upgrade to the organisation's Human Resources system, representing a key improvement in how we support our workforce and manage HR processes. The project commenced in January 2025 and concluded with the launch of the new system in November 2025. While it was a HR-led initiative, its success was made possible through strong collaboration with colleagues in the IM&T Department, with both teams working closely together throughout each stage of the project. Throughout the project, the system was tailored to align with the hospital's policies, processes, and reporting requirements.

The move from the legacy HR system, which was outdated and posed increasing cybersecurity risks, to the new system required a careful and structured data migration process, with a strong focus placed on maintaining data accuracy, integrity, and compliance throughout. Alongside the technical work, the project team placed a strong emphasis on engaging with staff across the organisation, keeping them informed and involved as the project progressed. This approach helped to build understanding, awareness and ensure a smoother transition to the new system. Following system testing, structured training for managers and the provision of user guides and standard operating procedures for all users across the organisation was completed. The project team also provided dedicated support after go-live to assist as colleagues adapted to the new platform.

The move to the new HR system has reduced organisational risk and strengthened compliance, particularly in relation to data security and governance requirements, while also ensuring alignment with current cybersecurity standards. The system offers a more user-friendly interface and enhanced self-service functionality, enabling staff and managers to access and manage HR information more easily. Access to accurate, real-time information supports more efficient day-to-day operations and informed decision-making, while the addition of the Mobile App has been particularly valuable for staff who do not access a computer regularly as part of their role. Overall, the response across the organisation has been very positive.

HR will continue to lead the next phase of this work, with Phase 2 due to commence in early 2026. This phase will focus on the implementation of the Learning Management System (LMS) module, which will bring training and development into the same platform. Once complete, the system will serve as a single system for both HR and learning. This next phase will build on the progress already made, ensuring optimisation of the HR System, opportunities to digitise processes and continue to support the organisation in providing efficient, secure, and accessible systems for the NRH workforce.

Staff retirements

During 2025 we said a fond farewell to 11 members of staff as they retired from the NRH with a collective 332 years of loyal and dedicated service. One staff member having an incredible near 53 years of 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.

During the year we welcomed new members of staff to the department. The HR team once again capably responded to the recruitment and staffing activities, various work demands and the many challenges and opportunities that presented in 2025.

I wish to thank the HR team for all their hard work, support and commitment during the year. Our thanks also to our colleagues in the Occupational Health Department who work tirelessly to promote and protect the health and wellbeing of our staff.

Occupational Health Department

The Occupational Health Department provides an independent, confidential advisory service to both the employer and employee on all matters relating to the effect of health on work, and work on health.

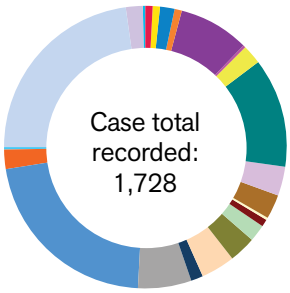
Occupational Health Department staffing includes a CNM2, a CNM1 and an Administrator. Rose Curtis retired from her CNM2 role this year, after many years of loyal and dedicated service to the department and wider Hospital. We wish Rose the best in her retirement and next chapter. In September we welcomed Anne Cremin into the CNM 2 role.

The team works closely with Medmark Occupational Health providers, with Dr Sarah Lobban holding on-site clinics twice monthly and additional consultations virtually or in person in Medmark offices when needed.

The NRH Staff Physiotherapist role commenced in September taking referrals from Occupational Health and liaising with us on all aspects of staff work-fitness and rehabilitation related to musculoskeletal injuries.

The continuing increase of recruitment and staffing within the NRH has corresponded with a rise in OH departmental activity for 2025. The core functions of the department remain focused on pre-employment screening, absenteeism management, vaccinations, fitness-for-work assessments, and return-to-work reviews.

