OSPIDÉAL NÁISIÚNTA ORTAIPÉIDEACH CHEAPAÍ
NATIONAL ORTHOPAEDIC HOSPITAL CAPPAGH

ANNUAL REPORT 2025

Healing with Purpose

Advancing Orthopaedic Excellence through Sustainable Innovation

OSPIDÉAL NÁISIÚNTA ORTAIPÉIDEACH CHEAPAÍ
NATIONAL ORTHOPAEDIC HOSPITAL CAPPAGH

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SISTERS OF MERCY

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Patient Feedback

Google Review

I've just been discharged from Cappagh Hospital after spinal surgery, and the care I received was utterly incredible. I was treated with the utmost respect and kindness from absolutely everybody I dealt with - from nurses, to doctors to porters. Just genuinely gorgeous people who can't do enough for you. My comfort was always a priority, and anyone I dealt with in regards to providing information was thorough and no question was deemed as stupid. I've never had any surgery or been admitted to Hospital before, so they were so understanding about my nerves. Whenever I felt stressed or upset, they offered me so much comfort. I really cannot recommend the Hospital enough! The staff go above and beyond for you, and even for your visitors. They were so kind to my parents and offered them support when they were stressed or worried. I feel so lucky that I had such a great experience during a very difficult time and I'll never forget it :)

I was admitted to Cappagh Hospital at 10 am on the [date] and discharged at 2 pm on the [date]. From the moment I arrived until the moment I left, every member of staff I encountered was exceptional. A special mention goes to the team in St. Teresa's Ward who looked after me with such care, kindness and professionalism. The Hospital itself was spotless, the food was lovely, and the standard of care was second to none. I genuinely could not fault a single aspect of my stay.

A heartfelt thank you to Dr. Paul Curtin and the entire Cappagh Hospital team - you made my experience so much easier and more comfortable.

A wonderful Hospital. In as few words as I can possibly say, it's Top Notch. The Doctors, Nurses, all Medical staff were very kind and attentive. Everything is done efficiently, including the visit prior to my operation.

Thank you Cards & Emails

I was an inpatient from the [date] for a full hip replacement. I would like to pay a compliment to all the staff I met before, during and post-surgery. These include administration staff, porters, nurses, doctors, theatre staff, care assistants, catering staff, cleaners, physiotherapists, occupational therapists, phlebotomists and pharmacists. I apologise if I've left anyone out. Their professionalism, kindness and good humour made my experience an enjoyable one. I would have no hesitation in recommending Cappagh Hospital to family and friends. Keep up the good work!

I would just like to say sincere thanks to your amazing staff today when i went in for my procedure, from the reception staff in Radiology to the nurses on the dayward and the nurses in Radiology and Mr Kevin Dunne who were all so professional and kind and made me feel very at ease as I was nervous. Very nice experience as Hospital visits go. Thanks again.

I would just like to take this opportunity to thank all the staff so much for my recent stay. I can't speak highly enough of all the staff that I had interaction with. From the Admin to Surgeon & everyone in between, I was treated with the utmost respect and professionalism. All staff were super friendly , helpful and went above and beyond to make my stay a pleasant one. Keep up the great work & thanks again.

I recently had an operation on my leg at Cappagh. I was a patient on St. Paul's ward. I was discharged last Thursday morning the [date] I just wanted to put in writing my thanks to all who looked after me so well. From Prof O'Toole and his excellent team, to all the doctor's lovely nurses, care assistants, the nice ladies who served the meals, and the ladies who did all the cleaning. I really can't praise them all enough, and Cappagh Hospital for the wonderful work they do. I would appreciate this email forwarded to the Hospital management

hey guys was in with ye for spinal fusion from thursday to saturday. just writing a few words to compliment every single person that i was in contact with from doctors, nurses, canteen girls carers and admin. the care that ye showed me while with ye was out of this world.i cant say enough positive words about ye only thanks very much and i really appreciate it. much love

