



The Incorporated Orthopaedic Hospital of Ireland

Annual Report 2024

2024

www.ioh.ie



HOSPITAL BACKGROUND

Dr Robert Lafayette Swan founded the Incorporated Orthopaedic Hospital of Ireland (IOH) in 1876. The original hospital was located at 11 Usher's Island on Dublin's quays and specialised in orthopaedic surgery, in particular the treatment of children with congenital orthopaedic abnormalities such as clubfoot, and dislocated hips. In 1883, due to increasing demands on the service, the hospital moved to two buildings in Great Brunswick Street, formerly known as Hood's Hotel and the hospital's capacity increased from 6 beds to 35 paediatric beds.

In 1902, the hospital moved again to a house at 22 Upper Merrion Street, at the time considered to be one of the largest private mansions in Dublin and formerly occupied by Captain Godrich Shedden. Considerable renovations were necessary to enable the building to function as a hospital with an operating theatre, sterilising room, anaesthetic room and up-to-date medical and non-medical facilities. Once renovated, the hospital could accommodate up to 75 paediatric inpatients.

The hospital moved to its present location on Castle Avenue, Clontarf on 29 June 1942, where the bed complement rose to 120. In 1972, the hospital changed from paediatric orthopaedics to adult orthopaedic rehabilitation with 104 beds. In the early 1990s, plans were put in place to move the wards from the main house to a state-of-the-art hospital facility. The new hospital building was completed in 2009.

The hospital was incorporated on 29 April 1899 and now trades as Clontarf Hospital since 29 July 2011. The hospital will be called Clontarf Hospital hereafter. It now consists of 5 wards with a total complement of 160 beds. The hospital, the entrance of which is on Blackheath Park, off Castle Avenue, and leads into the landscaped gardens, continues to provide orthopaedic rehabilitation treatment. However, in recent years it has extended its services to include an 80-bed Active Rehabilitation Unit for older people.

CLONTARF HOSPITAL

PRESIDENT

Mr Justice Maurice Collins

BOARD OF GOVERNORS - 2024

Mr Aidan Gleeson

Chairperson

Mr Anthony O'Connor

Deputy Chairperson

Retired on 05/07/2024

Ms Geraldine Regan

Deputy Chairperson

on 05/07/2024

Ms Eimear Christian

Ms Patricia Egan

Retired on 05/12/2024

Ms Emma Horgan

Ms Ann Jackson

Mr Ken Jordan

Ms Celine McGillycuddy

Ms Sinead Murray

Ms Mairead Phillips

Ms Ailish Sherlin

Retired on 26/03/2024

Mr Desmond Stark

Mr William Whitford

Mr John Byrne

Appointed on 27/03/2024

SENIOR HOSPITAL STAFF

Chief Executive Officer

Ms Michelle Fanning

Head of Operations

Ms Bernadette Saunders

Chief Finance Officer

Mr Billy Mulcahy

Consultant Radiologist

Professor Martina Morrin

Consultant Microbiologist

Professor Edmond Smyth

Attending Consultants

Dr Eva Gaynor

Dr Lucy Chapman

Dr Dermot Power

Dr Shelina Seebah

Dr Carmel Curran

Dr Filipa Aguiar

Dr Roisin Purcell

Dr Mina Al-Emam

Dr. Lilia Zaporozhan

Attending Registrars

Dr Azharul Omar

Dr Conall Kavanagh

Dr Stuart Lee

Dr Mohanned Taha

Director of Nursing

Ms Ciara Dowling

Assistant Directors of Nursing

Ms Elaine Hannigan

Ms Olive Doyle

Physiotherapy Manager

Ms Claire Fagan

Occupational Therapy Manager

Ms Monica Devine

Dietetic Manager

Ms Sinead Shanley

Principal Medical Social Worker

Ms Mary Duffy

Chief II Pharmacist

Mr Justin O'Sullivan

Senior Speech & Language Therapists

Ms Sheelagh Jennings

Ms Orla Gilheaney

Senior Radiographers

Ms Pamela Murray

Ms Michelle O'Regan

Quality Managers

Ms Bernadette Conolly

Ms Breedan Mangan

Risk Manager

Ms Milcent Chinyemba

Health & Safety Manager

Ms Helen Kieran

Human Resources Manager

Ms Jennifer Rafferty

Catering Manager

Ms Gillian McKeown

General Services Manager

Mr Will Judge

Pastoral Care

Ms Miriam Molan

Rev Leslie Robinson

Fr John O'Brien

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SECTION 1

YEAR IN REVIEW



MISSION

OUR MISSION

Clontarf Hospital's mission is to deliver an excellent interdisciplinary rehabilitation service for patients to enable them to achieve their optimum level of independence, health and wellbeing.



VISION

OUR VISION

Clontarf Hospital's vision is to operate as a centre of excellence for rehabilitation while maintaining its voluntary hospital status.



VALUES

OUR VALUES

The values that underpin the ethos and work of the hospital are:

- | | |
|------------------|--|
| Integrity | Believe in high standards of care for all our patients. |
| Trust | Rely upon and be confident and secure in the care provided at the hospital. |
| Respect | Mutual regard and esteem between staff, patients and all who visit the hospital. |

CHAIRMAN'S STATEMENT

As Chairman of the Board of Governors at Clontarf Hospital, I welcome you to the Annual Report 2024. It has been a busy year for the team at the Hospital with activity levels increasing as we meet the rehabilitation healthcare needs of the communities we serve.

The Board and I are aware that our staff are our greatest asset and on behalf of the Board I would like to start my report by acknowledging, with thanks, their continued commitment throughout the year in providing high-quality, safe patient care to all those who depend on us.

HOSPITAL SERVICES

The Board of Governors is proud of the Hospital's long tradition as a voluntary institution (Section 38) providing healthcare services since 1876. It is a company limited by guarantee under the Companies Act 2014 and a charitable organisation under the Charities Act 2009. The Board of Governors delegate authority to the Chief Executive Officer (CEO) to manage the Hospital's activities and affairs on a day-to-day basis, while retaining reserved powers in subjects specified in the Code of Governance.

The Board remained focused on completing the strategic objectives set out in the Strategic Plan 2019 – 2024 and which came to an end in December 2024. The Board was happy that, for the most part, the strategic goals had been achieved as services expanded to meet healthcare demands with new pathways of care introduced while ensuring the highest-quality patient care.

Following engagement with our external stakeholders and with our own internal staff, a new Strategic Plan 2025 – 2028 was completed and approved by the Board in December 2024. Plans are afoot to launch the new strategy in 2025 and to draft an Implementation Framework setting out our goals and objectives to be achieved over the next four years. The new goals are very much based on national healthcare policy, the Sláintecare principles and stakeholder feedback, and are reflective of the current and emerging population healthcare needs of the

communities we serve here in Dublin North City and County. Further information on the strategic goals is outlined in the CEO's report. The Board remained fully supportive of the Hospital's Management and Clinical Teams and to this end was pleased to approve a pilot Post-Trauma Rehabilitation Pathway with the Mater Hospital, which is ongoing as we write. The Management Team will report back on whether we can deliver this service successfully and the data presented to date is very promising.

Throughout the year the Board received updates on the significant restructuring of the Health Service Executive (HSE) planned for 2024 and how this would affect the hospital. As we write the report the Hospital Groups and the Community Healthcare Organisations have been disbanded and Regional Health Areas have been established and then subdivided into Integrated Healthcare Areas. This places the Hospital within Regional Healthcare Area Dublin and North East and Integrated Healthcare Area Dublin North City and West. It remains uncertain how these changes will affect the Hospital, but the Board remains confident that Management will navigate the changes so that it can meet the expected rise in healthcare service demands in the coming years.

HOSPITAL BOARD

In line with the Articles of the Association and Good Governance, the Board met eight times during the year and the Board Subcommittees provided oversight in areas such as, finance, governance, internal audits, ethics, and quality and safety. The annual Board Evaluation was completed and areas for improvement were addressed, and actions completed during the year. The Board of Governors completed three visits to the Hospital during the year and met with staff and patients as part of their remit to understand service delivery, as well as to observe, first-hand, the quality of care being provided. The visiting Governors provided a written formal report to the Board on each visit.

There were some changes to the Board itself in 2024. Our esteemed Deputy Chairman Mr Anthony O'Connor retired in June after five

and a half years on the Board. We would like to acknowledge his hard work and generosity to the Hospital during his tenure on the Board. We thank sincerely Ms Patricia Egan, who retired from the Board in December following six years as a valued and skilled Board member, and who so ably chaired the Audit Committee over many years. We also offer sincere thanks to Ms Ailish Sherlin, who resigned in March after three active years on the Board and who was key in placing sustainability on the Board agenda. We wish them well for the future.

We also take this opportunity to thank Mr Justice Maurice Collins, President of the Association, for his ongoing support of the Hospital and the services it provides.

As with all Boards, following retirements new members are elected. In March we were delighted to welcome Mr John Byrne, whose skills in accounting and finance are warmly welcomed, especially in these challenging financial times. On this point the Board placed the establishment of an independent foundation on the agenda during the year. The foundation to be tasked with fundraising for the hospital to enhance and support ongoing service delivery and service improvements, beneficial to patients and the delivery of our rehabilitation healthcare service.

IN CONCLUSION

Finally, to all the Board members I take this opportunity to thank you for your support and hard work over 2024, and I look forward to working alongside you in the coming year in overseeing and directing the Hospital's services.

Through the new four year strategic plans and as the largest rehabilitation hospital in Ireland, the Board, working collaboratively, will continue to advocate for its services and for the development of the hospital site so that it is well placed to meet the healthcare needs of the communities it serves into the future.

Aidan Gleeson
**Chairman of
the Board**



Aidan Gleeson

ATTENDANCE SCHEDULE FOR EACH BOARD MEMBER 2024

Surname	First Name	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	ATTENDANCE		
														Attended	Possible	%
Christian	Eimear	✓	✓	✗	N/A	✓	✓	N/A	N/A	✓	✓	✓	N/A	7	8	90%
Egan	Patricia	✓	✓	✓	N/A	✓	✓	N/A	N/A	✗	✗	✓	N/A	6	8	75%
Gleeson	Aidan	✓	✓	✓	N/A	✓	✓	N/A	N/A	✓	✓	✓	N/A	8	8	100%
Byrne	John	N/A	N/A	N/A	N/A	✓	✓	N/A	N/A	✓	✓	✓	N/A	5	5	100%
Horgan	Emma	✓	✓	✗	N/A	✓	✓	N/A	N/A	✓	✓	✓	N/A	7	8	90%
Jackson	Ann	✓	✓	✓	N/A	✗	✓	N/A	N/A	✓	✓	✓	N/A	7	8	90%
Jordan	Ken	✓	✗	✓	N/A	✓	✓	N/A	N/A	✓	✓	✓	N/A	7	8	90%
McGillycuddy	Celine	✗	✓	✗	N/A	✓	✓	N/A	N/A	✗	✓	✓	N/A	5	8	63%
Murray	Sinead	✓	✓	✗	N/A	✗	✗	N/A	N/A	✓	✓	✓	N/A	5	8	63%
O'Connor	Anthony	✗	✓	✓	N/A	✓	✓	N/A	N/A	N/A	N/A	N/A	N/A	4	5	80%
Phillips	Mairead	✓	✓	✓	N/A	✗	✓	N/A	N/A	✗	✓	✓	N/A	6	8	75%
Regan	Geraldine	✗	✓	✓	N/A	✓	✓	N/A	N/A	✓	✓	✓	N/A	7	8	90%
Sherlin	Ailish	✓	✓	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3	3	100%
Stark	Desmond	✓	✗	✓	N/A	✓	✗	N/A	N/A	✓	✓	✓	N/A	6	8	75%
Whitford	William	✓	✓	✗	N/A	✓	✓	N/A	N/A	✓	✗	✓	N/A	6	8	75%

CHIEF EXECUTIVE'S REPORT

Welcome to the
2024 Annual Report

INTRODUCTION

It is with some nostalgia that I introduce the Annual Report 2024 as I head towards retirement in early 2025, following 14 years as Chief Executive Officer (CEO) in Clontarf Hospital. It has been a privilege and a pleasure to work alongside so many dedicated members of staff over the years. As always, the Annual Report provides an opportunity to reflect on the year gone by, its achievements and its challenges.

REHABILITATION SERVICES

Rehabilitation treatment is an important part of healthcare services. The World Health Organization (WHO) estimates that, globally, 2.4 billion people are living with health conditions that benefit from rehabilitation treatment and this need for rehabilitation is predicted to increase. Rehabilitation itself is a complex set of coordinated processes involving many professional disciplines working together as a team. Here in the Hospital the aim of the Rehabilitation Team is to improve the quality of life for people living with life-altering conditions, so that they can live their lives to their fullest potential in their homes and communities.

Sláintecare is the HSE and Department of Health's overall improvement plan and strategy for reforming Ireland's health and social care system. One of the main aims of Sláintecare is to make care more person-centred and to move care away from acute care and closer to people's homes and communities. To do this the HSE has restructured the organisation and the Hospital is firmly planted in the new Dublin and North East Region with a population of 1.2 million, the highest population of any other region. Areas within this region also have the highest ageing population in the country. Aware of the needs of an ageing population over recent years, the Hospital has configured

services to meet these increasing population healthcare demands in line with national healthcare policy. Importantly, we now have several rehabilitation pathways of care for older people, aimed at keeping older people in their homes and communities for as long as possible. Alongside the healthcare demands of older people the hospital provides rehabilitation services for orthopaedic and trauma care and for more specialised rehabilitation including neurological and neurosurgical rehabilitation.

HOSPITAL ACTIVITY

We know that early access to rehabilitation brings better patient outcomes, and staff at the Hospital worked continuously during the year to keep patient admissions and discharges flowing so that we could maximise access to our services.

In line with the predicted population increase we are seeing a year-on-year increase in bed activity. Patient bed days were up 11% on 2023 and 11.4% on 2022, with an average length of stay 31.1 days for the year, down on 2022, which was at 32.2 days. As you read through the Annual Report 2024 you will find more information on departmental activity and service delivery. Appendix 1 also provides further figures on activity levels during the year.

STRATEGIC OBJECTIVES

Service Development

Our five-year strategic plan (2019-2024) ended as we approached the end of 2024 and to this end the Board, management and staff, supported by Alpha Primary Care Consultant Services, completed work on a new strategy that was approved by the Board in December. To ensure that the strategic plan was reflective and inclusive of the communities we serve there was extensive engagement with internal and external stakeholders through

interviews and workshops using SWOT and Pestle analysis. This was to enable us to fully understand the factors influencing the Hospital's service to meet the current and future rehabilitation healthcare needs of the population we serve.

The very positive feedback from our stakeholders and a review of past successes informed the development of the strategic plan and set out five clear objectives for the next four years, namely:

1. To enhance the delivery of high-quality, person-centred rehabilitation services underpinned by a robust clinical governance structure.
2. To improve patient access to rehabilitation services aligned with a population-based needs approach.
3. Continue to build and enhance the Hospital's workforce resources to meet current and future service demands.
4. To instigate a programme to develop the hospital as a clinical research partner in rehabilitation medicine.
5. To strengthen the Hospital's reputation as a centre of excellence in rehabilitation services through a rebranding and promotional campaign.

The Board, management and staff were satisfied that the previous strategic plan had been implemented as far as possible within the resources available and now look forward to the next four years, when they will implement and achieve the new goals set, especially those aligned to national healthcare policy.

In December 2023 the HSE, expecting another challenging winter for healthcare services, asked the Hospital to open 16 additional beds to increase access to rehabilitation services and to relieve pressure on our local acute hospital beds. As on previous occasions, the Hospital responded promptly and opened the additional beds, which remained open for most of 2024, with a further request to keep them open for winter 2024-2025. These beds, as I write, are operating at full capacity and the hospital is working collaboratively with our HSE colleagues to have them opened and funded on a permanent basis due to the high demands for our services.

As the largest rehabilitation hospital in Ireland, we have set out a new vision and mission that

are firmly set in our agreed values. Our vision is "to be a centre of excellence in rehabilitation patient care supported by skilled and caring staff". Our mission is "to provide patients with timely access to personalised, innovative and effective rehabilitation care allowing them to achieve their optimum level of independence, health and wellbeing in their communities". These are all set within our values of trust, integrity, compassion and being patient-centred.

In early 2025 an implementation framework will be drafted to set about implementing the new strategy and the Board of Directors will be kept updated on its progress.

We continued to make progress in our economic, social and governance obligations, which are a set item on the Board Agenda. While we await the Sustainable Energy Authority of Ireland (SEAI) 2024 Energy Report, the latest information available confirms that we are well on our way to meeting our 2030 targets set at a 50% reduction in energy consumption for publicly funded organisations. To date we have achieved a 35.5% reduction in our energy consumption, but we do need to reduce our reliance on fossil fuels and further reduce our greenhouse gas emissions. To this end a feasibility study has been completed in collaboration with HSE Estates to install solar panels that will enable a more sustainable environment. It is expected that the Hospital will go to tender in 2025 to complete this project. The Estates and Maintenance Department continues to work hard to make the Hospital more sustainable. The HR Department also works with line managers to ensure a healthy and safe work environment with an emphasis on equality, inclusion and continuous training and education, especially in skills needed at the Hospital. These include leadership skills and special clinical skills to meet patient care needs.

Quality Care Provision

It is no surprise that ensuring the highest quality of care to patients is a key strategic objective of the Hospital and a priority for all. Our clinical teams and our support staff remained focused on providing excellence in clinical care and our annual Patient Satisfaction Surveys have continued to score exceptionally well year on year.

In December we had an unannounced Health Information and Quality Authority (HIQA) inspection across the Hospital and as I write we await the inspection report. However, at the close-out meeting with the inspectors there were no serious concerns raised. These inspections are important as they provide an external independent report on the quality and safety of the Hospital's healthcare services. We had two announced inspections in 2023 (published in 2024) and again no serious concerns were raised. The first HIQA report was the radiation safety inspection (the Report of the Assessment of Compliance with Medical Exposure to Ionising Radiation Regulation, March 2023), which found that of the 12 areas inspected we were fully compliant in 11 and substantially compliant in 1. The substantially compliant area has since been addressed and brought into compliance. The second HIQA inspection, published in March 2024, was an inspection against the National Standards for Safer Better Healthcare (2012) and included leadership, governance and management, workforce, person-centred care, effective care and support, and safe care and support. The report confirmed that of the 11 areas reported on 8 were compliant and 3 substantially compliant. Action plans were implemented to address the substantially compliant areas, which in turn required HSE approval for funding and staffing resources funding resources to meet compliance in these two areas. Specifically, these relate to appointing a clinical director and an antimicrobial stewardship pharmacist at the Hospital, which we continue to address.

FUNDING

As always, funding remains a challenge for the Hospital as the cost of delivering services increases, mainly due to increasing patient activity and complexity and inflation and regulation. There are challenges in making savings required by the HSE in the face of increasing patient activity, pay and non-pay costs. Further financial information is attached to Appendix 2.

CONCLUSION

I will end by giving my sincere thanks to the Board and staff for their commitment and support throughout the year and to all those with whom I have worked with over the last 14 years. I have always been grateful for the

efforts and expertise of all. Much work has been achieved and there is more to be done. Whatever the future ahead holds, I know that through the guidance and support of the Board and the commitment and hard work of our staff we are assured of the very best health care for all our patients.

I have always believed that as a CEO of a voluntary organisation, providing healthcare services for over 150 years, we are but custodians along its lengthy trajectory of delivering healthcare services to the communities we serve, I do hope I have done it proud.

Michelle Fanning
Chief Executive Officer



Michelle Fanning,
Chief Executive Officer



SECTION 2

DEPARTMENT REPORTS

MEDICAL DEPARTMENT

INTRODUCTION

The Medical Department aims to provide the highest standards of clinical care in an integrated, effective and timely manner in a community-based inpatient rehabilitation setting. The demand for beds is constantly growing and the complexity of patient care is ever increasing. We strive to continuously grow and adapt our services to respond to patient needs.

Throughout the year, we delivered comprehensive geriatric assessments and interdisciplinary rehabilitation team reviews to all people admitted to our service. Completing these assessments in a timely manner is essential for ensuring that older people are in hospital for the least possible time. In addition, we aimed to improve discharge planning to minimise the likelihood of readmission; to provide adequate support for independent living following completion of hospital care; and to promote access to appropriately supported safe discharge home. We also aimed to include patients in their own discharge planning to ensure that their will and preference were always respected.

Throughout 2024 we admitted patients under the various pathways:

- Integrated care for older persons (ICPOP)
- Rehabilitation for older persons
- Orthopaedic rehabilitation
- Specialist rehabilitation for complex neurological rehab and acquired limb absence rehabilitation.