CONTACTS WITH OCCUPATIONAL HEALTH 2025: CASE TYPES AND CATEGORIES



Absenteeism Review	18	1.04%
Blood pressure check	1	0.05%
Coaching	14	0.81%
DSE Assessment	29	1.68%
EAP	11	0.64%
Email Consultation	143	8.27%
Influenza Vaccine	1	0.05%
Inoculation Injury	1	0.05%
Management Referral	40	2.31%
New Starter Health Questionnaire	214	12.38%
Norovirus	3	0.17%
Physiotherapy Initial Consultation	55	3.18%
Pyshiotherapy Review Consultation	49	2.83%

Pre-employment Consultation	7	0.40%
Pregnancy Risk Assessment	14	0.81%
Return to Work Assessment	30	1.74%
Review	57	3.30%
Self Referral	66	3.82%
Staff Support	25	1.45%
Telephone Consultation	103	6.00%
Telephone Contact	373	21.60%
Vaccination / Serology	41	2.37%
Vestibular Service	4	0.23%
Walk-in	393	22.74%
Work Assessment	32	1.85%
Work Related Accident Review	4	0.23%

Positive Working Environment Group (PWEG)

During 2025, PWEG operated under its Terms of Reference and Strategic Plan 2025-2028. PWEG objectives are:

- To promote and support health and wellbeing of NRH staff under the five pillars of wellbeing identified in the NRH Staff Wellbeing Framework, namely: Physical Wellbeing, Psychological and Spiritual Wellbeing, Social Wellbeing, Intellectual Wellbeing, Environmental Wellbeing.
- To provide opportunities for staff to enhance their wellbeing through engagements with events throughout the year.
- To encourage a stimulating and vibrant working environment.
- To promote and champion positive working relationships in the NRH
- To identify and plan for skill development for above.
- To monitor and learn from PWEG initiatives to better understand challenges that exist.
- To identify strategies to support staff through change.
- To have a representative membership across the NRH.

Overall, the function of PWEG is to engage with staff by engaging in awareness raising and wellbeing events throughout the year. Activities were planned, designed and delivered across all five pillars throughout 2025 and included Marchathon, Neurodiversity Awareness Event, Staff Pet Therapy sessions, Lifestyle Check facilitated by the Irish Heart Foundation, Kindfulness Day, Easter and Christmas Events. The feedback from staff regarding PWEG activities has been positive and well attended over the year.

Information Management and Technology (IM&T)

John Maher
Head of Information Management and Technology (IM&T)

Overview

Cyber security remained a priority in 2025, with regular simulated attacks demonstrating a significant reduction in at-risk users. The Applications and Business Support teams provided strong IM&T support to the Hospital's HR Access Project, ongoing EPR operations and support, and Data Analytics.

IM&T Operations

- Service Desk Support Tickets raised by staff: 5766
  - First-contact resolution: 79%
  - SLA compliance: 93%

Data Protection

In 2025, the Hospital further advanced its commitment to robust data protection governance. The Data Protection Commission (DPC) formally acknowledged the NRH for providing valuable assistance in the development of the Adult Safeguarding Toolkit, published in July 2025, recognising the NRH Data Protection Officer (DPO) as among the key contributors who supported the project. The Hospital also published a comprehensive public Privacy Notice and continued to prioritise staff education, transparency, and alignment with national data protection standards.

eHealth

IM&T teams continued to support the rollout and management of TrakCare Electronic Patient Record across the NRH including the transition from project phase to business as usual. Highlights of the project include:

- Maintenance release upgrade completed which allows the hospital to leverage enhanced functionality of the TrakCare application
- Roll-out of electronic medication carts to all inpatient units
- Roll-out of additional electronic workstation on wheels to clinical areas of the hospital
- Build and delivery of updated Adult Sepsis Risk assessment form in line with updated national guidelines
- Design of Attend Anywhere integration with the support of the HSE Virtual Health Team (to be available in 2026)
- TrakCare education delivered to existing and new staff members, and student cohorts

Overall, 2025 marked a year of progress, stability, and increased digital adoption, with thanks to the Operations, eHealth, Applications Support, and Business Support teams for their dedication and support throughout the year.

Staff Members from the Outpatients Department and the ROSIA Project Team: The EU funded ROSIA Project concluded in 2025. The insights gained and lessons learned during the pilot phase will be key in shaping the future of telerehabilitation in Europe.

Patient Experience and Healthcare Data Management

Carol Barton
Patient Experience and Healthcare Data Manager

In 2025, the NRH strengthened its commitment to patient-centred rehabilitation through meaningful engagement and strong healthcare data governance. Across healthcare records, clinical coding, admissions, urology administration, volunteer services, and stakeholder administration, the Department ensured that patient voices were heard, patient engagement was supported, information was managed safely and high-quality data supported effective planning and decision-making.