In addition, we continued to contribute to all aspects of clinical governance, with a particular focus on risk management, in promoting safe practices in delivering high-quality care to patients. We also aimed to promote further medical education and learning opportunities for all doctors and medical students in the department.

ACHIEVEMENTS

To follow is a list of some of our achievements for the year in review:

- We continued to practice evidence-based medicine, focusing on rehabilitation of older adults, post-acute hospitalisation, with various medical conditions, such as frailty, fractures, cognitive impairment, and other complex medical issues associated with ageing.
- We continued to embed the ICPop pathway. The programme is aimed to support suitable frail, older adults from the Emergency Department (ED) in the Mater Hospital and directly from the community, thereby avoiding acute hospital admissions in line with the vision outlined in the Enhanced Community Care Programme and Sláintecare.
- In November 2024 the ICPop pathway in Dublin North City, which includes Clontarf Hospital, received a patient flow excellence award from the HSE. In Dublin North City and the Mater Hospital we developed an integrated collaborative service for older adults presenting to the ED with multiple stakeholders, reducing unnecessary hospital admissions and the hazards that accompany them, while also providing timely access to appropriate specialist care. The pathways consist of referral to home-based Community Specialist Teams for Older People (CST-OP), the use of daily-designated "FIT to Rehabilitation" beds that provide same-day admission to affiliated rehabilitation units, which includes the Hospital, from the ED, and the use of beds in a hospital-run community care unit. Over a two-year period an estimated 9,000 bed days were saved per annum using these pathways.

- Postgraduate continuous education and career development among non-consultant hospital doctors (NCHDs) continued to be strongly promoted within our department. We conducted weekly journal clubs to facilitate an opportunity to disseminate knowledge and to keep up to date with new research and changes in clinical practice.
- We continued to support undergraduate education and welcomed students from University College Dublin (UCD) in every year for rotations in their community geriatric teaching placements.
- We continued to welcome UCD General Practice (GP) Trainees in 2024 to rotate through our Medical Department for Older People. They are a valuable addition to our medical team and we are delighted to contribute to their training programme.
- In September we welcomed Dr Lilia Zaporozhan, Rehabilitation Medicine Consultant, to the Hospital. She has been an invaluable addition to our department with the opening of five additional specialist rehabilitation beds for trauma patients with more complex specialist rehabilitation needs. These are in line with neurorehabilitation strategy and the vision of the national trauma strategy, A Trauma System for Ireland, and facilitate developing of a post-acute specialist rehabilitation pathway for Mater Misericordiae University Hospital (MMUH) patients aged 18 and over. The service was able to add value to the delivery of rehabilitation services for this cohort of patients. It also facilitated establishing links between the Hospital and other independent rehabilitation services such as the Irish Wheelchair Association (IWA) vocational services and Headway, which ultimately leads to better patient outcomes on discharge back to the community. In line with National Office for Trauma Services recommendations, this pathway implemented the use of Rehabilitation Complexity Scale (RCS / RCSe; e – extended for trauma where appropriate) at the time of referral, on admission, fortnightly during the admission and at the time of discharge, to reflect the complexity of rehabilitation needs of each patient, the complexity and intensity of rehabilitation service provided in the Hospital, and the improvement of patients' function and independence achieved at discharge.
- Our Beaumont Medical Team enhanced patient flow during the winter months by expanding its capacity with eight additional

beds, allowing the accommodation of more patients in need of rehabilitation. This initiative helped to prevent unnecessary prolonged stays in acute care, while also ensuring that patients were not discharged home prematurely without adequate support. By improving access to rehabilitation and facilitating a smooth transition back to the community, we reinforced our commitment to delivering high-quality, patient-centred care while optimising healthcare system efficiency.

- We led and actively participated in local committees including the Dementia Care Committee, the Drugs and Therapeutics Committee, the Falls Committee, the Frailty Committee and the Delirium Working Group.
- We undertook various audits throughout the year with a focus on falls, delirium, medication safety and prescribing and venous thromboembolism prophylaxis. We are also working closely with our Pharmacy Department, looking at anticholinergic burden and deprescribing where appropriate.
- We are continuously updating hospital policies and procedures in conjunction with the relevant departments to ensure that our practices stay up to date. In addition, we work closely with our Pharmacy Department to further expand our capabilities to extend our drug delivery systems.
- We would like to welcome Dr Shelina Seebah and Dr Al-Emam, who joined our department in 2024. They currently manage 32 inpatient rehabilitation beds for older persons via the Beaumont and Mater Hospital patient flow stream.

FUTURE DIRECTIONS

The following are areas in which we intend to develop in the coming year:

- We aim to meet the challenges of the ageing population while also responding to the demands of our acute hospitals by accepting increasing numbers of patients with multiple comorbidities and complex social issues whom we can care for safely.
- We have successfully planned for the opening of an Out-Patient Clinic for Older Persons in the Hospital in 2025. This will be in conjunction with our nursing and administrative colleagues, and we hope to offer a follow-up clinic for selected patients under the care of Dr Gaynor, Dr Al-Emam and Dr Chapman.

- We actively take part in quality improvement (QI) initiatives focused on improving patient safety and satisfaction. In 2024 we started in the development of a pilot QI project “My Rehab Journey”, aimed to improve communication and patient engagement in patients’ rehabilitation journey. We hope to have this completed in 2025.
- We aim to develop our antimicrobial stewardship programme alongside our pharmacy, nursing and infection control colleagues.
- We aim to further increase our senior medical support cover for out of hours, which will hopefully improve overall patient care and safety.
- We hope to welcome a medical clinical director in 2025 and look forward to working closely with them to continue in our work of delivering optimal patient care.

CONCLUSION

We would like to extend our sincere gratitude to all our NCHDs, Nursing and Multidisciplinary Team (MDT) members, and support staff in general services, catering, maintenance and administration, who continued to work tirelessly to deliver high-quality care to all our patients throughout the year. Their commitment and hard work are greatly appreciated. Going into 2025 we are excited to see what new opportunities await.

Dr Eva Gaynor
Consultant Geriatrician

Dr Lucy Chapman
Consultant Geriatrician

Dr Roisin Purcell
Consultant Geriatrician

Dr Carmel Curran
Consultant Geriatrician

Dr Filipa Aguiar
Acting Consultant Geriatrician

Prof Dermot Power
Consultant Geriatrician

Dr Mina Al-Emam
Locum Consultant Geriatrician

Dr Shelina Seebah
Locum Consultant Geriatrician

Dr Lilia Zaporozjan
Consultant in Rehabilitation Medicine



NURSING DEPARTMENT

Our Nursing Team remains committed to leading, driving and providing the highest standard, evidence-based, person-centred care to our patients on their rehabilitation journey. The year 2024 proved to be very productive and exciting. As well as a focus on quality improvement and innovation, our team focused on developing and strengthening a culture of staff wellbeing across Clontarf Hospital.

I would like to thank and congratulate members of the Nursing Team on their successful performance throughout 2024. Their care, compassion and commitment continue to inspire me daily.



PATIENT FLOW

The Hospital provides interdisciplinary rehabilitation to patients across six different pathways, namely:

1. Mater Active Rehabilitation for Older Persons (MARU)
2. Beaumont Active Rehabilitation for Older Persons (BARU)
3. Beaumont Specialist Rehabilitation (including patients with acute grain injuries and post amputees)
4. Rehabilitation and Function after Trauma (RAFT) (Mater Pilot Stream from September 2024)
5. Orthopaedic Rehabilitation
6. Mater Hospital Integrated Care of the Older Person (MICPOP)
7. In 2024 we had 1,559 admissions, an 11% increase on 2023. We continued to admit patients from all the major acute and scheduled hospitals; 30% of our patient population are under 65 and 70% are over 65 years of age with a high level of medical and social complexity. There were also 96 patients admitted under the winter action plan pathway.

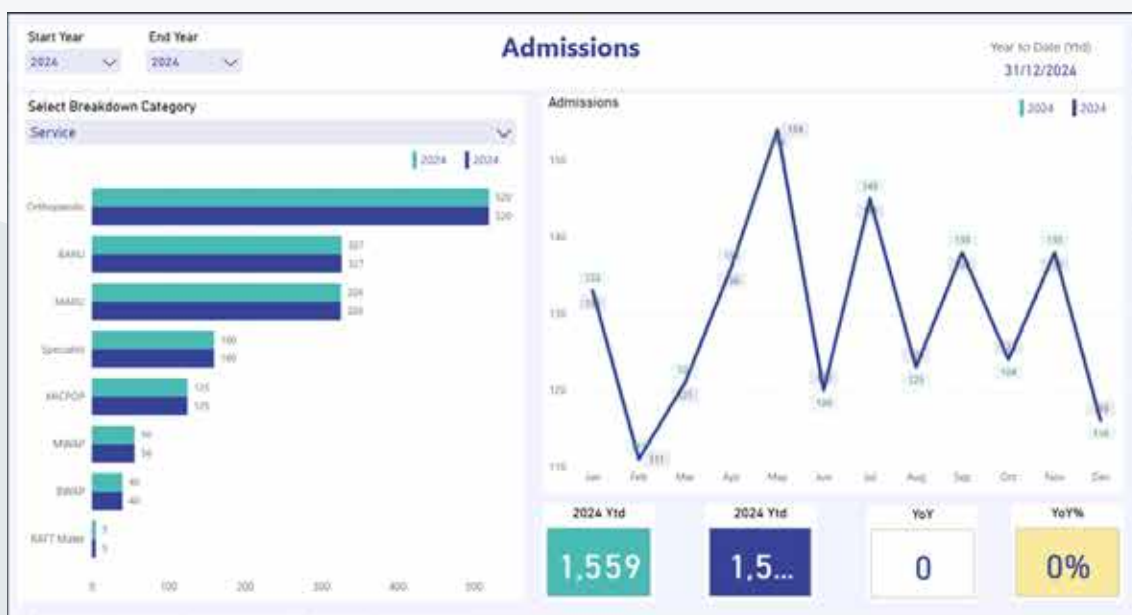


Figure 1: Number of Admissions in 2024 by Pathway of Care



Figure 2: Average Length of Stay and number of Discharges per Pathway of Care

● Covid19 ● CPE ● Norovirus

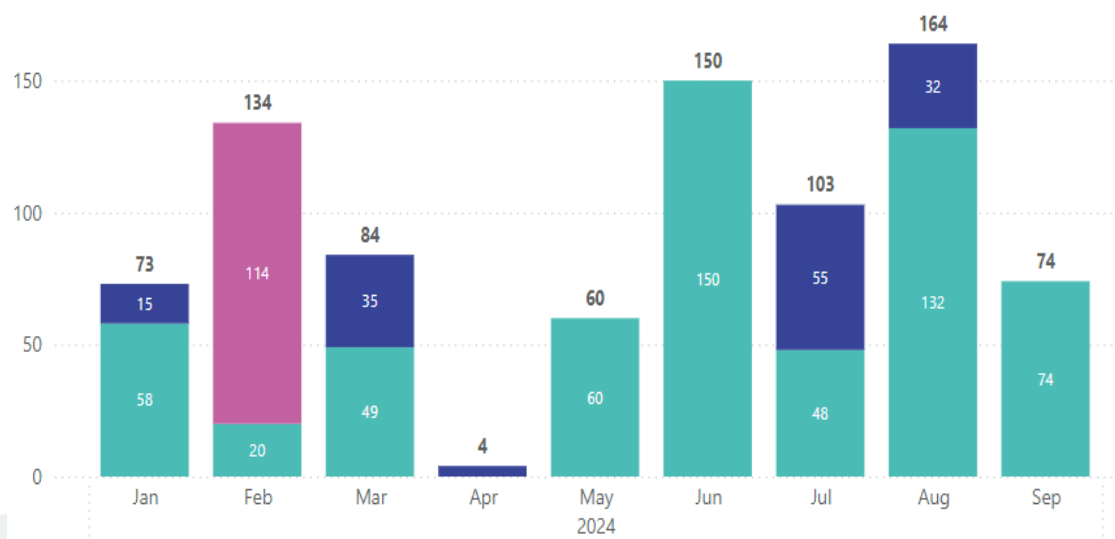


Figure 4: Bed Days Lost Due to Infection Control reason throughout 2024

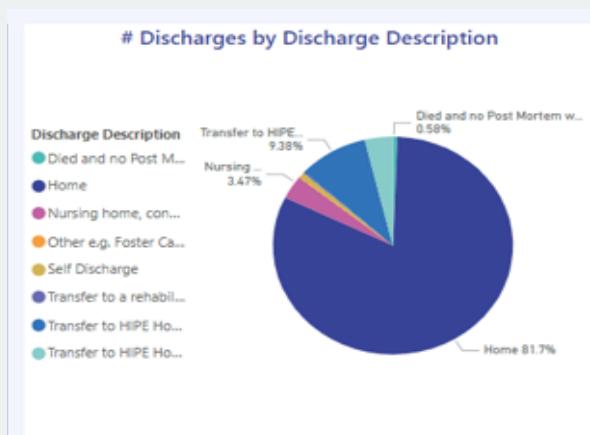


Figure 3: Patient Discharge Destination for 2024

NURSING OUTCOME MEASURES

Monthly Quality Care Metrics (Qcm)

These metrics are conducted monthly using the HSE Test Your Care Tool. I am pleased to report this is the 5th year that the Nursing Team has achieved an overall Green Result. I wish to take the opportunity to congratulate the Nursing Team on this excellent achievement.

As Director of Nursing, it is of key importance to be able to measure the quality of the nursing care undertaken by the Nursing Team here in the hospital. QCM provides the framework for identifying gaps in care delivery, enabling action planning for quality improvement and providing a mechanism whereby care providers can be accountable for the quality of their care delivery.

NURSING CARE METRICS

All Group All Locations	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024
Patient Monitoring and Surveillance	99% ➔	96% ⬇	94% ⬇	98% ⬆	98% ➔	99% ⬆	97% ⬇	97% ➔	97% ➔	100% ⬆	98% ⬆	98% ➔
Healthcare Associated Infection Prevention & Control	84% ➔	84% ➔	94% ⬆	85% ⬇	97% ⬆	100% ⬆	98% ⬇	88% ⬇	95% ⬆	100% ⬆	95% ⬇	100% ⬆
Pain Assessment and Management	96% ➔	99% ⬆	97% ⬇	99% ⬆	98% ⬇	99% ⬆	94% ⬇	97% ⬆	97% ➔	95% ⬇	99% ⬆	98% ⬇
Nutrition and Hydration	97% ➔	100% ⬆	98% ⬇	99% ⬆	99% ➔	99% ➔	99% ➔	98% ⬇	99% ⬆	99% ⬇	100% ⬆	97% ⬇
Continence Assessment and Management	98% ➔	94% ⬇	91% ➔	98% ⬇	98% ⬆	100% ➔	100% ➔	100% ➔	95% ➔	98% ➔	100% ➔	100% ➔
Care Plan Development and Evaluation	100% ➔	100% ➔	100% ➔	97% ⬇	99% ⬆	99% ➔	98% ⬇	98% ➔	98% ➔	100% ⬆	99% ⬇	100% ⬆
Care Plan NMBI Guidance	100% ➔	99% ⬇	98% ⬇	98% ➔	99% ➔	100% ⬆	99% ⬆	97% ⬇	97% ⬇	97% ➔	100% ⬆	100% ➔
Medication Safety	100% ➔	100% ➔	99% ⬇	99% ➔	100% ⬆	100% ➔	100% ➔	100% ➔	100% ➔	100% ➔	99% ⬇	100% ⬆
Medication Storage and custody	100% ➔	100% ➔	100% ➔	100% ➔	100% ➔	100% ➔	100% ➔	100% ➔	100% ➔	100% ➔	100% ➔	100% ➔
Falls and Injury Management	97% ➔	98% ⬆	97% ⬇	100% ⬆	100% ➔	100% ➔	99% ⬇	98% ⬇	100% ⬆	94% ⬇	100% ⬆	100% ➔
Wound Care Management	98% ➔	100% ⬆	98% ⬇	100% ⬆	100% ➔	100% ➔	100% ➔	98% ⬇	100% ⬆	95% ⬆	100% ⬆	100% ➔
Pressure Ulcer Prevention and Management	99% ➔	99% ➔	99% ➔	99% ➔	99% ➔	99% ➔	99% ➔	99% ➔	100% ⬆	100% ➔	100% ➔	100% ➔
TOTAL	98% ➔	99% ⬆	98% ⬇	98% ➔	99% ⬆	100% ⬆	99% ⬇	98% ⬇	99% ⬆	99% ➔	99% ➔	99% ➔

Table 1: Annual Nursing Care Metrics Report

PRESSURE ULCERS

Another measurement of excellent nursing care is avoidance of pressure ulcer development. This is monitored closely in all patients reported as Community and Hospital Acquired (CAPU and HAPU). The hospital is committed to the Pressure Ulcers to Zero (PUTZ) collaborative. Figure 5 below shows the data for both HAPU and CAPU for 2024 and Figure 6 shows the

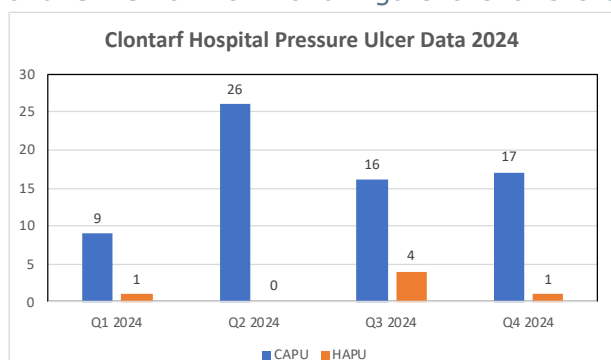


Figure 5: Pressure Ulcer Rates 2024 outcome trends 2019-2024.

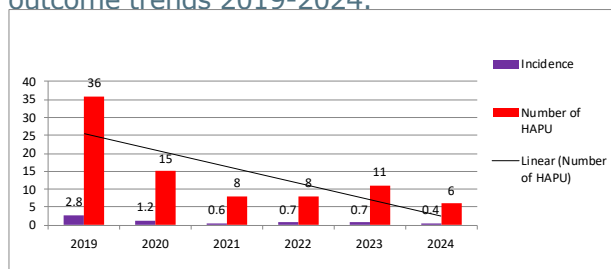


Figure 6: Hospital Acquired Pressure Ulcer Incidence Rate 2019-2024

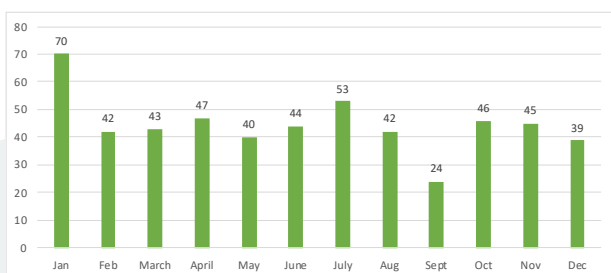


Figure 7: Patients Reviewed Monthly by Tissue Viability Clinical Nurse Specialist 2024

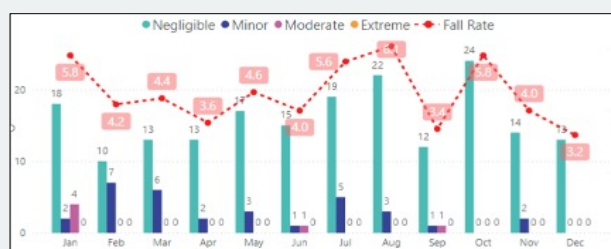


Figure 8: Falls Rate 2024

FALLS

Another area that is indication of quality nursing care is falls. Figure 8 below demonstrates the falls rate per 1000 bed days.

INFECTION PREVENTION AND CONTROL (IPC)

The Director of Nursing chairs the Infection Prevention and Control Committee and reports to the Board of Directors throughout the year on the infection prevention and control (IPC) status. Infection Prevention and Control is the responsibility of everyone, and through the expert guidance of the Clinical Nurse Specialist in IPC the hospital was successful in managing and preventing hospital-wide infectious outbreaks during the year. Overall, 2024 was another successful year, meeting key standards and regulatory requirements for IPC. Table 2 below documents the number of HAI's detected and managed during 2024. Table 3 demonstrates the number of HAI's that were Clontarf Hospital Acquired or detected on admission.

PEER-TO-PEER VACCINATION PROGRAMME

One measure to prevent infectious transmission is to vaccinate. Our Nursing Team provided a peer-to peer Flu vaccine programme and vaccinated 45% of all staff. Thank you to the HSE Mobile Community Vaccination Team that provided COVID-19 vaccinations to our patients and staff onsite.



Year	2024												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Covid19	14	2	6	0	6	17	7	27	8	4	2	1	94
Influenza	2	1	0	0	0	0	0	0	0	0	0	0	3
Other Respiratory illnesses	7	2	7	4	1	3	1	3	1	0	1	1	31
RSV	1	0	0	0	0	0	0	0	0	0	0	0	1
CPE	1	0	2	0	0	1	0	1	1	0	0	1	7
CPE Contacts	0	0	4	1	0	0	0	4	0	0	0	0	9
CRE	0	1	1	1	1	0	0	0	0	1	1	0	6
VRE	2	0	10	10	12	4	8	7	2	4	2	2	63
MRSA	3	2	4	3	7	3	3	2	3	2	8	1	41
MSSA	0	1	2	1	0	0	0	0	0	0	0	0	4
ESBL	2	0	3	0	1	1	3	1	6	1	1	4	23
CDIFF	0	2	1	0	0	0	0	0	0	0	0	1	4
Norovirus	3	21	0	0	0	0	0	0	0	3	0	0	27
Resistant Enterobacter	0	0	0	0	0	0	0	0	0	0	0	0	0
Singles	0	0	0	0	0	0	0	0	1	1	0	0	2
VTACEcoli	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Infections	0	0	0	0	0	0	1	0	0	0	0	0	1

Table 2: Hospital Infection Summary 2024

Infection	Jan-Dec	Clontarf Acquired	Known on Transfer	Admission Screen	Other
Covid-19 positive	94	71		20	3
Influenza	3	2		1	
RSV	1	1			
Other Resp	31	27		1	3
CPE	7		4	3	
CPE Contact	9	8	1		
CRE	6	4		1	1
VRE	63		61	2	
MRSA	41		12	27	2
MSSA	4		4		
ESBL	23	7	13		3
C-DIFF	4	3			1
Norovirus (AIG)	27	26			1
Resistant Enterobacter (Sputum Culture)	0				
SHINGLES	2				2
Other Infections	1				1
TOTAL	316	149	95	55	17

Table 3: The 2024 Hospital Infection Summary Report



Figure 9 Illustrates results of Audit for Hand Hygiene and Bare Below the Elbow per ward area



Figure 10: 2024 CNS IPC Nurse Referrals: Total Referrals 1,058



NURSING ANNUAL AUDIT PLAN 2024

The HSE describes a clinical audit as a clinically led quality improvement process that seeks to improve patient care and outcomes through a systematic review of care against explicit criteria and acting to improve care when standards are not met (DOH, 2008, P152). The Department of Nursing uses clinical audit to drive quality improvement and to consistently monitor care. The annual audit plan is drafted each year and the audit plan for 2024 is set out in Table 4 below in more detail.

Audit	Duration
Nursing Care Quality Metrics	Monthly
Falls Audit	Quarterly
Intentional Rounding Audit	Monthly
PIVC Care Bundle Audit	Quarterly
Urinary Catheter Care Bundle Audit	Quarterly
Hypo Box Audit	Quarterly
Hand Hygiene Audit	Monthly
Falls Multifactorial Assessment Form Audit	Quarterly
MUST Audit	Quarterly
Pressure Ulcer Safety Cross Audit	Monthly
Glucometer Practice Audit	Quarterly
Environmental Audits (Environment, Linen Patient Equipment Sharps Waste)	Quarterly
Patient Equipment	Monthly

Table 4: Annual Audit Plan 2024

NURSING DEVELOPMENT AND EDUCATION Conferences

Members of the Nursing Department attended the following events:

- The CNS in Tissue Viability and CNS in Infection Prevention and Control jointly presented a poster titled "Improving Surgical Site Infection Monitoring and Surveillance in a Rehabilitation Hospital" at the National Office of Clinical Audit (NOCA) Conference, 6 February 2024.
- The Assistant Director of Nursing and CNS in TVN attended the Royal College of Surgeons in Ireland (RCSI) Nursing Conference on 22 February 2024.
- The CNS IPC and a CNM 2 attended the Infection Prevention and Control Conference in Birmingham, 24 April 2024.
- The Continence CNS presented at the Slainte Day in Dublin City University (DCU), 11 June 2024.
- The Patient Flow Team presented a poster at the Slainte Day in DCU, 11 June 2024.
- The Assistant Director of Nursing presented at the Irish Gerontology Society (IGS) Conference on the 4th October 2024.
- The CNS in TVN was a keynote speaker at the national Tissue Viability Nurses Association of Ireland Conference held in Limerick Hospital, 23 October 2024.
- The Director of Nursing, CNS in TVN and CNS in Continence Promotion were keynote speakers at the Nurses and Midwifery Practice Development Unit Conference on 13 November 2024.
- The Clinical Practice Support Nurse (CPSN) attended the National Patient Safety Office Conference Dublin 17th September 2024.



The CPSN attended the National Clinical Care Programme for Older People (NCPOP) Conference Dublin on 14th November 2024.

- The Director of Nursing attended Integrated Care Conference HSE, at the Convention Centre Dublin, 8th October 2024.
- The Director of Nursing attended the 11th Lean Symposium Dublin, 22nd November 2024.
- The Assistant Director of Nursing presented at a "Meet, Greet & Learn" on Staff Wellbeing, at the Royal Hospital Donnybrook, 5th December 2024.
- The Clinical Practice Support Nurses presented a poster entitled "Falls Awareness Education for Staff" at the NOCA Irish Hip Fracture National Conference (HIPFEST), 21st May 2024.



NURSING RESEARCH AND PUBLICATIONS

Congratulations to Ann Gaffney, our CNS in IPC, who published her first research paper in the American Journal of Infection Control titled: "Role of Admission Rapid Antigen Testing (RATs) for COVID-19 on Patients Transferred from Acute Hospitals to a post-acute Rehabilitation Setting".

NURSING JOURNAL CLUB

Topics presented in 2024 include:

- Monitoring surgical site infections
- Correct inhaler technique
- The role of oral hygiene in preventing pneumonia
- Dementia nurse advisor support role
- Role of occupational therapy (OT) in the Hospital (case study presentations).

UNDERGRADUATE EDUCATION

We continue to support undergraduate nursing students from University College Dublin on clinical placements. Our Nursing Team provides mentorship and preceptorship to support the students to achieve their learning goals.

NEW PARTNERSHIP

I am delighted to report that the Nursing Team is developing a new partnership with Cathal Brugha Further Education and Training (FET) College and accommodating both Pre-Nursing and Health Care Assistant (HCA) FETAC Level 5 student placements. This partnership will lead to exciting opportunities for the students and our own staff to further their education.

POSTGRADUATE NURSING COURSES

A number of our Nursing Team are completing postgraduate education in the following areas:

- Postgraduate Diploma in Gerontological Nursing
- Postgraduate Diploma in Specialist Respiratory Nursing
- Certificate in Wound Healing
- MSc in Nursing
- Leadership and Management
- MSc in Clinical Health Science Education
- Micro Credential in Staff Wellbeing
- CPD in "Hospital Acquired De-Conditioning"
- Advanced Nurse Practitioner.

NEW EDUCATION PROGRAMMES

The Nursing Team focused on the rollout of the following new educational programmes in 2024:

- Simulation Training “Caring for the Deteriorating Patient – Advanced Skills for Enhanced Nurses”
- Introduction of the National Frailty Education Programme
- Onsite Venepuncture and Cannulation Workshop.



NURSING SERVICE DEVELOPMENT Nurse Led Tissue Viability - Candidate Advanced Nurse Practitioner (ANP)

The role of Clinical Nurse Specialist in Tissue Viability has been reconfigured and will be developed over the next year into a service that will be provided by an Advanced Nurse Practitioner (ANP), the first ANP service in Clontarf Hospital. Congratulations to Emma Cullen Gill who was successful at achieving the cANP and is undergoing the programme in Trinity College Dublin. The advanced practice role demonstrates a high degree of knowledge, expanded scope of practice including prescribing, autonomy, skill and experience that is applied within the nurse-patient/client relationship to achieve optimal

outcomes through critical analysis, problem solving and accurate decision-making (Nursing and Midwifery Board of Ireland, 2017). The proposed service will allow for the development of outpatient and inpatient services. The service will allow a reduction in Length of Stay (LOS), reduced cost and streamlined pathway of care for our patients with high wound care needs.

Continence Promotion Clinical Nurse Specialist Service

The Continence Promotion Nurse-led service continues to go from strength to strength. Congratulations to Anu Mathew, who received her Clinical Nurse Specialist title. This service receives very positive patient feedback with patients describing their improvements as “life changing”. A total of 170 staff members received continence promotion education including continence promotion for patients with dementia, and our registered nurses and medics were trained to carry out bladder scans. Individual patient education sessions and group sessions were completed across the year including a continence promotion education talk given in the Golden Moments Café.

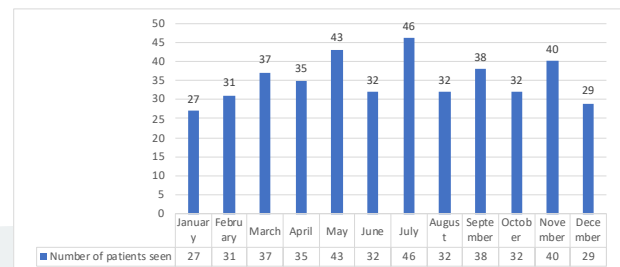


Figure 11: Number of Patients Reviewed by CNS in Continence Promotion 2024

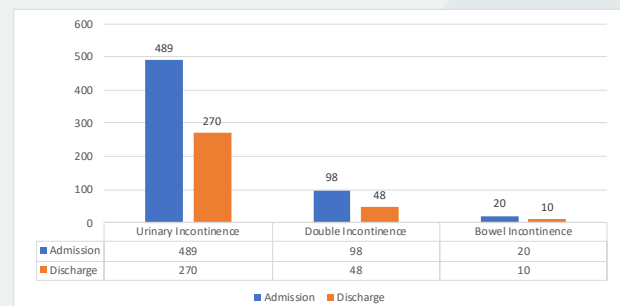


Figure 12: Continence Promotion Service Patient Outcomes Data 2024

World Continence Week

World Continence Week was from 17 to 23 June. It is a global initiative intended to raise awareness of bladder and bowel issues, chronic pelvic pain, and other debilitating conditions that greatly impact the lives of patients, families and carers. The continence awareness stand was conducted on the 21st of June with the aim of achieving pelvic health. It received a great response from staff, patients and families.



Healthcare Assistant Second Conference

Our second very successful HCA Conference was held in the Hilton Hotel Dublin on 24 September. More than 140 attendees enjoyed a day of engaging presentations, networking, refreshments and education. Staff attended from organisations such as Peamount Hospital, Royal Hospital in Donnybrook, Mater Misericordiae University Hospital,



Cappagh Hospital, Beaumont Hospital, St Mary's Hospital, the Central Remedial Clinic (CRC), Community Mental Health Services, Intellectual Disability Services, National Rehabilitation Hospital, private nursing homes and private home care agencies. The feedback from the conference was excellent.

Do you think the content was relevant to you?

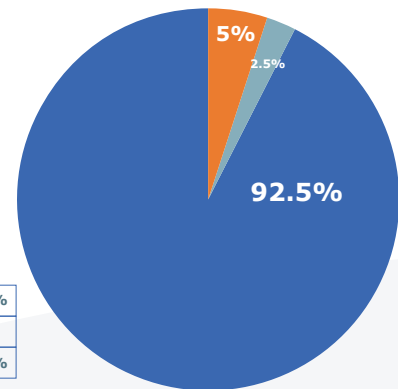


Figure 13: Feedback Received from the Conference

"Insightful, great that the conference recognises HCAs as part of a team within the healthcare setting and appreciates them".

"Fantastic opportunity for staff to come together to acknowledge and celebrate HCAs".



Quality Improvement and Innovation Projects

The following projects and other initiatives took place during the year:

- Introduction of Electronic Data Dashboards, titled 'Must Measure to Improve'
- Simulation sessions for deteriorating patients, and the development of advanced skills for the enhanced nurses
- Implementation of INEWS V2
- Patient Hand Hygiene Project
- Surgical Site Infection Project
- Revision of Multifactorial Falls Risk Assessment and introduction of falls mats
- Development of HCA Hand Hygiene Auditors
- Improvement of the dining experience on Blackheath Ward
- Introduction of the Person-Centred Visitor Policy
- Medication Drug Administration Trolleys – titled 'Streamlining Nursing Workflows and Efficiency, while maximising patient safety'
- Optimising patient flow pathways.



HEALTHCARE AWARDS

Irish Healthcare Awards Finalists 2024

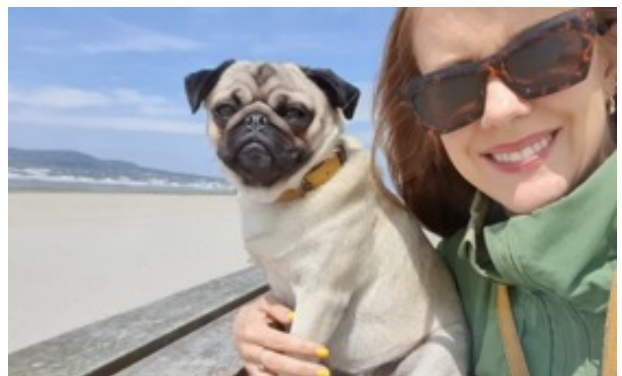
The Nursing Team became finalist for two projects at the Irish Healthcare Awards 2024, for "Improving Surgical Site Infection Monitoring



and Surveillance in a Rehabilitation Hospital" and the staff-driven IPC initiative "Are You Bare Below the "Elbow?"

RETIREMENTS

On behalf of the Nursing Team, I would like to take this opportunity to wish Madeline Mulvaney HCA, David Carrick HCA, Vanessa McKeon HCA, Nessa Fox HCA, and Ger Mangan HCA a long and happy retirement.



PET THERAPY

The Nursing Team led out on the very successful 'fur baby' visits. Thanks to Lola and her human Andrea for their time, cuddles and energy.

STAFF WELLBEING

In 2024, the Nursing Team was very focused on staff wellbeing and led out on several gatherings across the Hospital, welcoming all staff. Our objective was to drive a culture of positivity, enthusiasm, sense of value and



wellbeing. This included various occasions that celebrated physical, mental and emotional health, inclusiveness, diversity, and a culture of valuing oneself and one's colleagues. Examples are as follows:

- "Be Kind to Your Mind" with staff meditation was held on Friday mornings and Tuesday afternoons.
- The annual Staff Wellness Day was held on Tuesday 4th June, with an emphasis on men's health this year and including expert speakers on prostate and bladder issues. There were also discussions on mindfulness, mental health awareness and healthy eating.
- The Clontarf Social Club Family Walk was held on Saturday 27th April on the Baldoyle/Portmarnock Greenway and enjoyed by all staff who participated.
- The Clontarf Social Club "Fun Run" was held on Saturday 25th May in St Anne's Park and was enjoyed by all staff.
- In August the Hospital foyer was decorated by the nursing staff to support the adult children of two members of staff who were competing in the Paris Olympics 2024 (Cathal Doyle and Eve McMahon). Posters and banners were hung, and the TV and chairs were rearranged to allow patients

and their families to enjoy the Olympics in a festival-like atmosphere.

- An African Drum workshop was held 16th of December 2024.

INTERNATIONAL NURSES DAY

Incredible celebrations were held to commemorate Florence Nightingale's birthday and International Nurses Day. All staff were invited to celebrate with the Nursing Department. There was food, dancing, games and fun. Retired nurses were also invited back to the hospital and several members of the Nursing Team wore international costumes to highlight the integration of cultures across the Hospital. We received excellent positive feedback from staff both past and present.

Ciara Dowling
Director of Nursing



PHYSIOTHERAPY DEPARTMENT

INTRODUCTION

The Physiotherapy Department is committed to achieving excellence in patient care in an environment of mutual respect and continuing education. We strive to deliver a high-quality service that is dynamic, effective and patient-centred, and which enables patients to achieve their optimum level of independence, health and wellbeing. An evidence-based approach is central to our service delivery through promoting and supporting continuing professional development (CPD) and research in the department.

All patients admitted to Clontarf Hospital are assessed and treated by a physiotherapist with an evidence-based treatment plan that is tailored to their individual needs.

STAFFING

2024 was a challenging year for staffing and recruitment in the Hospital due to the HSE's Pay and Numbers Strategy. Caseload management required careful planning and prioritisation throughout the year due to a higher volume of patient admissions, an increase in patient complexity and the emergence of three additional rehabilitation pathways: the Beaumont Winter Action Plan (BWAP) pathway, the Mater Winter Action Plan (MWAP) pathway and the Rehabilitation and Function after Trauma (RAFT) pathway. The Physiotherapy Team worked diligently, showing commendable adaptability and determination to ensure that all patients received high-quality and effective physiotherapy input.

Restructuring within the department during the year facilitated the development of a Clinical Specialist Physiotherapist post for the Specialist Rehabilitation Service in line with skill-mix recommendations set out in the National Clinical Programme for Rehabilitation Medicine (NCPRM). This had been identified as a strategic priority in order to enhance patient care, clinical supervision and research capabilities within the department.

The Physiotherapy Department continues to advocate for additional posts to align ourselves

with staffing guidelines recommended by the National Clinical Care Programme for Older People (NCPOP) and the NCPRM.

A clinical tutor post (0.4 whole-time equivalent, WTE) continued to be funded by the School of Physiotherapy, Royal College of Surgeons Ireland (RCSI) to support undergraduate physiotherapy placements. In 2024 the department facilitated two students per placement and feedback from all stakeholders remained very positive.

Senior Physiotherapist Pauline Sheeran retired after 23 years of dedicated service in the Hospital. Pauline's expertise, professionalism, and compassionate care made a lasting impact on patients and colleagues. We wish her a happy and healthy retirement.

Activity

	2023	2024
Number of New Patient Referrals	1396	1547
Total Number of Physiotherapy Treatment Sessions	26401	29512
Total Physiotherapy Time (Hours)	17546	19294

Table 1: Physiotherapy Activity 2023/2024

In 2024, the Physiotherapy Team focused on optimising workflows and reviewing best practice guidelines to meet the needs of an increasingly complex and frail patient cohort. Frailty screening completed by physiotherapists demonstrated that 50% of all new admissions presented with mild, moderate or severe frailty, while a further 20% showed signs of very mild frailty. Total physiotherapy time increased by 10% overall compared with the previous year. Improving patient access to gym rehabilitation was identified as a key priority, resulting in a 23% increase in total gym sessions. Special thanks to the porters, nursing and healthcare assistant (HCA) teams who helped to maintain a regular flow of patients to the gym.

There was a 15% increase in group exercise sessions that included ward-based strength and conditioning classes, upper limb rehabilitation classes and Parkinson's classes. Falls education sessions increased by 92% compared with the previous year reflecting a committed and proactive effort by the department to deliver falls prevention advice to all patients. Patients are increasingly presenting with more complex discharge needs and there was a significant increase in physiotherapy time devoted to discharge planning in 2024 as evidenced by a 79% increase in home visits attended by the team. In addition, to direct clinical care, physiotherapists remained actively involved in hospital committees and quality improvement initiatives throughout the year.

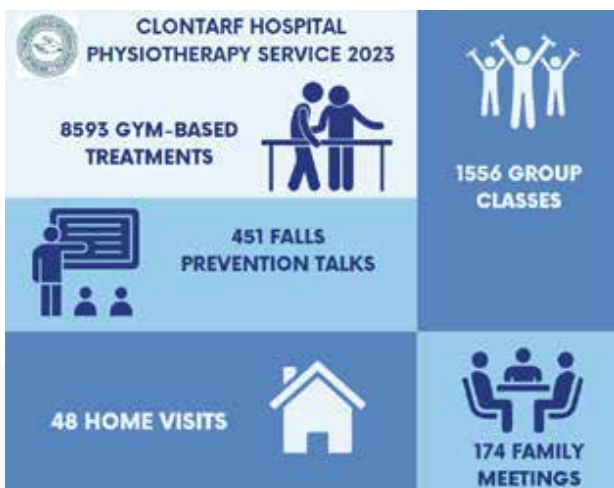


Figure 1: Physiotherapy Activity Overview 2024

SERVICE UPDATES

Gym Refurbishment

The Physiotherapy Gym underwent a comprehensive refurbishment with repainting, improved storage solutions and the addition of new exercise equipment. Newly designed 10-metre walk test pathways were also introduced to enhance functionality. These upgrades have provided a fresh and welcoming atmosphere, creating a comfortable and well-equipped space for patients during their rehabilitation. A special thanks to the Estates and Maintenance Department for its hard work in making this possible.