Patient Experience

In 2025, patient feedback recorded included 291 comments and suggestions and 621 compliments, reflecting strong engagement. Patient feedback was gathered through uSPEQ surveys completed post-discharge, patient and parent forums, inter-agency forums and ongoing written and verbal feedback, with selected updates shared through the Patient Experience Newsletter. Any issues or concerns raised were reviewed in full and actioned in compliance with the hospital's Complaints Process.

"You Said – We Did": Key improvements delivered in response to patient feedback included rolling out volunteer-led Patient Orientation, reprogramming TV services, providing extended therapy timetables, improving access and signage to the Home from Home Garden, resetting lift timing, and initiating plans for quiet and sensory spaces.

Quality improvement in 2025 focused on strengthening communication, enhancing data governance and deepening patient engagement. Priorities for 2026 include refining feedback mechanisms, expanding analytics capability and increasing patient partnership in service planning.

Healthcare Data

Throughout 2025, the Healthcare Data function supported the accuracy and integrity of clinical information across the NRH, including TrakCare data quality, HIPE coding, record tracking, controlled chart copying and full record lifecycle management. HIPE Activity 2025: 1,720 episodes coded with 100% completion for national reporting.

Healthcare Data will establish a governance-aligned reporting framework for all clinical and nonclinical data in 2026. Standardised reporting supported by Minimum Data Sets will strengthen organisational assurance and improve information for performance monitoring and service development

Volunteer Service

In 2025, volunteers made a significant contribution to patient experience across therapeutic, social and recreational activities. NRH Volunteers, together with partner organisations Children in Hospital Ireland, Peata Pet Therapy and St Vincent de Paul, contributed approximately 9,100 hours of support. The service engaged 164 active volunteers, with a further 115 trained volunteers available for events and one off activities, and welcomed 56 new volunteers during the year. In addition, 32 corporate volunteers supported the NRH Sports Championships.

With more than 45 distinct volunteer roles, volunteers supported a wide range of activities across the hospital. Referrals rose significantly, particularly for patients experiencing loneliness, isolation or requiring engagement in languages other than English. New roles introduced included Patient Orientation, POLAR Peer Support, Make Up Therapy, Chaplaincy and expanded dining room and activity based supports. Weekly music sessions in the café continued to provide valued social engagement for patients and families.

The NRH extends sincere thanks to all volunteers for their outstanding contribution, led by Volunteer Coordinator Jennifer Glansford.

Risk Management

Elayne Taylor
Quality and Risk Manager

Asha Alex
Interim Quality and Risk Management (from August 2025)

Throughout 2025, the Risk Management Department at the NRH continued to lead the organisation's risk and patient safety programme, with a strong emphasis on proactive risk identification, strengthened governance structures, and enhanced incident management processes. Working in partnership with clinical and non-clinical teams, these efforts contributed to embedding a robust patient safety culture across the organisation.

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 Risk Management Department also facilitates access to personal requests for information, such as Freedom of Information (FOI) requests and also responds to corporate requests for information.

There were 60 unplanned transfers in 2025. For each transfer, a preliminary assessment was completed by the primary treating team, followed by a peer review by a doctor during the medical peer review process. This approach supports shared learning and contributes to improved patient care outcomes.

A broad range of quality and safety initiatives were commenced or progressed during the year. These included ongoing publication of Patient Safety Learning Notices, continued NIRF training, quarterly review of the departmental and corporate risk register and the implementation and maintenance of the Policies, Procedures and Guidelines (PPG) site on the Intranet. Following the launch of the national Open Disclosure Policy in 2025, significant promotion of open disclosure took place, including continued face-to-face workshops. The department also coordinated organisational activities for World Patient Safety Day and World Venous Thromboembolism (VTE) Day to enhance staff awareness and knowledge.

Six Quality and Patient Safety Walk Rounds were completed with participation from the Board of Directors and the Executive Management Team. In addition, The NRH developed and fully closed the HIQA Quality Improvement Plan following the unannounced inspection in March 2025.

Looking ahead, the Risk Management Department remains committed to further strengthening an integrated and resilient risk management framework that supports informed decision-making, continuous improvement, and a culture in which patient safety and organisational learning remain central to all activities.

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 Rehabilitation (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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