Rehabilitation and Function after Trauma (RAFT) Pilot

The Physiotherapy Team on Blackheath Ward, led by Clinical Specialist Physiotherapist Naoise

Doran and Senior Physiotherapist Sophie O'Connell, worked diligently to support the RAFT pilot. Rehabilitation Complexity Scale (RCS-E) scores captured during the pilot indicated a high complexity of needs for these patients, who required intensive physiotherapy input, including community ambulation practice, interdisciplinary goal-setting and complex discharge planning. Functional and patient-reported outcome measures completed by physiotherapists thus far have been positive, reflecting the effectiveness of the service despite resource constraints.

Winter Action Plan (WAP) Beds

An additional 16 beds were opened during the year as part of the Winter Action Plan (WAP) to alleviate pressure in the acute hospital system. Staffing plans were reorganised to meet the specific needs of patients admitted via this pathway. Screening showed that over 70% of patients in this rehabilitation stream presented with frailty at time of admission. Over the course of the year, the Physiotherapy Team delivered 1,638 sessions and dedicated 1,102 hours of physiotherapy time to this service.

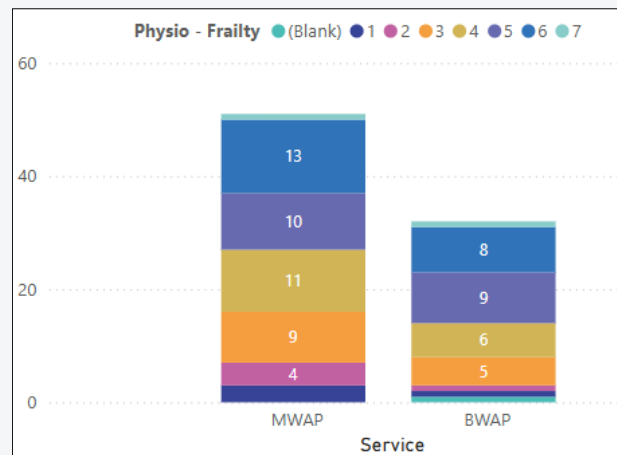


Figure 2: Clinical Frailty Scale scores across Mater and Beaumont WAP Services

Vestibular Service

Senior Physiotherapist Sophie Finlay continued to work on developing and strengthening the vestibular service within current resource capacity. A revised referral form was designed and implemented, and education sessions were delivered to the Physiotherapy and wider Multidisciplinary Team (MDT). A limited vestibular service, including specialised assessment, treatment and education is available to patients across all rehabilitation streams in the Hospital and

further collaboration is planned with the Falls Committee to incorporate vestibular screening into falls risk modification protocols.

Physiotherapy Outcomes

The digital Medmodus Physiotherapy Dashboard was enhanced to improve the analysis of functional and patient-reported outcome measures completed by physiotherapists. This development will facilitate patient profiling, provide valuable insights into the effectiveness of physiotherapy input, and help predict clinical outcomes.

Hip Fracture Data Collection Working Group

The Hip Fracture Data Collection Working Group, led by Senior Physiotherapists Anne-Marie Seddon and Sinéad Kiernan, continued to collect data on patients admitted to the Hospital post hip fracture and developed a poster entitled "Collection of Long-Term Outcomes of Patients Post Hip Fracture in a Sub-Acute Rehab Setting". This was

accepted for the National Office of Clinical Audit (NOCA) HipFest Conference in May. Hip Fractures remain one of the most serious injuries suffered by older adults globally, with 38% of patients in Ireland requiring post-acute rehabilitation after their fracture. In 2024 the Hospital rehabilitated 127 patients post hip fracture. The group plans to develop an evidence-based hip fracture exercise class and establish a Hip Fracture Governing Committee within the Hospital in 2025.

QUALITY IMPROVEMENT INITIATIVES

Sarcopenia Pilot Study

A project group was established by the Physiotherapy Department (Senior Physiotherapists Anne-Marie Seddon and Aoife Crowe) and the Nutrition and Dietetics Department (Dietitian Manager Sinead Shanley and Dietitian Carol Huet) to deliver an evidence-based, interdisciplinary approach to sarcopenia management in the Hospital by creating a site-specific sarcopenia screening

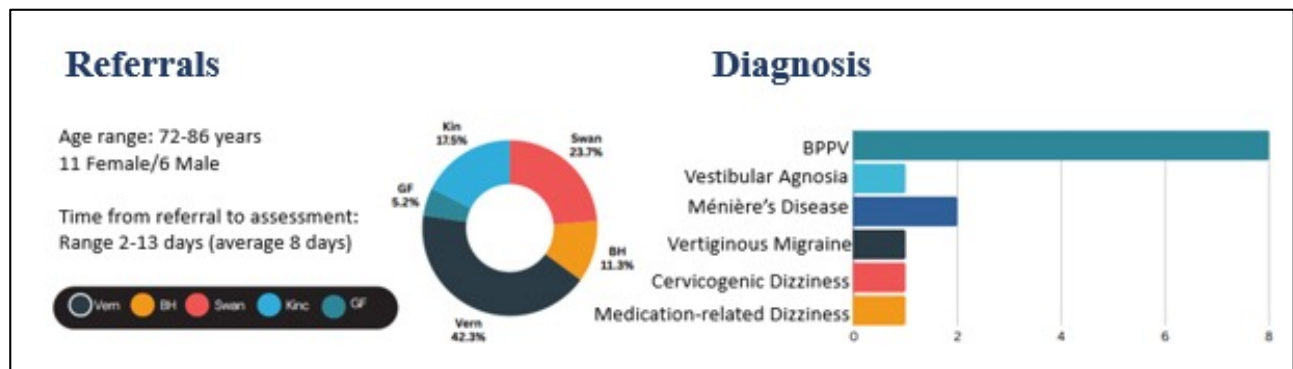


Figure 3: Overview of Referrals to Physiotherapy Vestibular Service 2024

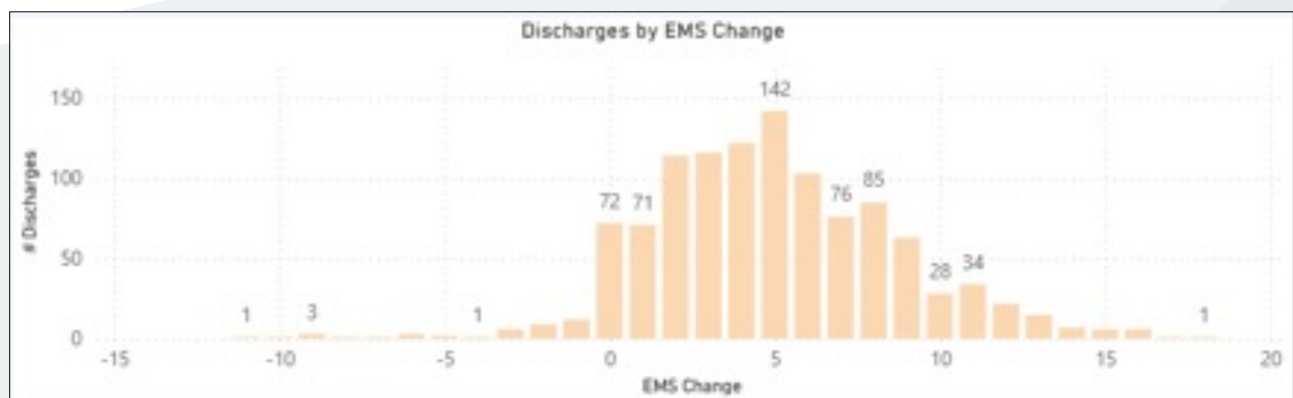


Figure 4: Sample Graph Exported from Medmodus Showing the Distribution of Score Changes for "Elderly Mobility Scale" from Admission to Discharge in 2024

tool and pathway. A pilot study completed in June 2024 on an orthopaedic ward in the Hospital found that 30% of patients screened presented with probable sarcopenia.

During the pilot study, physiotherapists delivered an evidence-based individual progressive resistance exercise programme to treat patients admitted with sarcopenia. Encouragingly, 50% of patients in the pilot group showed reversal of their sarcopenia after receiving combined dietetics/physiotherapy intervention, while a further 18% showed a marked improvement with reversal of the severity of their sarcopenia. A subsequent snapshot audit revealed an overall rate of 55% of probable sarcopenia hospital-wide, highlighting the importance of rolling out this pathway across all wards. A poster entitled "Implementing Sarcopenia Screening in a Sub-Acute Rehabilitation Setting: A Multidisciplinary Quality Improvement Initiative" was accepted for the Health and Social Care Professionals (HSCP) Conference in Croke Park in October and the study was also presented at the Meet, Greet and Learn Event in Royal Hospital Donnybrook in December.

Parkinson's Exercise Class

Senior Physiotherapist Sophie Keddie developed a Parkinson's exercise class based on Lee Silverman Voice Treatment (LSVT) BIG® principles. Outcome measures were collected pre- and post-completion of the programme and results indicate improved function and mood amongst participants. Interdisciplinary education was provided in collaboration with the Speech and Language Therapy Department to share knowledge and common understanding across the LSVT BIG® and LSVT LOUD® programmes. Further work is planned on updating educational materials for this cohort.

Frailty

Senior Physiotherapist Aoife Crowe continued to lead out on frailty screening and syncope management and presented a poster entitled "The Goldilocks Effect of Hydration for Patients in a Sub-Acute Rehabilitation Setting: Too Warm, Too Cold or Just Not Nice" at the Irish Gerontological Society (IGS) 71st Annual and Scientific Meeting, in October. Two Senior Physiotherapists (Aoife Crowe and

Caroline Daly) completed training as National Frailty Facilitators as part of the National Frailty Education Programme and contributed significantly to frailty education within the Hospital over the course of the year.



STAFF WELLNESS

Our Staff Wellness Champions (Sinéad Kiernan, Isabel Burke, Sophie Finlay and Aoife Kinsella) organised quarterly events for the Physiotherapy Department ranging from meditation sessions and painting to an energetic 1980s-themed aerobics class. We very much appreciate the effort and enthusiasm involved in organising these activities, which help promote wellness, team spirit and a healthier work environment.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

CPD is a core professional requirement for physiotherapists. In addition to clinical supervision and a carefully planned weekly in-service programme, performance achievement was rolled out in the Physiotherapy Department in 2024 to help staff develop in their roles and identify learning and development needs.

Senior Physiotherapists Aoife Crowe and Anne-Marie Seddon successfully achieved QQI Managing People Level 6 Component Certificates from the Management Essentials Programme at the Health Management Institute of Ireland (HMI).

Physiotherapist Felix Moon graduated with an MSc in Neurology and Gerontology from the RCSI, which included a thesis entitled "A Cross-Section Study to Evaluate Physiotherapy Management of Frail Older Adults with Hip Fracture in a Post-Acute Setting".

Senior Physiotherapist Sophie Keddie achieved LSVT BIG® accreditation and Physiotherapist Abby Daly obtained a Postgraduate Certificate in Older Person Rehabilitation from University College Cork (UCC).

Several members of the team also completed Frailty Education, InterRAI™ and Functional Independence Measure/Functional Assessment Measure (FIM/FAM) training during the year.

CONCLUSION

It is a privilege to collaborate with such a passionate, driven and compassionate team whose members work tirelessly each day to support patients in achieving their optimum level of function and wellbeing. I would like to express my appreciation to the Physiotherapy Team for their dedication, hard work and steadfast commitment to continuous service improvement.

Support from our co-workers across the Hospital was vital again this year. I would like to express my heartfelt thanks to all

our colleagues across the MDT and the Administration and Support Teams for their ongoing help, guidance and understanding.

On behalf of the Physiotherapy Department, I would like to thank our outgoing CEO Michelle Fanning for her invaluable support and leadership throughout the years. We extend our best wishes to her and wish her a happy retirement.

The Physiotherapy Department remains committed to delivering safe, effective and compassionate patient care of the highest quality. We are excited for the opportunities for growth and success in 2025 and look forward to ongoing collaboration with our colleagues across the Hospital.

Claire Fagan

Physiotherapist Manager



OCCUPATIONAL THERAPY DEPARTMENT

INTRODUCTION

The Occupational Therapy (OT) service is a key part of the rehabilitation team at Clontarf Hospital and all patients benefit from engaging with the OT team in their rehabilitation treatment. With our support, patients are encouraged to regain their functional independence in all areas of self-care, productivity and leisure. The OT service also supports those who need to improve and maintain their memory and cognition levels and where required they receive advice and assistance around adapting their home environment to meet their new needs. Staffing for the OT Department for 2024 consisted of:

- 1 whole-time equivalent (WTE) OT manager
- 5 WTE Senior OTs
- 5 WTE staff grade OTs
- 2 WTE OT assistants.

We used Winter Action Plan (WAP) funding towards the end of 2024 to increase staffing levels, the impact of which was an increase in delivering rehabilitation sessions to our additional patients admitted under this scheme. We maintained a 100% staffing retention rate across the OT Department in 2024.

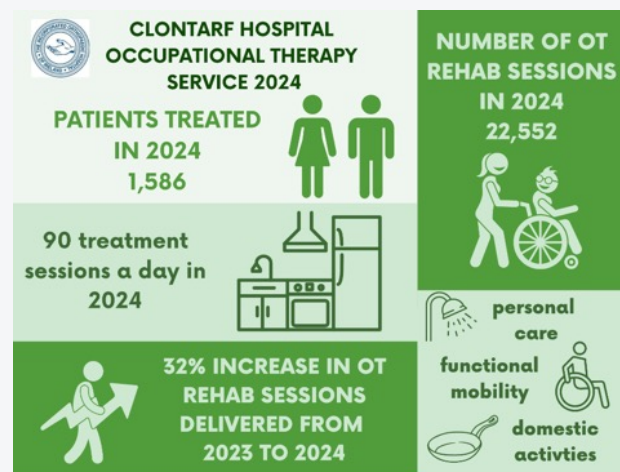
SERVICE DELIVERY IMPROVEMENTS IN 2024 Maintaining Access Times (How Quickly a Patient is Assessed by an OT)

The OT Department uses a priority-based referral system for all patients, who are assessed by an OT within one working day. All 1,586 patients admitted to the Hospital in 2024 were seen and assessed by an OT within one working day.

Improving Session Delivery (How Often a Patient is Seen by an OT and Targeting Who Needs to Be Seen Most Often)

In 2024 the OT Department continued to focus on maximising the number of patient sessions they could offer per day and per month. In 2024, 22,552 OT rehabilitation sessions were delivered to patients.

An additional 5,543 patient sessions were delivered in 2024 compared to 2023. This demonstrates a 32% increase in OT rehabilitation delivery in 2024 compared to 2023. To achieve this patient benefit we maintained team efficiency practices including our daily 8.30 am cross-cover OT meeting and ongoing quality improvements on our service delivery and efficiency. Staffing retention of 100% in 2024 also greatly helped to reduce gaps in service delivery and our WAP funding in the last quarter of 2024 enhanced our rehabilitation session delivery.



OCCUPATIONAL THERAPY IN 2024 Specialist Rehabilitation Unit

We continued to deliver specialised OT treatments for our patients in the specialised rehabilitation streams. These streams include amputee rehabilitation, brain injury rehabilitation, neurological rehabilitation and trauma rehabilitation from September 2024. The types of specialised OT treatment here include upper limb rehabilitation, cognitive rehabilitation, perceptual rehabilitation, complex wheelchair/equipment prescription, wheelchair training skills, community re-integration, on-site caregiver training, and complex Home Assessment/Joint Home

Visits with community agencies such as early supported discharge teams (ESD), primary care OTs, and care agencies. For our Amputee Stream our OTs have a new role in major home modifications, and we are working closely with local councils and primary care OTs to enable this process.

This patient stream received an average of 21 OT sessions and an average of 16.7 hours direct OT clinical time per patient over an average Length of Stay (LOS) of 37.2 days. Average Rehabilitation Complexity Score (RCS-E) score for this stream in 2024 was 10.09, which indicates specialised rehabilitation needs for this patient group.

Older Person Rehabilitation Units

We continued to deliver our core OT treatments for our patients in the Older Person Rehabilitation Streams admitted to us from Beaumont Hospital, Mater Hospital (including Frailty Intervention Therapy Teams) and Connolly Hospital for rehabilitation prior to discharge home. The types of core OT treatments here included seating and pressure care assessment, and functional rehabilitation for all activities of daily living including washing, dressing and meal preparation, cognitive and perceptual assessment, home assessment, equipment assessment and provision and discharge planning.

This patient stream received an average of 15.5 OT sessions and an average of 10.3 hours direct OT clinical time per patient over an average LOS of 36.7 days. Average RCS-E score for this stream in 2024 was 8.74, which indicates high rehabilitation needs for this patient group.

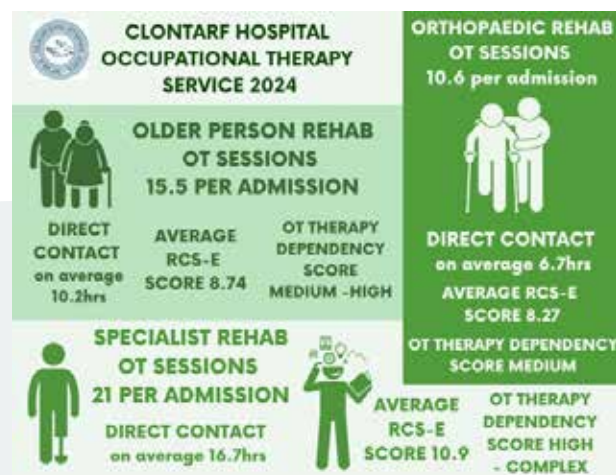
Orthopaedic Rehabilitation Units

We also continued to deliver our core OT treatments for our patients in the orthopaedic rehabilitation streams admitted to us from acute hospitals over the Dublin region for rehabilitation prior to discharge home. The types of core OT treatments here included seating and pressure care assessment, and functional rehabilitation for all activities of daily living including washing, dressing and meal preparation, cognitive and perceptual assessment, home assessment, equipment assessment and provision and discharge planning.

This patient stream received an average of 10.6 OT sessions and an average of 6.7 hours of direct OT clinical time per patient over an average LOS of 21.9 days. Average RCS-E score for this stream was 8.27, which indicates high rehabilitation needs for this patient group.

Home Visit Assessments

Home Visit Assessments include three types of OT assessment in the home: (1) Home Assessments, (2) Access/Equipment Visits and (3) Discharge Home Assessments. These are an essential part of the rehabilitation process and a priority system is in place to ensure that the patients who would benefit most from Home Assessments are offered them. In 2024 we continued to see an increase in a new type of Home Assessment called Community Practice, whereby we supported our patients in being assessed in the community environment, such as the supermarket, to ease their transition home. This type of visit is particularly useful in our Neurorehabilitation Stream and is sometimes completed in conjunction with our colleagues in Speech and Language Therapy (SLT), which is an exciting new piece of interdisciplinary work for us.



A total of 299 in-person Home Visit Assessments were completed in 2024. This is an increase of 91% compared to 2023. Of these visits, 128 (43%) were Home Assessments, 130 (43%) were Access/Equipment Visits, 29 (9%) were Discharge Visits and 15 (5%) were Community Practice Visits. This is a huge increase in Home Visit Assessments needed

in 2024, given that Home Assessments are among the key indicators of complexity for OT in rehabilitation settings.

Depending on patient needs, these Home Assessments are completed either by an OT and an OT assistant alone or as interdisciplinary visits with medical social workers (MSWs) and/or physiotherapists. In 2024 five of our community practice sessions were completed with our colleagues in SLT. For enhanced discharge planning for more complex patients our community colleagues (primary care OTs, public health nurses, care agency managers and carers) are invited to join the visit.

Virtual Home Assessments

We continued our practice of Virtual Home Assessments in 2024 as a valuable tool for assessing the home environment, either instead of an In-person Assessment or prior to an In-person Assessment. These Virtual Home Assessments offer four different ways in which a patient can give more information to an OT who can then begin to assess their home environment from the Hospital to enhance discharge planning.



These four ways are:

- Home Heights Form (where the caregiver gives detailed descriptions around common environmental details: bed and chair heights, steps, front door access etc.)
- Photographs of the home environment
- Video of the home environment
- Walk around video call of the home environment with the caregiver, when the OT can ask detailed questions about the physical environment.

We completed 356 Virtual Home Assessments in 2024, and this practice is now consolidated in our service. It has helped to identify, early in admission, potential barriers to discharge, resulting in these being actioned sooner thereby reducing LOS, for example the order of equipment or the installation of environmental modifications.

QUALITY IMPROVEMENTS IN 2024

Home Safety Patient and Family Groups

In 2024 the Home Safety Group ran fortnightly with two members of the OT team facilitating. The group was set up to support both patients and family members with falls education and recommendations and equipment demonstrations for home modifications to maintain safety within the home on discharge. Its function is to help patients and family members prepare for the transition to home from the Hospital. The Home Safety Group was set up specifically to support patients with cognitive and sensory difficulties and their families with falls education and advice for home modifications.

A total of 188 patients attended our Home Safety Group in 2024. Feedback from the group has been positive from both patients and family members. Patients have reported the group as being “very informative” and “interactive”. The session “was fun which helped with remembering” and had “excellent information given”. Overall patients’ self-scoring of competence with regard to accessing information for falls management, how to support a family member post fall, and their understanding of factors contributing to falls significantly improved post attendance of the Home Safety Group.

Wellbeing and Relaxation groups

The Wellbeing Group is a joint initiative between the OT Department and the MSW Department. The wellbeing education and relaxation sessions continued throughout 2024. Twenty wellbeing group sessions were held during the year with additional relaxation sessions running on a weekly basis, with a total attendance of 150 patients. The Wellbeing Group content included discussion of wellbeing concepts, stress management and coping strategies. Relaxation sessions consisted of taking participants through guided imagery visualisation with the aim

of achieving a calmer state. Feedback from patients was collected through the completion of an evaluation form post attendance at the wellbeing education session, the results of which were analysed by the facilitators. The most common themes being reported by those who attended were the benefit of peer support in a group setting, a reduction in stress levels, and the incorporation of wellbeing strategies into daily life.

Memory Joggers/Cognitive Stimulation Group

A Cognitive Rehabilitation Group was piloted by the OT Department between Blackheath and Swan Wards in July 2024. The group included patients with cognitive changes following a brain injury or neurological changes and individuals with dementia. Patients with subjective memory complaints were also welcome to attend.

The pilot group ran three weekly sessions over three weeks and included educational and cognitive stimulation exercises. Two groups were piloted with nine patients attending in total over the six-week pilot. Each week focused on different cognitive domains including attention, memory and executive functioning. The group's aim was to provide education and strategies to support cognitive changes as well as exercises and tasks to support cognitive stimulation during and outside of the group setting.

Since 2024 the cognitive rehabilitation group has developed two streams to support the needs of patients with acquired brain injury and those with mild cognitive impairment (MCI) or early dementia.

Dementia Care Committee (DCC)

The OT Department continued to lead out on dementia care with our multidisciplinary (MDT) colleagues through the Dementia Care Committee (DCC) in 2024. Bimonthly meetings were held during 2024.

The Golden Moments Café, an MDT initiative that runs monthly, was launched in April 2024. Patients selected for attendance have an identified cognitive impairment. The structure of the café involves a welcome talk, socialisation and dining, a short educational session from an internal or external staff member, and a cognitively stimulating activity.

In total, 81 referrals were received and 58 patients have attended with 23 accompanying family members. A total of 22% attended on more than one occasion, with 54% of these not having a formal diagnosis of dementia. Of those that had an identified cognitive impairment 28% were mild, 59% moderate, and 9% severe. Subjective feedback received included "would attend one in the community", "good to get out and meet people" and "would love to have more".

Supplies for one Dementia Activity Cart were purchased by the DCC in 2023. OT students from Trinity College Dublin (TCD) volunteered and attended weekly during term time. Patients who were identified as at risk of occupational deprivation were referred for the purpose of occupational engagement. Sessions with the students were patient led and included social interactions as well as engagement in a variety of activities from the Dementia Activity Cart. Data was collected from September to December 2024. Over a 10-week period, 35 patients were seen by student OTs with a total of 55 sessions being completed. Of these patients 74% had a cognitive impairment and 26% had a diagnosis of dementia. Furthermore, 5.4% of patients surveyed reported engaging in activity outside of rehabilitation sessions on the ward. Positive feedback was gathered with 65% of patients rating their enjoyment in the occupational engagement as 10/10.

The DCC held a Delirium Awareness Day in November 2024 with guest speaker Karen Gorman, a dementia nurse advisor. Staff learned about the service including the support provided post diagnosis, support for carers and signposting of local community services. A pathway was provided for referral of Beaumont Hospital patients with a new diagnosis of dementia. An information stand was also set up outside the canteen.

A Christmas Carol Celebration was organised by the DCC in December. Patients prioritised to attend were those who normally attend the monthly Golden Memories Café and those who were likely to be inpatients over Christmas. Over 35 patients attended the event in the Physiotherapy Gym and very positive feedback was received.

Delirium Committee

The OT Department continued to work with our MDT colleagues on the Delirium Committee, which met quarterly throughout the year. The group provided ongoing accessible education on the condition, highlighting the prevalence of delirium and its management in the hospital environment. The committee aimed to highlight the role that all hospital staff must play in the prevention and management of delirium in the workplace. It also engaged with the annual Delirium Awareness Day to further the understanding of the condition for staff and patients alike. In 2025 the committee hopes to continue exploring the options for ongoing education of the condition within the Hospital.

Falls Committee

The OT Department was actively involved in the Falls Committee with MDT members facilitating education and training on hospital policies, its Multifactorial Falls Risk Assessment and Falls Prevention Strategies for all staff members. It assisted with recommendations regarding environmental adaptations for the wards and toileting/bathing facilities for the future redesigns of the Hospital. The OT Department continued its Home Safety Education Group for patients and family members in March 2024 and provided falls awareness education and recommendations for home modifications to facilitate efficient discharge planning – supporting the Hospital's Fall Reduction Strategy.

Frailty Working Group

The OT Department continued to lead out on frailty care with its MD colleagues through its active involvement in the Frailty Working Group. The goal of the working group remains to promote early identification of frailty among the patients and the timely MDT input for this cohort. In 2024 the Hospital became an affiliated site for providing the National Frailty Education Programme (NFEP) with eight members of our working group operating as trained facilitators. A total of 90 colleagues (including eight colleagues from community-based settings) completed the programme in 2024 across seven one-day sessions. The working group will endeavour to continue hosting the NFEP with an additional focus on introducing and sustaining frailty-prevention-based interventions at ward level in 2025.

EDUCATION AND NETWORKING

The OT Department was successful in securing hospital funding for interdisciplinary training in the Functional Assessment Measure (FIM/FAM) rehabilitation outcome measure in April 2024. Training in this key outcome measure across our MDT will improve our data collection and team working and provide a better understanding of a patient's response to rehabilitation treatment. We are very thankful to the Hospital for its support in this. The training took place in April 2024, and 24 individuals attended from the Hospital including staff from the Departments of Nursing, Physiotherapy, OT, MSW, Nutrition and Dietetics, and SLT. Such were the benefits of the workshop that the Hospital has committed to funding a second workshop in 2025 to train more members of the MDT onsite and to offer offsite attendance for our acute hospital colleagues to enhance cross-site relationships. We also facilitated several in-service workshops in the Hospital including CHIME (Ireland's national charity for Deaf and Hard of Hearing people), Headway (Ireland's national charity for brain injury services and support) and Orthoptics.

The department facilitated undergraduate student OT placements for TCD and for University College Galway (UCG) and will continue this practice in 2025.

The department has committee members on both the national Advisory Group of Occupational Therapist Managers (NOTMAG), the National Advisory Group of Occupational Therapists for Older People (OPAG), and the National Neurology Advisory group (NAG), all of which are affiliated to the Association of Occupational Therapists of Ireland (AOTI).



CONCLUSION

I would like to express my gratitude to all members of the OT Team whose commitment, motivation, enthusiasm and flexibility over the past year continued to ensure excellent standards of service provision and patient-centred care. As a team we would like to extend a special note of appreciation to our Chief Executive Officer (CEO), Michelle Fanning, who has been very supportive in the development of our department in all her time working with us and we would like to wish her the very best in her forthcoming retirement.

We would like to thank our hospital colleagues for their continued support in our service delivery. We look forward to our ongoing collaboration in our integrated working projects and in our determination to provide the best possible patient care and rehabilitation.

Monica Devine

Occupational Therapist Manager



PHARMACY DEPARTMENT

INTRODUCTION

The Pharmacy Department provides pharmaceutical care for patients at Clontarf Hospital, promoting the safe, economic and appropriate use of medicines. The department is registered with the Pharmaceutical Society of Ireland (PSI). We also provide a service for staff prescriptions. The team consists of a chief pharmacist, 1 whole-time equivalent (WTE) senior pharmacist, 1 WTE basic grade pharmacist and a 0.52 WTE pharmacy technician.



DISPENSARY

Pharmacy staff are responsible for the purchase, storage and distribution of medicines within the Hospital. Since the appointment of a new chief pharmacist in March the drug ordering process (internal) and pharmacy storage layout were changed. All medications that were one-off purchases or did not need to be maintained were removed from the main body of medications. The remaining medication was maintained at a predefined stock level by the introduction of a small card ordering system. The Pharmacy Department moved away from packing down medication into white boxes and instead issued medication in original boxes as the default. This change was to help nursing staff to locate the medication more easily on the medication trolleys and has also allowed for a more controlled procurement process. The pharmacy dispensary shelving was re-labelled to enable nurses out of hours to more easily locate items.

The Pharmacy and Finance Departments have been in discussion about establishing a baseline of medication spend and what contributes to this. These key performance indicators (KPIs) will be further developed in 2025. The total number of items dispensed by the Pharmacy Department can no longer be used as comparison (due to change in processes). Suppliers were changed to purchase from generic companies who supply through Uniphar or United Drug, thereby reducing the number of companies with which the Finance Department needed to reconcile statements. A robust mechanism for the prevention of expired medication was introduced using red dot alert stickers.

WARD MEDICATION STORAGE

Bespoke stocklists were agreed with the clinical nurse managers for Gracefield, Blackheath and Swan. Changes to the storage areas were also completed in these wards to improve the space utilisation and layout of stock medication. These improvements and efficiencies were made possible by the extension of the pharmacy technician hours from 0.5WTE to 1 WTE as part of the Winter Action Plan (WAP). The remaining two wards will be completed in 2025. The improved medication storage in Gracefield Ward coincided with the introduction of a new "drug trolley", which allowed for non-stock medication supplied on admission to be in patients' individual boxes. This was introduced to reduce nursing time spent searching for medication in "drug trolleys". By supplying an equivalent of the average length of stay (c. 30 days) it reduced the number of items ordered per day.



CLINICAL PHARMACY ACTIVITY

Medicines Reconciliation

Medication Reconciliation (Med.Rec.) is the process of creating and maintaining the most accurate list possible of all medications a person is taking – including drug name, dosage, frequency and route. Med.Rec. is a safety process that aims to provide patients and service users with the correct medications at all points of transfer within and between health and social care services. This point of transfer of care has been identified as an area of high risk by the World Health Organization (WHO) and the Health Information and Quality Authority (HIQA), and the process of medication reconciliation makes these procedures safer for patients. We carry out medicines reconciliations in the Hospital as follows:

- A pre-admission prescription screen is carried out on day of admission, when the patient's prescription is reviewed. This helps any variances to be resolved before the patient leaves the referring hospital. Non-stock items are supplied to the ward so that medicines are available when the patient arrives at the Hospital. In 2024 a total of 97% (95% in 2023) of prescriptions were available to be checked prior to admission.
- A post-admission medication reconciliation is carried out once (ideally within 72 hours of admission) the medicines prescription and administration record (MPAR) has been charted, to ensure that all medicines are correctly transcribed. In 2024 a total of 91% (88% in 2023) of prescriptions were reconciled on admission within 72 hours of admission.
- A medicines reconciliation is carried out on discharge prescriptions, to ensure that the patient is discharged on the correct list of medication. In 2024 a total of 78% (74% in 2023) of prescriptions were reconciled on discharge. This low level of increase in review is due to increased activity and the removal of annual leave locum cover for senior and basic grade annual leaves.

MEDICATION SAFETY COMMITTEE (MSC)

The Medication Safety Committee (MSC) includes members from the Medical, Nursing and Pharmacy Departments and reports to the Drug and Therapeutics Committee (D&T Committee). This group is scheduled to meet

and monitor, review and audit medication incidents that occur in the Hospital. In 2024 the MSC met five times. All staff are encouraged to report medication incidents, as analysis and feedback of medication incidents can prevent the occurrence of future incidents. The year 2024 saw a decline in the number of medication incidents reported. Higher levels of reporting are welcomed and encouraged, as detailed and timely reports are used to influence changes in practice and to prevent similar incidents from occurring. Medication incidents arising onsite accounted for 173 reports, although no incidents required escalation as a serious reportable event. After the medication incident review relevant shared learning notices were circulated to clinical staff. The MSC also updated the Medication Incident Report Form to a more user-friendly format. Medication safety newsletters/shared learning included the following titles:

- Direct Oral Anticoagulants (DOACs).
- Penicillin Allergies
- Incorrect Frequency of Drug Administration
- IMSN Alert 1 re Parkinson's Disease and Staining from IV Iron
- Staying on TOP of It: Ensure the 10 Rights for ALL Medications.

Drug and Therapeutics (D&T) Committee

The Drug and Therapeutics (D&T) Committee planned to meet quarterly in 2024. However, in 2024 it met three times, as the chief pharmacist was in post in the second quarter of the year. Procedures for Developing New Policies, Procedures, Protocols or Guidelines (PPPGs) under development are guidelines for the management of hypokalaemia, hypomagnesaemia and medication recall policy. The committee recognised that sign-off of guidelines was too slow, and new terms of reference will be submitted to Executive Management Team (EMT) in early 2025 to address this.

MEDICATION STATIONARY

The discharge prescription was modified to integrate better into the discharge process. The modification included number of pages, the name of community pharmacy, reviewer and tick box to communicate if the prescription has been emailed to the community pharmacy. The controlled drug register was modified to allow for original box dispensing and reduction

in the need for the administration of MDAs recording section to be present in pharmacy for prolonged periods.

AUDIT

In October 2024 several audits were carried out by the Pharmacy Department. One such study was undertaken to demonstrate the pharmaceutical care needs and medication safety risks of patients within the Hospital. The average number of medications per patient was 13 (15.5 regular), with 88% of patients prescribed one or more high-alert medications. All the patients reviewed met the criteria for polypharmacy (5 or more medications prescribed). The number of patients (30%) on oral nutritional supplements (ONSs) was added to the audit, while the number on opioids increased from 35% (2023) to 43% (2024).

HIQA

There was an unannounced HIQA visit in December. Pharmacy processes were reviewed and the members of the Pharmacy Team met with the inspectors. The report is awaited.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

As part of registration as a pharmacist with the PSI each pharmacist in the department submitted details of their continuing professional development (CPD) with the Irish Institute of Pharmacy (IIOP) Team.

Finally, a big thanks to all our colleagues who supported us so well throughout the year.

Justin O'Sullivan
Chief Pharmacist



MEDICAL SOCIAL WORK DEPARTMENT

INTRODUCTION

Medical Social Workers (MSWs) support patients and families with any psychological, emotional, social or practical difficulties during their hospital stay. The MSW team act as a liaison between the patient, family and members of the Multidisciplinary Team (MDT). Social Work interventions are directed at enhancing dignity, self-determination and quality of life.

THE MSW TEAM

The MSW Team works with patients to address the personal, social and environmental challenges that come with ageing and many types of disability. MSWs assist the patients with discharge planning by working with the patients and families to identify and advocate for the home supports required for discharge. Follow-up work may also involve information sharing around bereavement support counselling, addiction services, carer support, and information on supporting emotional wellbeing and mental health.

The MSW Department provides a wide range of services to patients and their families while inpatients at Clontarf Hospital. The MSWs meet with the patient and complete a psychosocial assessment, which addresses the patient's situation in the Hospital, at home and in their community. It also explores the patient's experience in hospital, their previous experience of hospital admission, their physical and emotional health, patient views on their current situation, their goals for rehabilitation, and information about their home situation, formal and informal supports. Furthermore, the assessment identifies the need for care supports and other community services and referrals required, providing the MSW with information to assist patients in adjusting to illness and exploring the impact of this on their current and future lives and the lives of their families.

MSWs identify any risks to discharge including areas such as addiction, mental health, safeguarding concerns, housing issues, and domestic violence. Part of the role of the

MSW is discharge planning, negotiating supports, facilitating care planning meetings (CPMs), and applying for funding for care packages and Fair Deal under the Nursing Home Support Scheme. Confidentiality plays a key role in how MSWs engage with patients and their families and how they manage sensitive information.

The ongoing impact of the pandemic continued in 2024 with increased working time spent with patients discussing life changing situations and the impact on their future. Social complexity including hoarding, homelessness, capacity, and mental health issues are all on the increase, which requires a building of trust and engaging with patients over time for MSWs to work effectively.

The year saw a small increase in applications to long-term care, particularly for those without immediate family and those socially isolated. Reasons for this may also be attributed to frailty and multiple co-morbidities, and patients feeling unwell, unsafe alone or low in confidence from long periods spent at home with a lack of formal and informal supports when most needed. Patients who are now accessing services require increasing home supports and care hours as adult children are further away from their ageing parents either through emigration or from moving too far away to commute easily to their home. The need for psychological support for patients in a rehabilitation setting has been highlighted and will become essential over the next few years.

MSW ROLE

MSWs work on a referral basis accepting referrals at the multidisciplinary meetings and directly from the patient and/or their relative. In 2024 we received 940 new referrals and 19 safeguarding referrals. MSWs and occupational therapists (OTs) together completed Home Assessments Visits, with MSWs attending 50% of the Home Visits during the year. The MSW liaised with the family on the visit, ensuring that there was

support for the patient when they returned home. During these visits risks were assessed and identified to prevent discharge home and alternative options were discussed with the patients/families. A pilot for specialised rehabilitation for trauma patients was introduced in September, with all patients admitted under this pathway of care being assessed by MSWs and discharged home with supports. It is planned to review the pilot in February 2025.

As discussed earlier, the nature and complexity of the patients' needs also changed. The indirect hours of MSWs increased with complexity levels included in assessments. Statistics for the MDT Data Collection changed to using MedModus data collection in 2024, which included the number of direct and indirect hours spent on each patient. Early indications show that the total hours for specialised rehabilitation patients are the highest. These patients require more intensive MSW interventions with time spent negotiating services and reassuring patients and for some, more time spent on psychological and behavioural aspects. MSW interventions included providing emotional support and managing anger and low mood. Navigating the services for this group is more complicated.

The coordination of home care packages and community supports remained a primary provision of the service in 2024. The MSW Team has established good working relationships with HSE Managers for Home Support Services for Older People in North County Dublin as well as nationwide. The team is in regular contact with community support services.

One of the main challenges faced by the MSW Department in 2024 was ensuring that funding for home care packages was approved in a timely manner. To ensure a safe discharge home for patients in the Hospital, access to funding for home supports is vital along with appropriately trained carers.

MSW ACTIVITY

Housing issues, homelessness and overcrowding have become more challenging over the last year and MSWs continued to provide support to patients, offering advice and assistance with housing applications. As I write the Annual Report 2024, the January 2025 statistics just

released report that the homeless population in Ireland has passed 15,000 for the first time since recording began. (Holland, K, 2025). The MSW Department has noticed more patients being admitted with housing problems, some receiving notices to vacate while in hospital. These challenges are even more complicated when patients are being discharged with a disability and finding new housing, accommodation can be very problematic and delay the patient's discharge. The medical priority list within housing is now very long, and it can take many months or even years to get housed. For some, the only option is emergency homeless housing, which can be daunting and upsetting for patients. MSWs refer on to colleagues in the community for continued support for individuals once they have been discharged.

There was also a high level of support provided to patients identified as needing long-term care. The MSWs continued to support patients and their families through this process, planning several Care Planning Meetings (CPM) and corresponding with the families to discuss the practical and emotional aspects around the Nursing Home Support Scheme. The CPMs provide patients and their families with an opportunity to receive feedback on their progress and to raise any concerns or questions they have with the MDT.

ASSISTED DECISION-MAKING (CAPACITY ACT) 2015

When caring for patients with cognitive impairment or dementia, capacity concerns may need to be addressed by the MSW when a patient/family is considering long-term care, treatment options and any other issues that may require either simple or complex decision making during a patient's time in hospital. The introduction of the Assisted Decision-Making (Capacity) Act 2015, which commenced in April 2023, focuses on the patients' legal right to make their own decisions about their lives, and the law now focuses on how a person can be facilitated to decide. Patients may need help to make important decisions about their finances, where they live following rehabilitation, or about their health care. The support that MSWs provide may involve giving the patient information relevant to their decision and their options in a way that is easy for them to understand. Assistance may be

in around helping the person to communicate their decision, and further support can be accessed through the Decision Support Office, which offers patients and families information about advanced healthcare directives, enduring power of attorney, decision-making agreements and consent.

The Team worked well in continuing to liaise with the local HSE Nursing Home Support Services for Older People Office, legal teams and the designated nursing homes involved. The MSW Team supported patients and families throughout these stressful processes.

NATIONAL POLICIES

The MSW department is committed to adhering to all hospital and national policies and procedures including:

- The National Safeguarding Vulnerable Persons at Risk Policy and National Policy and Procedures 2014
- The Children First Act 2015
- The Assisted Decision-Making (Capacity Act) 2015, effective since April 2023.

SAFEGUARDING

The MSW Department plays a key role in responding to and investigating allegations of abuse in line with the National Safeguarding Vulnerable Persons at Risk of Abuse policy.

From the 19 referrals received in 2024:

- Three reported under Children's First – (2) child welfare concerns and (1) retrospective abuse
- Seven reported financial abuse
- Six reported verbal/emotional abuse
- Three reported neglect.

As with previous years, most safeguarding referrals highlighted financial abuse as the main type of abuse. The team worked sensitively engaging with each patient in discussing allegations of abuse and explaining the process to them. The MSWs supported the patients, reassured them that there was support in the community, and referred them on to the appropriate agencies. Preliminary screenings were completed by the MSWs. The team contacted the HSE CHO9 Safeguarding Team and prepared interim safeguarding care plans for the patients. The MSW Department continued to work closely with CHO9 Safeguarding Team, three members being

trained Designated Safeguarding Officers. The MSW Department held the annual Safeguarding Awareness Day for staff in November 2024 highlighting the importance of reporting any concerns they may have regarding patient safety and care.

EDUCATION AND TRAINING

In 2024 MSWs continued to work jointly with the OTs in delivering the wellbeing and relaxation group work for patients. Positive feedback from patients stated that the groupwork supported their mental health. MSWs and OTs plan to continue the groupwork in 2025.

One MSW completed the Practice Teaching Course in Trinity College Dublin (TCD) and the MSW Department welcomed a student from TCD for 14 weeks between September and December 2025. MSWs continue to adhere to CORU regulations upholding their professional standards. The team attended webinars, zoom meetings, team meetings and 1:1 supervision throughout the year. Some 50% of MSWs attended frailty training, 50% attended FIM/FAM training (a functional assessment measure) as well as InterRAI training (a tool used to assess the care and support needs of older people) in the last quarter of 2024. It is planned that the remaining members of the department will complete this training in 2025.

Staff also attended grief and loss courses, along with prolonged grief training. The team joined together and held a fundraising event on 13 December raising €1,150 for the Capuchin Day Centre for people who are vulnerable and homeless. Many thanks to all the Staff in the Hospital who supported this worthy cause.

CHALLENGES AND PLANS FOR 2025

Funding and resources will continue to be a challenge in 2025 along with the changing needs of older and younger patients as we see a higher number of patients presenting with more socially complex issues than in previous years.

Plans for 2025 include continuing with the wellbeing and relaxation group work. MSW staff will also continue their participation on several hospital committees. These include the Delirium Committee, the Frailty Committee and the Dementia Care Committee where

their contribution provides a bridge between the patients' medical needs and the real life challenges that can hinder and impede recovery.

MSWs will continue to advocate strongly for patients and promote the positive aspects of working with older and younger people with disabilities in a hospital setting. We will continue to ensure that each patient's medical social needs are identified at the early stage of their admission to Hospital and engage with them throughout their rehabilitation journey. Finally, I would like to take this opportunity to thank all the clinical and support staff with whom we worked closely in the care of the patients in 2024.

Mary Duffy

Principal Medical Social Worker



NUTRITION AND DIETETICS DEPARTMENT

INTRODUCTION

In 2024 the Department of Nutrition and Dietetics continued to develop its services to optimise the screening, care and management of individuals at risk of malnutrition and other chronic disease states. For the first time since its inception the department contributed to the Irish Society for Clinical Nutrition and Metabolism and the Irish Nutrition and Dietetic Institute National Malnutrition Survey (IrSPEN/INDI). Our input facilitated an update of malnutrition prevalence both in Clontarf Hospital and at a national level. It shares insight into the impact of the HSE National Clinical Guideline 22 (NGCG22) in both acute and rehabilitation services.

Although national malnutrition rates increased in acute Irish hospitals to 34% or 1 in 3, conversely, prevalence in rehabilitation services was at 21%. The Hospital showed a malnutrition rate of 14.7%. This suggests that mandatory malnutrition screening and treatment protocols introduced to hospitals in 2020 are having the desired effect.

The Malnutrition Universal Screening Tool (MUST) is conducted on all patients within 24 hours of admission and repeated weekly

thereafter in line with NCG22. Quarter 4 MUST audit figures show 100% compliance on all admissions (Figure 1). High-quality nutritional rehabilitation and early identification of malnourished-related disease states underpin the foundation of our evidence-based practice here in the Hospital. The department delivered consultations to over 44% of all hospital admissions in 2024 despite its staffing levels. Furthermore, 56% of all admissions required a therapeutic and/or Texture Modified Dietary (TMD) requirement, an increase of 6% on 2023 data.

In the final quarter of the year, post the HSE recruitment embargo, the Nutrition and Dietetic Department fortunately reached its full allocated staffing complement, which now consists of 1 x manager whole-time equivalent (WTE) and 2 staff grade WTE positions. A part time, temporary dietetic assistant position was also appointed to further support current staffing duties. These allocations cover 32 beds/ward and offer full, weekly dietitian attendance at Multidisciplinary Teams (MDTs) on two wards. By comparison, 2023 dietetic staffing allowed for minimal MDT cover.

		Swan	Gracefield	Kincora	Blackheath	Vernon
1	Weight recorded	100%	100%	100%	100%	100%
2	Height recorded	100%	100%	100%	100%	100%
3	BMI recorded	100%	100%	100%	100%	100%
4	% Weight lost recorded (step 2)	100%	100%	97%	100%	100%
5	MUST score calculated	100%	100%	97%	100%	100%
6	Rescreened weekly or as requested by the dietitian	100%	100%	100%	100%	100%
	Mea % compliance	100%	100%	99%	100%	100%

Figure 1. Summary Table of MUST Screening Tool Compliance by Ward Staffing

SERVICE DELIVERY

Further revision of our prioritisation pathway ensured that 92% of priority 1 patients (P1) were seen on time with priority 2 patients (P2) offered an appropriate dietetic referral to community or hospital outpatient services where available. In the fourth quarter, 89% of patient admissions on both wards, each with 1 fulltime equivalent dietitian, received nutritional consultation and individualised Nutrition Care Plans (Figure 2). A total of 87% trauma beds were also provided with a senior dietetic staff service. Although the current staffing levels for post-acute rehabilitation services are below the recommended level, the prioritisation system and restructuring of appointed staff have helped ensure that service development progresses in line with the Hospital's strategic goals. The department continues to provide a hospital-wide service while using gap analysis to better direct its resources to those with greatest nutritional needs.

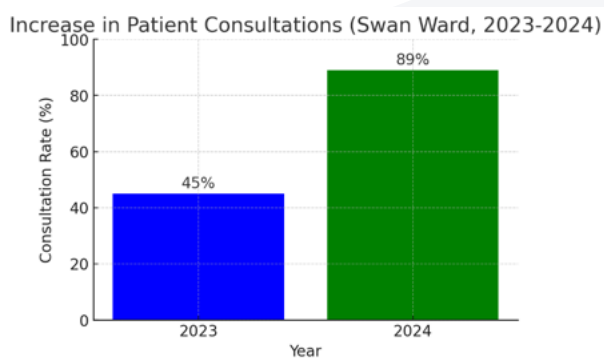


Figure 2: Increase in Patient Consultations (Swan Ward, 2023-2024)

The number of patient consultations increased quarterly in 2024 at a peak of 12% in the final quarter. This reflects increased staffing and a new screening programme for diagnosing sarcopenia, introduced hospital wide in the final quarter of 2024. The interdisciplinary validated screening programme introduced with the Department of Physiotherapy has shown an increase of 6% in dietetic referrals in this period for sarcopenia-related referrals only. Patients over 65 years are jointly screened, offered treatment and rescreened with an aim to reverse the symptoms of sarcopenia; 55% showed reversal of sarcopenia in the pilot project.

Consequently, an increase in clinical complexities and co-morbidities in referrals directly correlates with demands on our food service delivery. There was a 15% reduction in 2024 in the number of regular diets ordered compared to 2023, as therapeutic dietary need increased. The Catering Department continued to work collaboratively with the Department of Nutrition and Dietetics on menu choice, staff training and auditing.

HIGHLIGHTS IN SERVICE DEVELOPMENTS

To follow are some of the highlights in service developments and improvements within the department in 2024:

- We submitted (and had accepted) an interdisciplinary sarcopenia abstract and poster entitled "Implementing Sarcopenia Screening in a Sub-acute Rehabilitation Setting" to the HSCP Leadership & Managing in Partnership National Conference, October.
- We represented sarcopenia project findings at a conference in the Royal Hospital Donnybrook Meet, Greet and Learn Event, December.
- We completed the Physical Assessment Skills of Adults in Clinical Practices course, at the INDI, which enables more comprehensive assessment and identification of malnutrition and its severity in individuals
- We delivered a Performance Achievement Programme among all team members. This initiative not only aligns with our Hospital's strategic goals, but it provides significant benefits to staff, including enhanced professional growth, skill development, and clearer pathways for career advancement.
- We acted in an advisory capacity on the Drugs and Therapeutic Committee.
- As ongoing chair of the Nutrition and Hydration Committee (NHC), we worked on the interdisciplinary Blackheath Ward project – Improving the Dining Experience of Our Patients – A Person-centred Approach.
- We took part in audits on the Feeding Eating Drinking (FEDs) process and on the use of the MUST screening tool as well as on the Patient and Staff Food Satisfaction Survey.

CLINICAL EDUCATION

We successfully assigned a student project to catering for two dietetic placement students from the University College Dublin (UCD) MSc in Clinical Nutrition & Dietetics. The department

will supervise two undergraduate dietetic students in the second quarter of 2025.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Essential Continuing Professional Development (CPD) took place in many areas of dietetics including:

- The White Belt Certificate in Lean and Person-centred Improvement Sciences
- The Dietitian Managers Practice Placement Capacity Meeting on the need to train more Dietitians in Ireland.

CONCLUSION AND FUTURE PLANS

In line with the Hospital's strategic objectives for 2025-2029, we aim to enhance workforce resources. We will focus on leadership skills department wide, inclusiveness, and talent to build a resilient and sustainable team as we further expand our department and service. Creating a culture that prioritises and develops its staffing is key to staff retention. Continuing the implement of mandatory guidelines and protocols will underpin the actions of the hospital's Nutrition and Hydration Committee (NHC) in 2025. The delivery of improvements in food service will progress with a focus on

staff training needs also under the NHC.

We once again aim to streamline our data collection optimising both interdisciplinary and direct measurable outcomes to access all relevant funding streams. We continue to promote a person-centred approach built on mutual respect and compassion, underpinned by evidence-based, best-practice dietetic care. As a smaller department we would like to thank all hospital department staff and more poignantly this year our outgoing Chief Executive Officer (CEO) Michelle Fanning for her continued support and mentorship without which our successes could not have been achieved.

Sinead Shanley
Dietetic Manager

Carol Huet
Dietician

Rachel O Kelly
Dietician



SPEECH AND LANGUAGE THERAPY DEPARTMENT

INTRODUCTION

The aim of the Speech and Language Therapy (SLT) Department in Clontarf Hospital is to work in partnership with the wider Multidisciplinary Team (MDT) to provide evidence-based rehabilitation for patients with speech, language, communication, voice and swallowing difficulties, in order to support our service users in living well and in achieving their full potential, within the context of their own unique strengths and needs.

Staffing

Staffing in the SLT Department continues to be below the levels recommended in National Clinical Care Programmes and the HSE Model of Care for Specialist REHAB Medicine, with an average SLT-to-patient ratio of 1 SLT:64 beds. Staffing breakdown for 2024 was as follows:

- Senior SLT; 1.53 whole-time equivalent (WTE) January to September, 1.74 WTE October to December
- Staff grade SLT; 1 WTE.

There was 100% staff retention throughout 2024, and the SLT Department successfully advocated for a specified purpose contract for a staff grade post that will commence in January 2025.

Due to ongoing low staffing, challenges in meeting the full clinical needs of our in-patients continued in 2024. Our prioritisation system, intra-departmental operational developments, and temporary increase in Senior SLT hours have helped to optimise our response time and increase the therapy time offered to in-patients in 2024.

SERVICE DELIVERY

In 2024, the SLT department continued with the aim of improved communication and efficiency of care by allocating a specific SLT lead on specific wards. Referrals were received from all wards across the Hospital with the majority of referrals coming from Swan Ward (27%) and Blackheath (26.5%), followed closely by Gracefield (23%), Kincora

and Vernon Ward accounting for 17% and 6.5% of referrals respectively (see Figure 1). The average age of patients seen in 2024 was 77 years (range: 37-97), similar to 2023. Of all referrals received, 53.3% were for swallowing intervention, and 23.6% were for communication intervention alone. A total of 23.1% of referrals were for patients requiring both swallowing and communication interventions – patients with an increased dependency level.

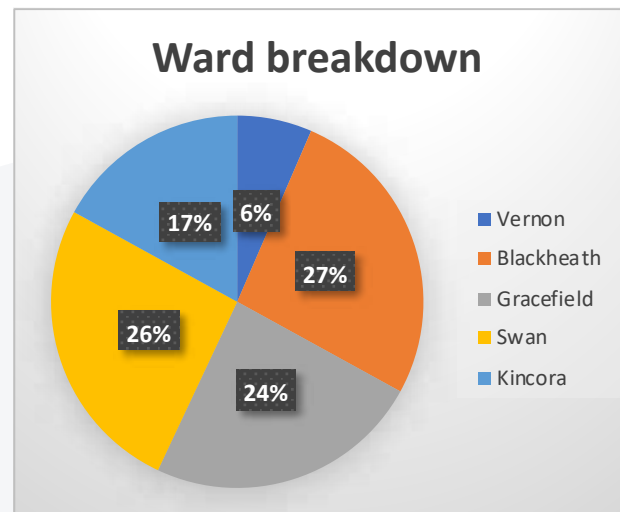


Figure 1: Ward Breakdown

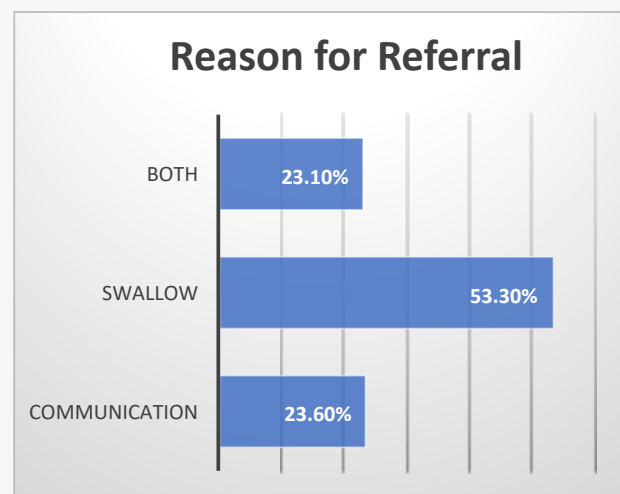


Figure 2: Reason for Referral

We continued to triage and prioritise all referrals received using the prioritisation process initially developed in 2023. The prioritisation criteria were reviewed and amended in 2024 to reflect a number of changes indicated to increase sensitivity.

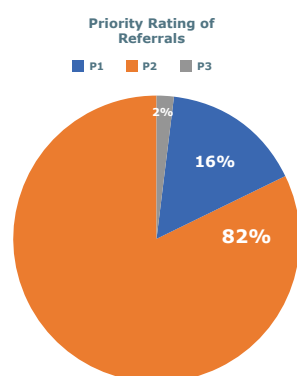


Figure 3: Referral Priority Rating

The breakdown shows that the majority of referrals received were priority (P)2 status. In 2024 the overall SLT caseload averaged 41.08 patients per month (range 32-53), which is a 29.4% increase from 2023. SLTs had contact with 304 patients in total, a decrease of 20.2% from 2023. The average wait time from referral to initial assessment was 1.22 days with key performance indicators (KPIs) met throughout 2024 on 93% of occasions, a 0.5% increase from 2023.

A total of 2038.25 SLT sessions were provided in 2024, which was an average of 170 sessions per month (average 4.14 sessions per patient per month). A total of 2,583.75 hours in total were spent with patients, an average of 215.3 hours per month (average 5.25 hours per patient per month). This indicates an increase of 12.8% in total hours spent with patients from 2023.

Twenty Objective Assessments were completed in 2024, 16 Videofluoroscopies with support from our SLT colleagues in Beaumont Mater Hospitals, and 4 Fibreoptic Endoscopic Evaluation of Swallowing (FEES) procedures were completed with the support of our colleagues in St Mary's Hospital, Phoenix Park and in Beaumont and the Mater Hospitals.

Following SLT intervention, the average scores across all patient AusTOMS outcome

measurement categories increased, with the biggest increases across "swallowing", "activity", "participation" and "wellbeing" (see Figure 4).

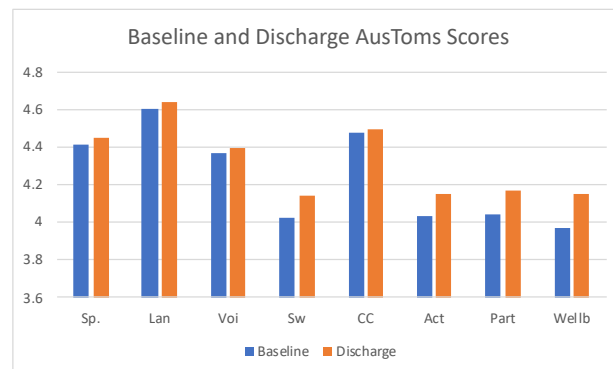


Figure 4: 2024 Baseline and Discharge AusTOMS Scores

SERVICE DEVELOPMENTS

Education and Training

The following education and training developments took place in 2024.

- The SLT Department began work on moving dysphagia awareness and mealtime management training for nursing staff and healthcare assistants (HCAs) online. The development and recording of the training was completed in time for its roll out in the first quarter of 2025.
- A "Thickening Fluids Training" Education Day was hosted by the SLT Department on 25 June, in conjunction with representatives from Nutricia. Training targeted nursing, HCA staff and relevant Health and Social Care Professionals (HCSP) staff and was delivered throughout the morning via multiple 10 minute 'How to Thicken Fluids' training sessions across the wards. This training was delivered through demonstrations, key points and questions and answers (Q&A) at every session.
- Monthly intra-departmental continual professional development (CPD) sessions took place throughout 2024 with all staff presenting in rotation on topics chosen based on the clinical needs of the patient cohort.
- SLTs attended several courses in 2024, which aimed to further upskill staff to meet the clinical needs of patients and to increase management and leadership skills among current staff. This included a Professional Diploma in Leadership & Management, Flexible Endoscopic Evaluation of Swallow Training (FEES), Functional Assessment Measurement (FIM/FAM) training and training on the InterRAI system a digital patient assessment tool.
- Continuing the SLT Department's commitment to undergraduate SLT education, a final year

Trinity College Dublin (TCD) student block placement was facilitated in 2024.

- External supervision was sourced for the senior SLTs in the department with six-weekly supervision commencing in November 2024.

Quality Improvement, Audit, and Research

The following quality improvement, audit and research developments took place in 2024.

- A biannual audit of IDDSI (The International Dysphagia Diet Standardisation Initiative, 2019) compliance of inhouse produced Texture Modified Diets (TMDs) in the Hospital were completed in August and December 2024. The audit outcomes were 58% and 89% IDDSI compliance respectively, an increase of 34% in total from 2023. This demonstrates the positive impact of the extensive work done throughout 2024 with the Dietetics and Catering Departments to continue to increase IDDSI compliance to improve patient safety.
- Audits were conducted in 2024 to assess the accuracy, extent and timeliness of clinical handovers and the appropriateness of referrals to the SLT Department. Findings here suggested that requests for handovers and clinical referrals are being received more quickly year on year, with more appropriate information provided, therefore freeing up SLT time to initiate evidence-based management at an earlier stage, with a positive impact on patient care and delivery.
- The SLT Department and MDT as a whole contributed to an onsite TCD undergraduate research project that investigated priorities of the MDT regarding SLT in rehabilitation. The research found that advocacy for, awareness of, and access to SLT in adult rehabilitation settings through interdisciplinary practice, with the additional support of organisations and professional body support, is imperative for future improvements in patient care delivery.
- In 2024 the SLT Department continued work with our MDT colleagues across several committees within the Hospital, as follows:
 - Dementia and Delirium Committee: the SLT Department is represented on the Dementia Committee, working with members across the MDT. SLT attended meetings throughout the year and helped the committee to organise initiatives including a Dementia Awareness Day and the Golden Moments Café.
 - The SLT Department is represented on the Hospital's Nutrition and Hydration Steering Committee and sits on the Catering Working Group Subcommittee, which both meet monthly. SLT worked extensively in 2024 with the Dietetics

and Catering Departments via the Catering Working Group to increase IDDSI compliance of the TMD.

Operational Developments

The SLT Team commenced several intra-departmental operational developments this year, including:

- A weekly Team Huddle utilising TDLs to identify team members' caseload and workload capacity for the week ahead.
- Completion of the Standard Operating Procedures for the SLT Department.
- Review and amendment of our referral prioritisation criteria to increase sensitivity.
- Review and amendment to MedModus SLT data collection parameters to include data collection related to management of communication impairment.
- Full review and amendment of the SLT Department Safety Statement and Occupational Risk Register in partnership with the Health and Safety Department.

CONCLUSION

This was another year of consistent service development and progress in the Hospital's SLT Department despite ongoing low staffing levels. We would like to thank our Line Manager and Chief Executive Officer, Michelle Fanning, for her ongoing support, and the HSCP managers in the Hospital for their support and contributions throughout the year. We would also like to thank our colleagues throughout the Hospital for their collaboration and continued support in the delivery of our service. We look forward to continuing to further develop the SLT service in partnership with all stakeholders in 2025 to best meet the needs of our patients.

Sheelagh Jennings

Senior Speech and Language Therapist

Órla Gilheaney

Senior Speech and Language Therapist

Andrew Keegan

Speech and Language Therapist



X-RAY DEPARTMENT

INTRODUCTION

The X-ray Department was very busy in 2024. Our new Carestream X-ray unit was installed at the end of 2023 and brought a fresh start to the new year. We continued and increased our X-ray service with inpatients and outpatients, as well as saying goodbye to some staff members and welcoming others.



ACTIVITIES

The following is a list of activities that we undertook in the X-ray Department:

- We increased activity through engagement with our colleagues in the Radiography Department in Beaumont Hospital, taking some of their GP referrals to reduce waiting-list time.
- We welcomed our new Radiographer Pamela Murray to the X-ray Team as we said goodbye to Roma English. Pamela attended the department in advance of her start date to receive the necessary training and to be brought up to date with the radiation safety procedures/local rules and policies.
- Our Medical Physicist Expert (MPE) and Radiation Protection Advisor (RPA) Lesley Malone announced her retirement after many years as Clontarf Hospital's advisor, and we had the pleasure of meeting our new MPE/RPA Julie Lucey, who is scheduled to join the team in January 2025.
- Two new locum radiographers came on board to support the service for leave absences and to ensure the continuity of X-ray services in their absence and to make leave-taking more manageable.

QUALITY AND SAFETY

The following is a list of points relating to quality and safety:

- The monthly Quality Assurance (QA) Programme is up to date and complete and the Dose Area Product (DAP) meter was sent to the Environmental Protection Agency (EPA) for its annual calibration.
- Our annual X-ray Room Risk Review was performed by Lesley Malone and all was deemed to be in order.
- Screening of the lead aprons is complete and operated smoothly throughout the year.
- We discontinued using the Landauer radiation monitoring badges. This was agreed by all at the October Radiation Safety Committee meetings as our Risk Review has always deemed us as very low risk.
- There were no major or moderate reportable incidents during 2024, and some minor incidents were all reported on the Hospital's National Incident Management System (NIMS).
- The Health Information and Quality Authority (HIQA) released a new guidance document on audits. We are currently working on this and creating a new Audit Policy and template to fall in line with their guidelines and recommendations.
- The installation of the new X-ray equipment required the determination of new diagnostic reference levels (DRLs). We had to wait to get the appropriate number of doses for each study type. The audit was completed in October, and we calculated the new DRLs, which were thankfully below our old DRLs and the national DRLs.
- All audits for the year were completed and satisfactory.
- The equipment maintenance service and annual physics Quality Assurance procedures were completed.

- An area for improvement is looking at how we can make the scheduling of patient X-ray procedures more efficient.

EDUCATION AND TRAINING

The Radiation Protection Officer (RPO) attended the annual radiation safety study day and attended the new EPA/RPO liaison day. Ms Lesley Malone, Medical Physicist, carried out onsite radiation safety training with hospital staff. We are looking at new ways to engage the new non-consultant hospital doctors (NCHDs) in the training programme. Plans for 2025. The following are plans for the forthcoming year:

- Meet with the new MPE/RPA Julie Lucey in January to review all our QA, policies, Radiation Safety Procedures, etc.
- Review our local rules and associated policies in February.
- Attend biannual Radiation Safety Committee meetings.
- Regularly review and update the HIQA/EPA pre-inspection documents.
- Complete mandatory training and attend study days as appropriate to our department.
- Implement local documents on audits using the new HIQA guidelines. Develop new audits, such as the Patient Satisfaction Survey.
- Complete annual audits and Annual Risk Assessment for Radiation Safety.
- Keep up to date with QA and maintain records of same.
- Provide radiation safety training to all staff in the Hospital who require this and keep records of this training in line with EPA requirements.
- Maintain all quality control procedures on the X-ray equipment.
- Prepare for a possible EPA site inspection in 2025.
- Look at service developments in line with the Hospital's new Strategic Plan.
- Consider the need to enhance patient care with more onsite scanning equipment to enhance patient care and decrease the need to transfer to other hospitals for scans such as DEXA Scans and doppler scans.

CONCLUSION

We take this opportunity to thank most sincerely our Medical Physicist Ms Lesley Malone on her retirement after many years at the hospital. Lesley's breath of knowledge, calm approach, hard work and support enabled the department successfully implement the many legislative and regulatory changes over

the year. We wish Lesley all the best for a long and healthy retirement.

Thanks, are also due to all our colleagues in the x ray department and throughout the



hospital who supported us in the smooth, day-to-day operations throughout the year.

Michelle O'Regan,
Senior Radiographer

Pamela Murray
Senior Radiographer

CHAPLAINCY DEPARTMENT

INTRODUCTION

Clontarf Hospital is committed, as part of its holistic approach to patient care, the importance of chaplaincy and to pastoral care. It is acknowledged by all staff that the vulnerability of the patient is reflected not only in the physical condition, but also at an emotional and spiritual level. It is in this context that the chaplaincy service offers a space for patients to be heard, thereby putting a face and listening ear to this healing ministry – a response to God’s love.

As I look to my retirement in early 2025, I cannot help but reflect on my 10 years as the Hospital’s chaplain. From my experience, it is my belief that the goodness in people always comes to the fore especially at times of ill health and distress. From the perspective of chaplaincy and pastoral care, working alongside the Hospital’s healthcare professionals and other staff has been a truly very humbling experience and one of care, kindness and compassion.

While society has changed dramatically over the last 10 years, the chaplain is called and trained to minister in circumstances where families now have very different spiritual needs as we move to a more diverse and inclusive society. We also see more complex psychological issues presenting including those of homelessness, isolation and deprivation.

PATIENT CARE AND CHAPLAINCY

I am always aware that the patient sets the agenda, as for example with patients who want to explore their inner core/spirituality, notwithstanding their physical recovery. In trying to ease distress I encourage patients to appreciate the benefits of meditation and mindfulness as this can help to build resilience during difficult times.

The administrative dimension role of chaplain in the Hospital is important as it includes keeping appropriate procedures and policies up to date and relevant, as well as preparing the various religious and ecumenical services throughout the year.

Our current local Parish Priest, Father John O’Brien, continues to celebrate Mass every week, with a rota of three other priests who also provide other catholic religious ceremonies including the Sacrament of the Sick, when needed.

Other liturgical events throughout the year were celebrated, with the continued support of Reverend Lesley Robinson, Chaplain to the Church of Ireland brethren. Blessed ashes were distributed throughout the Hospital on Ash Wednesday.

The department was also ably supported throughout the year by the full complement of Eucharistic Ministers, who volunteer to come in daily to administer the Eucharist to patients following a full induction process to the hospital’s policies and procedures, especially around infection prevention and control, confidentiality and privacy.

We are sincerely grateful to all the priests and religious who assist the Chaplaincy Department throughout the year.

EVENTS DURING THE YEAR

The following events were celebrated by the Chaplaincy Department in 2024:

- On 14 February (Ash Wednesday) ashes were distributed throughout the Hospital.
- On 13 November the annual Candlelight Service in the Oratory was held for staff and their relatives, as well as patients and their families, who have lost loved ones during the year. We thank Reverend Lesley Robinson who kindly assisted in making this a special occasion for all who attended.
- A Christmas Nativity Concert was held in December, made possible with the participation of the children from Belgrove Girls School.
- A Christmas Carol Service was provided by Greenlane’s Primary School. This has become an annual event that patients love to attend as it brings along a very festive and uplifting atmosphere to the Hospital.

Finally, I would like to thank the Board of Directors and the Chief Executive for their committed approach to providing pastoral care and support to me over the past ten years, and more importantly to the patients in the Hospital. I am particularly grateful to the CEO, Michelle Fanning, for her kindness and encouragement to me over the many years I have been a chaplain in the Hospital.

There is a compassion for patients from the Chief Executive Officer (CEO), the Board of Directors and indeed an ethos throughout the Hospital that make the role of chaplaincy possible. This support invariably impacts on the patients at a time of recovery, and often with loss of mobility and independence as they enter the hospital environment.

I would like to thank all my colleagues from every department and discipline for their cooperation and support to me in my ministry during the past year (and indeed the past 10 years), in particular Reverend Lesley Robinson.

Miriam Molan
Chaplain



QUALITY AND SAFETY DEPARTMENT

INTRODUCTION

The Quality and Safety Department (QS) supports Clontarf Hospital in its commitment to deliver high-quality, safe and effective patient care in an environment that is safe for our patients, staff and visitors. The QS Department does this by applying the organisation's Enterprise Risk Management Policy and the Incident Management Framework as well as being guided by the Health Information and Quality Authority (HIQA's) National Standards for Safer Better Healthcare (2012) and the application of National Clinical Guidelines.

The department sits within the Administration Department and covers all areas throughout the Hospital for both clinical and non-clinical risk. It prepares monthly quality and safety reports for the Executive Management Team (EMT) and quarterly reports for the Board Subcommittee for Quality and Safety.

RISK MANAGEMENT

During the year the risk officer oversaw the implementation of the risk management programme aimed to reduce risks in the Hospital and to manage and mitigate risks identified to an acceptable level. The department remained committed to managing risks in a proactive, integrated and accountable manner and to this end provided support and advice with regard to best practice in risk management, patient safety and environmental health and safety issues.

INCIDENT REPORTING

The Hospital reports all incidents in line with the HSE's national Incident Management Framework (2020). During 2024 all National Incident Report Forms (NIRFs) were sent to the QS Department and were entered onto the National Incident Management System (NIMS) database. The QS Department is committed to learning and improving care from patient safety incidents and presents monthly, quarterly and annual reports to relevant committees. The Hospital has a very positive culture in relation to incident reporting with a total 577 incidents reported

in 2024. Of this total 531 related to patients, 65 to staff, 1 to visitors and 7 to other.

Figure 1 below details the three highest incidents reported in 2024. Learnings from these incidents lead to actions to help reduce the likelihood of these events recurring. Areas particularly targeted are those, which we know from our quality and safety data reporting, that can cause patient harm. These specific areas are prioritised and there is constant work by all staff to minimise these risks. Figure 2 below reflects the outcome of incidents reported and where harm or no harm has occurred. The QS Department is happy to report that no major patient harm occurred during the year. This reflects the high priority that staff place on risk management and to providing safe patient care.

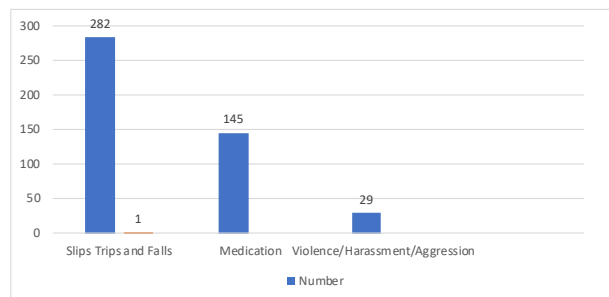


Figure 1: Top 3 Incidents Reported in 2024 (Including Near Misses)

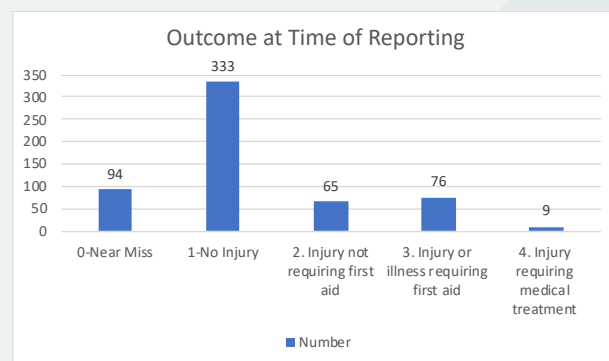


Figure 2: Outcome of Incidents Reported 2024

COMPLIMENTS, COMMENTS, COMPLAINTS AND SUGGESTIONS FOR IMPROVEMENT

The Quality and Safety Department works closely with all hospital departments to provide a quality-driven service to all our patients and their families with an emphasis on improving communications, obtaining and responding to patient feedback, and implementing service improvements initiatives.

In 2024 the department produced a Patient Feedback Leaflet and provided feedback boxes for patients to enter any compliments, comments, complaints or suggestions for improvement. These are monitored by the quality officer. There is also a comment box on the Hospital's website for service uses.

The formal complaints process is overseen by the QS Department to enable the end-to-end management and tracking of complaints, investigations, outcomes, recommendations and learnings. Fifteen complaints were managed and closed in 2024.

PATIENT EXPERIENCE SURVEY

The Patient Experience Survey was carried out in July 2024.

A total of 135 patients were invited to participate in the survey; 113 responses were received (84% response rate). The results of the survey indicated that 93% of patients rated their overall experience as 8 to 10 on a scale of 1 to 10, which was similar to the results of the Patient Experience Survey conducted in 2023. Action plans were put in place by departments that identified, from the survey, where improvements were needed.

FREEDOM OF INFORMATION

The office manages requests made for the release of confidential health care records. These records can be requested under the Freedom of Information Act (FOI) or the Data Protection Act. In 2024 there were 77 requests for health care records, which is a 6% increase on the number of requests in 2023.

STAFF SAFETY, HEALTH AND WELFARE

The health and safety officer plays an important role in ensuring there are safe systems of work in place and promoting a safe work environment for employees and those affected by the activities within the Hospital.

To this end, based on the existing safety and health management systems, there was a focus in 2024 on continuous improvement in conjunction with the ongoing management of COVID-19 in the Hospital.

A review of the Hospital's Safety Statement was undertaken, and it was approved by The Chief Executive Officer (CEO) as the accountable officer and endorsed by the Board in December 2024. Departmental Occupational Risk Assessments are being documented to identify and address specific hazards and the associated risks in each department. The Hospital Waste Management Policy, the Prevention and Management of Latex Allergy Policy, the Safe Management of Chemicals Policy, the Policy and Procedures on Patient Hoist Management, and the Patient Electrical Appliance Policy were also revised and updated and a standard operating procedure for Collection of and Preparation of Ice Packs for Patients was developed and



implemented.

During 2024, the Health and Safety Committee met on a quarterly basis. The committee includes representatives from the various departments on site. There is active and ongoing participation in this committee and a member of staff recently joined as the staff safety representative.

In association with Infection Prevention Control Ireland (IPCI), the latest Public Health Guidelines and the associated staff health and safety guidelines, were monitored and implemented on site as appropriate, as the COVID-19 pandemic continued and evolved. Onsite training was provided for staff including manual (inanimate loads) handling and patient (people) moving and handling, fire

safety awareness, fire marshal, segregation of healthcare risk waste, and the transport of patient specimens.

In line with legislation, the Hospital provided the required information for the preparation of the Dangerous Goods Safety Advisor (DGSA) Annual Report for 2023. The DGSA auditor also completed two DGSA audits in April and November. There were no non-conformances found during either audit and all observations and recommendations made by the DGSA auditor were actioned and completed.

RETIREMENT

Congratulations to Bernie Conolly, Quality Manager, who retired this year. We would like to extend our appreciation for her tremendous contribution to the QS Department and to the Hospital over the years.

CONCLUSION

From all the staff in the QS Department, we take this opportunity to offer our sincere appreciation to all our colleagues for their commitment and support to quality, patient safety, risk management and occupational health and safety throughout the year.

Breeda Mangan
Quality Officer

Milcent Chinyemba
Risk Officer

Helen Kieran
Health and Safety Officer



HUMAN RESOURCES (HR) DEPARTMENT

INTRODUCTION

The Human Resources (HR) Department remains dedicated to fostering a workplace culture that prioritises employee engagement, wellbeing, and professional development. In 2024 we successfully launched new initiatives aimed at strengthening employee support structures, improving flexibility in work arrangements, and celebrating the contributions of those retiring from the organisation. Our commitment to a patient-centred workforce remains steadfast, ensuring that our staff are well-equipped to provide the highest-quality care at Clontarf Hospital.

Throughout the year we continued to focus on attracting, developing and retaining a highly skilled workforce. Our team of over 300 employees, representing more than 20 nationalities across 13 departments has demonstrated unwavering dedication to their roles. The HR Department plays a critical role in ensuring that all staff members are supported, valued and given opportunities for professional growth.

EMPLOYMENT LAW UPDATES 2024

The HR Department remains fully committed to ensuring that the Hospital remains compliant with all legislative obligations and continues to uphold best employment practices. The year brought significant changes in employment legislation, impacting both national and local HR policies. In response, the HR Department proactively reviewed, updated and integrated these amendments into the Hospital's policies and procedures, ensuring full compliance and seamless implementation. Key legislative updates include:

- New Sick Pay Entitlements – enhancing employee rights and ensuring financial support during periods of illness.
- Improvements to Parents' Leave and Benefits – strengthening work-life balance by providing greater flexibility and support for working parents.
- PRSI Increase – adapting to changes in social insurance contributions to align with national employment policies.



Through continuous monitoring and proactive adaptation the HR Department ensures that the Hospital remains fully compliant with evolving employment laws while supporting and protecting its workforce.

HR INFORMATION CLINICS

The successful implementation of the monthly HR Information Clinics has been a significant achievement in our ongoing efforts to enhance employee support and engagement. Set up in September 2024, this initiative provided staff with a dedicated platform and protected time to access comprehensive HR-related assistance, thereby fostering better communication and promoting transparency within the organisation.

By offering tailored guidance on various HR matters, the HR Information Clinics have not only improved employee satisfaction but also contributed to a greater sense of wellbeing among our team members. Furthermore, the initiative aligns with our broader HR strategy, supporting the overall productivity and positive organisational culture that we strive to cultivate. The positive impact of these clinics underscores their value as a key component of our HR efforts.

RECRUITMENT AND RETENTION

Recruitment remained a central focus for the HR Department in 2024, as we navigated the ongoing challenges of attracting and retaining skilled professionals within the healthcare sector. Over the past year, the hospital successfully conducted 34 recruitment campaigns, receiving 695 applications across all hospital departments.

In alignment with the HSE Pay and Numbers Strategy, the Hospital remained compliant with allocated headcount regulations, requiring the HR Department to strategically manage workforce planning while maintaining operational efficiency. The evolving healthcare labour market continues to present challenges both nationally and locally, with increased competition for appropriately qualified personnel. Despite these obstacles the HR Department worked collaboratively with Heads of Departments and staff to implement adaptive workforce solutions, ensuring minimal disruption to operations.

These challenges have reinforced our commitment to strengthening staff retention initiatives and investing in employee development. By prioritising strategic workforce planning, we continue to safeguard the delivery of high-quality patient care, ensuring that service standards remain uncompromised despite the complexities of recruitment in the healthcare sector.

RETIREMENTS

In 2024, the Hospital bid a fond farewell to several valued colleagues across various departments as they embarked on their well-earned retirements. Their dedication, expertise and unwavering commitment have been instrumental in upholding the Hospital's standards of excellence in patient care. Each retiree has left a lasting impact on their teams, and their contributions will be remembered with deep appreciation.

On behalf of the entire Hospital community, we extend our gratitude for their years of service and dedication. We wish them all the best in this new chapter of their lives and hope they enjoy a well-deserved retirement filled with health, happiness and new opportunities

STATUTORY TRAINING COMPLIANCE

In the past year, the Hospital has remained committed to fulfilling its obligation to provide statutory training to all employees, ensuring compliance with national healthcare standards and regulatory requirements. We have continued to deliver mandatory training programmes covering key areas such as health and safety, infection control, safeguarding, and data protection. Our employees play a crucial role in maintaining

compliance, and we have reinforced the importance of completing required training within designated timeframes.

Through regular monitoring, targeted support, and enhanced accessibility to training resources we have worked to maintain high compliance rates, supporting both patient safety and professional development. Looking ahead, the HR Department will continue to review and improve its training programmes to meet evolving national requirements and uphold the highest standards of care.

EDUCATION AND DEVELOPMENT

The Hospital supported staff across several departments to attend the HSE Leadership QQI Level 6 online programme, which took place between January and May 2024. All staff successfully completed the programme achieving outstanding results.

In line with our dedication to dignity in the workplace, staff successfully completed training as Dignity Contact Support Persons, ensuring that we would meet legislative requirements and maintain an inclusive and respectful environment.

Additionally, we are proud to maintain strong student partnerships with University College Dublin (UCD), the Royal College of Surgeons in Ireland (RCSI), and Cathal Brugha Street. We are always pleased to be able to participate in student training at all levels including the GP training scheme and with first year and pre-nursing students. Through these collaborations we contribute to the growth of the Irish healthcare workforce.



Furthermore, the Hospital's Education and Training Committee invested in several higher education programmes for staff, fostering continuing professional development (CPD) and ensuring that new knowledge and expertise continue to be integrated into the organisation and that its departments and staff are well equipped to meet new and emerging healthcare demands.

STAFF HEALTH, WELLBEING AND ENGAGEMENT

The Hospital remains committed to fostering a positive and supportive work environment by prioritising employee wellbeing, engagement and access to essential support services. Throughout 2024 the HR Department organised a range of initiatives designed to promote inclusivity, boost morale and encourage staff participation in meaningful activities.

The year began with a Valentine's Day Bake-Off, where staff showcased their culinary talents while fostering camaraderie. Our commitment to community support was evident through the General Services Department's charity fundraiser for Irish Blood Bikes, demonstrating our dedication to charitable causes. In raising awareness on important health topics we proudly hosted a Menopause Awareness Day, providing valuable information and support to employees.

Staff also enjoyed a series of themed celebrations including a 4th of July Themed Day and a Mexican Themed Day, offering a fun and engaging break from daily routines. Additionally, we were honoured to support St. Francis Hospice by hosting a coffee morning fundraiser, reinforcing our dedication to social responsibility.

To close the year on a festive note, we encouraged staff participation in a Christmas Wreath and Jumper Competition, bringing holiday cheer and fostering a sense of community within the Hospital.

In addition to these initiatives, the Hospital continued to prioritise staff wellbeing by providing essential support services. Our Employee Assistance Programme (INSPIRE Ireland) remained a vital resource for employees, offering confidential counselling and mental health support. Additionally, we maintained our partnership with Medmark, our Occupational Health provider, ensuring

that employees had access to professional medical guidance and workplace health support when needed.

These initiatives and support services reflect our ongoing commitment to employee wellbeing, ensuring that the Hospital remains a supportive, engaging and health-conscious place to work.



HR STRATEGIC OBJECTIVES FOR 2025

As we move into 2025, our documented HR strategy remains focused on fostering a high-performance culture, enhancing employee experience, and driving organisational growth. Key priorities include strengthening talent acquisition and retention through data-driven workforce planning and employer branding initiatives. We will continue investing in leadership development, upskilling programmes, and diversity, equity and inclusion (DEI) efforts to build a more resilient and engaged workforce. Additionally, we aim to leverage technology and AI-driven HR solutions to streamline processes and enhance employee wellbeing. By aligning our people strategy with business objectives we are committed to creating a dynamic and future-ready workplace.

CONCLUSION

As leaders in people services, the HR Department remains steadfast in its commitment to providing unwavering support and guidance to all employees, striving to foster a culture of organisational harmony. By building strong relationships with staff and working closely with local line managers, the HR team can meet the needs of our dedicated workforce, empowering them to deliver exceptional care to the Hospital's service users.

Throughout the challenges of 2024 the HR Department has been proud to witness the resilience and determination of our staff in overcoming obstacles while consistently keeping the needs of our service users at the forefront. We would like to extend our gratitude to all staff for their continued commitment, drive and support throughout the year.

As we look to the coming year we view it as an opportunity to build on our collective efforts by refining our strategies and improving processes within the HR Department. This will ensure that we continue to provide the necessary support for staff development and wellbeing, allowing them to excel in their vital roles.

Jennifer Rafferty

Human Resources Manager



ESTATES AND MAINTENANCE DEPARTMENT

INTRODUCTION

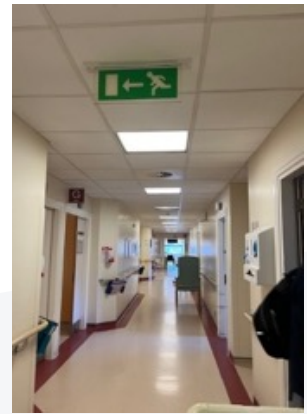
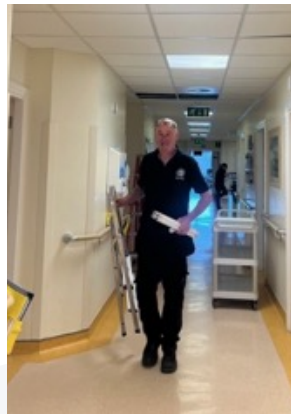
The Estates and Maintenance Department provides essential services to Clontarf Hospital, ensuring that all hospital systems function efficiently to support the safe treatment of patients. The Department plays a critical role in maintaining the Hospital's infrastructure by coordinating, planning, scheduling, supervising and monitoring a wide range of plant operations, mechanical services, electrical services, building systems and other key infrastructural elements. This includes ensuring compliance with health and safety regulations, optimising energy efficiency, and implementing sustainable practices to reduce the Hospital's environmental impact.

The Maintenance Team is dedicated to delivering high-quality service by continuously responding to both reactive and preventative maintenance requests daily. It works diligently to address urgent repairs, minimise system downtime, and proactively manage maintenance schedules; and its efforts ensure that critical hospital facilities remain fully operational.

PROJECTS 2024

The following projects were completed during 2024:

- Installation of new energy-efficient lighting through all hospital corridors, carpark and grounds.



Staff in the Maintenance Department continue to participate in various hospital committees including the Health and Safety Committee, the Infection Control and Hygiene Committee and the Green Committee.

ENERGY AND SUSTAINABILITY

As a publicly funded body the Hospital is legally obliged to report its energy performance annually using the Sustainable Energy Authority of Ireland (SEAI) Monitoring and Reporting online system. The Hospital must achieve a 50% improvement in energy efficiency and a 51% reduction in fossil CO2 emissions by 2030.



The SEAI's annual report for 2024 shows the Hospital's performance to 2023 (Fig. 1 below). Since the Energy Efficiency baseline in 2009 the Hospital has improved energy efficiency by 48.5% and will require an additional improvement of 1.5% to meet our 2030 targets.



Figure 1: Energy Efficiency 2023 Report – SEAI

The Hospital has identified several new energy and sustainability opportunities to save energy and reduce its carbon admissions for 2025.

LED Projects

We will continue with the LED upgrade works in the clinical areas of the Hospital, improving energy efficiency and reducing operational costs. These upgrades will not only support sustainability efforts but also help create a more cost-effective and environmentally friendly hospital for the future.

Photo Voltaic Panels

A feasibility survey was complete in 2023 to assess the installation of photo voltaic panels on the roof of the main hospital. We are continuing to engage with the HSE to advance this project, which will support our sustainability goals and contribute to long-term energy savings.

Waste and Water Management

We hope to make progress in 2025 on waste management and water stewardship with the assistance of all staff, which will be key to its success.

ACKNOWLEDGEMENTS

The maintenance staff would like to thank all their colleagues across the hospital for their kindness and support throughout 2024. It has been a pleasure working alongside them, and we look forward to another great year.

Bernie Saunders
Head of Operations

Tony Kerrisk
Pat Tyrell
Maintenance Team

CATERING DEPARTMENT

INTRODUCTION

The Catering Department at Clontarf Hospital remains committed to providing safe, high-quality, fresh, and wholesome food to all our service users. Our team continuously strives to enhance the dining experience for both patients and staff, ensuring that our food meets the highest standards in terms of safety, taste and nutrition.

FOOD SAFETY

Food safety continues to be a key operational priority for our department. We are dedicated to upholding the highest standards of food hygiene and safety in line with I.S. 340/20027 standards. In the past year, we achieved a 97% score in the Food Safety Awareness Awards, awarded by the Food Safety Professionals Association, earning us a distinction. We aim to improve on this score in the coming year. Our commitment to food safety is reinforced through the ongoing training of our staff. All chefs have completed the Quality and Qualifications Ireland (QQI) Level 5 Implementing Food Safety Management Systems course, ensuring a strong foundation in food safety practices. Additionally, all catering staff participate in continual development opportunities including training in QQI Level 2 Food Safety, Fire Safety, Hand Hygiene, Manual Handling, and customer care courses.

DIETARY NEEDS

The dietary needs of our patients are increasingly specialised, and we are committed to meeting these needs with the utmost care and attention. To ensure that all patients receive the appropriate meals, our chefs have completed International Dysphagia Diet Standardisation Initiative (IDDSI) training. This training focuses on techniques for preparing, presenting and planning meals for patients with swallowing difficulties. In collaboration with the Speech and Language Therapy Department we also conduct audits during the year to ensure that all meals are prepared to the correct specifications.

During the year, in collaboration with the Nutrition and Hydration Committee, we began work on the introduction of a new and improved menu for patients and staff which we hope to introduce fully next year. This will ensure that we continue to provide meals that are not only nutritious but also enjoyable.

CATERING DAYS

Throughout the year, the Catering Department was pleased to host several theme days aimed at boosting staff morale and fostering a positive work environment. These events included: Pride Day – a celebration of diversity and inclusion; St Patrick's Day – a festive day of traditional Irish fare; Mexican Day – a vibrant and flavourful celebration of Mexican cuisine; and Chinese Day – a hugely popular event that offered a variety of delicious Chinese dishes.

In addition to these theme days, the department was honoured to host the Annual Board Dinner, an event that allowed us to showcase the talent and dedication of our Catering Team. Furthermore, the Annual Staff Christmas Lunch was a tremendous success, enjoyed by all staff and provided an opportunity to celebrate the season together.

CONCLUSION

We would like to take this opportunity to express our heartfelt thanks to all departments for their continued support throughout the year. We extend our gratitude to the hardworking and dedicated staff of the Catering Department. Your professionalism and commitment to excellence are truly appreciated, and we look forward to another successful year ahead.

Gillian McKeown
Catering Manager

Patricia Newman
Catering Officer



GENERAL SERVICES DEPARTMENT

INTRODUCTION

The General Services Department consists of several divisions that give support to a multidisciplinary array of services within Clontarf Hospital. Our aim is to make the patient experience as easy and comfortable as possible, and we adopt a person-centred approach in all areas of patient care.

The General Services Department provides a 24-hour service all year round with responsibility for a variety of duties and tasks that support the smooth running of the Hospital. We work closely with our clinical teams to support them in their day-to-day care of our patients.

GENERAL SERVICES ROLE AND ACTIVITIES

Staff in the General Services Department have responsibility for transporting patients including transfers to the gym for their rehabilitation treatment and for transferring them internally to other departments such as the X-ray Department and the Occupational Therapy (OT) Department. We also transfer patients when going to outpatient appointments or being referred to other hospitals or other healthcare facilities. General Services staff also have responsibility for:

- Collecting and segregating all waste types both healthcare and non-healthcare
- Collecting and segregating linen for wards



- Reception and administration duties and enforcing the Visiting Policy
- Collecting and delivering medicines throughout the day to the Pharmacy Department
- Cleaning the wards and changing rooms daily

During the year General Services staff sat on various committees including the Hospital's Falls Committee and Green Team Committee. The General Services Department was delighted to fundraise during the year, raising €1,260 in aid of Blood Bikes East.

Another important role of the department was ensuring that appropriate stock and equipment were delivered to all wards and departments. The Stores Department, supported by the Procurement Department, provided healthcare and non-healthcare supplies to all departments within the Hospital and did an excellent job in keeping all wards and departments supplied with the appropriate personal protective equipment (PPE) and medical and linen supplies, while also managing all daily supply requests.

The department also oversaw the management of the waste disposal contract undertaken by external service providers and ensured that all waste was managed safely and in accordance with hospital policy and the Hospital's legislative obligations.

The General Services Department participated in several important audits during the year. These included the Hospital Hygiene Audits, which are carried out in conjunction with the Infection Prevention and Control (IPC) Team and are a key element of providing safe patient care and a quality healthcare service. The department also engaged with the Dangerous Goods Safety Advisor (DGSA) Compliance Audits, and on the Fire Extinguisher Audits across the Hospital, in conjunction with the Health and Safety Committee. These audits will be extended to cover all aspects of

emergency evacuation including emergency exit signs, fire doors and break glass units.

The General Services manager completed training in the Hospital Inpatient Enquiry Scheme (HIPE) Coding Skills 1 to support the hospital's HIPE coding department for this important area of the Hospital's activities. Continued training will take place in June 2025 with the completion of Coding Skills 4. The department also provided significant support to the Administration Department throughout the year in relocating and organising existing files and archiving older ones. There is now a weekly collection procedure in place for both HIPED and non-HIPED files, which has proved very efficient for storing files in their designated areas.

CONCLUSION

I would like to thank all our colleagues in the Hospital for their support in 2024 and look forward to working with them all in 2025.

Will Judge

General Services Manager

INCORPORATED ORTHOPAEDIC HOSPITAL OF IRELAND INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF INCORPORATED ORTHOPAEDIC HOSPITAL OF IRELAND (THE 'COMPANY')

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

OPINION ON THE FINANCIAL STATEMENTS OF INCORPORATED ORTHOPAEDIC HOSPITAL OF IRELAND ("THE COMPANY")

In our opinion the financial statements:

- give a true and fair view of the assets, liabilities and financial position of the company as at 31 December 2024 and of the net movement in funds for the financial year then ended; and
- have been properly prepared in accordance with the relevant financial reporting framework and, in particular, with the requirements of the Companies Act 2014.

The financial statements we have audited comprise:

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

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

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (Ireland) (ISAs (Ireland)) and applicable law. Our responsibilities under those standards are described below in the "Auditor's responsibilities for the audit of the financial statements" section of our report. We are independent of

the company in accordance with the ethical requirements that are relevant to our audit of the financial statements in Ireland, including the Ethical Standard issued by the Irish Auditing and Accounting Supervisory Authority, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

CONCLUSIONS RELATING TO GOING CONCERN

In auditing the financial statements, we have concluded that the directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any other material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Company's ability to continue as a going concern for a period of at least twelve months from the date when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

OTHER INFORMATION

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

Our responsibility is to read the other information and, in doing so, consider whether

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

We have nothing to report in this regard.

RESPONSIBILITIES OF DIRECTORS

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

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

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

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

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

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

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

REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS

OPINION ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2014

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

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

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

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

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

USE OF OUR REPORT

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

Keith Doyle

For and on behalf of
Azets Audit Services Ireland Limited
Statutory Audit Firm
3rd Floor
40 Mespil Road
Dublin 4
D04 C2N4

Date: 28 May 2025



APPENDIX 1

ACTIVITY REPORT

PATIENT ACTIVITY 2024

Occupancy Level	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total 2024	Total Monthly Average 2024	Total Monthly Average 2023
Bed Complement	160	160	160	160	160	160	160	160	160	160	160	160	1920	160	160
Bed Day Capacity	4960	4640	4960	4800	4960	4800	4960	4960	4800	4960	4800	4960	58560	4880	4867
Available Beds	148	160	160	160	152	152	152	152	152	156	160	160	1864	155	141
Actual Bed Days Available	4588	4640	4960	4560	4712	4560	4712	4464	4560	4712	4560	4712	55740	4645	4281
Bed Days Used	4089	3986	4342	4105	4260	4148	4258	4098	4116	4111	3993	3977	49483	4124	3717
% Occupancy V Capacity	82%	86%	88%	86%	86%	86%	86%	83%	86%	83%	83%	80%	84%	84.500%	76.378%
% Occupancy V Available Days	89%	86%	88%	90%	90%	91%	90%	92%	90%	87%	88%	84%	89%	88.775%	86.838%
Total Admissions	136	116	123	139	154	121	150	126	141	125	138	117	1586	132	119
Total Discharges	112	117	135	134	152	118	159	127	136	129	137	134	1590	133	115

Admissions by Source:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total 2024	Total Monthly Average 2024	Total Monthly Average 2023
Cappagh Hospital	15	21	23	25	33	30	35	29	43	33	26	17	330	28	20
Mater Hospital	14	20	14	19	27	16	15	16	17	23	15	15	211	18	11
Mater Rehabilitation	37	26	25	30	24	15	26	24	24	20	30	22	303	25	22
Tallaght Hospital	7	6	12	12	8	7	9	7	4	5	14	4	95	8	9
St. Vincents Hospital	0	0	1	0	0	0	0	0	1	0	0	0	2	0	0
Beaumont Hospital	23	11	18	27	25	21	31	24	19	31	23	27	280	23	15
Beaumont Geriatric Rehab	28	26	21	19	28	21	22	11	24	10	22	25	257	21	26
St. James's Hospital	5	1	4	4	3	2	5	3	0	1	1	0	29	2	5
Connolly Hospital	4	2	0	1	0	0	1	7	1	1	0	1	18	2	4
Connolly Rehab Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Other	3	3	5	2	6	9	6	5	8	1	7	6	61	5	8
TOTAL	136	116	123	139	154	121	150	126	141	125	138	117	1586	132	119

Physiotherapy Department

Number of Patients Treated	249	249	261	265	293	256	293	265	274	254	268	246	3173	264	234
Number of Treatments	3108	3147	2926	3269	3213	2762	3179	2723	3056	3011	2679	2350	35423	2952	2806

Social Work Department

Referrals - New	85	90	97	104	114	87	107	95	94	44	115	100	1132	94	86
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Occupational Therapy Department

Referrals - New	133	110	121	136	154	120	147	124	138	123	138	116	1560	130	106
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Dietetics Department

Referrals - New	40	53	46	48	83	56	66	46	57	71	64	0	630	57	39
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Speech & Language Department

Referrals - New	17	16	22	27	26	15	27	22	13	19	28	18	250	21	17
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Radiology Department

Number of Patients X-rayed	89	87	82	87	92	89	86	91	71	85	85	77	1021	85	68
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Number of Procedures	99	94	88	93	99	98	101	100	77	95	96	91	1131	94	76
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Radiology Department Out-Patients

Number of Patients x-Rayed	96	118	120	125	139	116	139	147	162	191	203	165	1721	143	78
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Number of Procedures	121	152	161	181	190	169	205	206	239	279	289	214	2406	201	105
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APPENDIX 2

FINANCIAL REPORT

APPENDIX 2

STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING INCOME AND EXPENDITURE ACCOUNT)

FOR THE YEAR ENDED 31 DECEMBER 2024

		Restricted funds 2024 €	Unrestricted funds 2024 €	Total funds 2024 €	Total funds 2023 €
INCOME FROM:					
Charitable activities	4	26,313,932	50,684	26,364,616	24,443,695
TOTAL INCOME		26,313,932	50,684	26,364,616	24,443,695
EXPENDITURE ON:					
Charitable Activities	5, 6	26,839,711	6,890	26,846,601	24,868,370
TOTAL EXPENDITURE		26,839,711	6,890	26,846,601	24,868,370
NET INCOME (EXPENDITURE)	15	(525,779)	43,794	(418,985)	(424,675)
Transfers		478,330	(478,330)	0	0
NET MOVEMENT IN FUNDS		(47,449)	(434,536)	(481,985)	(424,675)
RECONCILIATION OF FUNDS:					
Total Funds brought forward	15	227,952	17,558,289	17,786,241	18,210,916
Net movement In funds		(47,449)	(434,536)	(481,985)	(424,675)
TOTAL FUNDS CARRIED FORWARD		180,503	17,123,753	17,304,256	17,786,241

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

BALANCE SHEET

AS AT 31 DECEMBER 2024

	Note	2024 €	2023 €
FIXED ASSETS			
Tangible Assets	4	16,559,614	16,965,467
		<u>16,559,614</u>	<u>16,965,467</u>
CURRENT ASSETS			
Stocks	11	104,947	104,215
Debtors	12	2,431,127	2,115,877
Cash at bank and in hand		410,370	494,996
		<u>2,946,444</u>	<u>2,715,088</u>
Creditors: amounts falling due within one year	13	(2,201,802)	(1,894,314)
NET CURRENT ASSETS		<u>744,642</u>	<u>820,774</u>
TOTAL NET ASSETS		<u>17,304,256</u>	<u>17,786,241</u>
CHARITY FUNDS			
Restricted funds	15	180,503	227,952
Unrestricted funds	15	17,123,753	17,558,289
TOTAL FUNDS		<u>17,304,256</u>	<u>17,786,241</u>

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

Mr Aidan Gleeson
Mr John Byrne

Date: 27 May 2025



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