I just want to thank you from myself and my family, my mother went in Tuesday [date] and had full knee replacement and they staff couldn't have done enough for my mother. Her birthday was on the [date] and the lovely staff asked the chef to make her a cake and the chef did, the cake was unbelievable Thank you for making my mother's time there so stress free and for giving 110% care to her. From the whole Family

Overview

- A Rich History of Extraordinary Care
- National Footprint
- Hospital Services & Overview
- Chairman's Foreword
- Chief Executive Officer Statement
- Activity Highlights

A Rich History of Extraordinary Care

Heathfield House and the lands at Cappagh were bequeathed by Dame Mary Martin, (deceased 2nd May 1906), to the Sisters of Charity with specific instructions to establish “an open-air orthopaedic Hospital at Cappagh.”

In 1908, St Mary’s Convalescent Home for Sick Children was founded. In 2005, the Hospital transferred ownership from the Sisters of Charity to the Sisters of Mercy, carrying on the strong tradition of compassionate patient care.

More recently, the Hospital, previously known as Cappagh Hospital, rebranded in 2020 to the National Orthopaedic Hospital Cappagh, highlighting its national remit.

Throughout the years, the Hospital has pioneered numerous medical and surgical innovations. Today, the National Orthopaedic Hospital Cappagh (NOHC) is recognised as a world-class Centre of Excellence in orthopaedic medicine, research, and education.

Mother Mary Frances Aikenhead (19 January 1787 – 22 July 1858) is described as one of nursing's greatest leaders. She founded the Catholic Religious Institute and the Religious Sisters of Charity.

Catherine Elizabeth McAuley, RSM (29 September 1778 – 11 November 1841) was an Irish Catholic Religious Sister who founded the Sisters of Mercy in 1831. The Sisters of Mercy have always been associated with teaching.

1908 Cappagh welcomes young patients from Temple Street Hospital for convalescent care. Many patients suffered from diseases of the time, and some children spent much of their childhood in Cappagh’s care.

1920 Beds were wheeled onto verandas so patients could avail of light and fresh air for healing, and a school was established to educate children during their stay. At the height of operations, the school employed 6 full-time teachers.

1959 Joseph Eugene Butler founded Ireland's inaugural Occupational Therapy Department, ensuring postoperative patients regained their function, confidence and independence after surgery.

1969 The first Total Hip Replacement surgery was performed at NOHC. The patient was subject to several weeks of isolation before surgery and remained as an inpatient for several weeks following the operation.

1996 The National Bone Bank was established to harvest femoral heads (upper thigh bones) discarded during hip replacement surgery. The bone is cleaned, graded, stored and used for NOHC patients or supplied to Hospitals nationwide for use in reconstructive surgeries.

2004 A High Dependency Unit was introduced, and a Preoperative Assessment Clinic was established to gauge patient suitability for surgery at the Hospital.

2005 The National Orthopaedic Hospital Cappagh came under the auspices of the Religious Sisters of Mercy, and its culture continues to be influenced and inspired by its founding and governing religious orders.

2012 Specialist Centre for Rehabilitation established

2018 Same-Day Surgery & Discharge Programme was initiated for Total Hip replacement Patients.

2020 Cappagh Hospital rebranded to the National Orthopaedic Hospital Cappagh, a subtle name change designed to assert the Hospital’s national remit.

St Mary’s Convalescent Home 1910

ST. MARY'S OPEN-AIR HOSPITAI
CAPPAGH, FINGLAS, CO. DUBLIN.
(Under the Care of the Irish Sisters of Charity.)

It would be difficult to find an instanc where Charity is presented in greate beauty and tenderness than in th simple story of **CAPPAGH HOSPITAL**. Begun in 1921, brought to completio in 1926, at a **Cost of £65,000.**

Just some—but Cappagh can save him!

EQUIPPED WITH 200 BEDS.

Provided with every modern device, it has two up-to-date Operatin Theatres, the latest Sterilising Plant, a Hawley Table for Orthopaedi Work, and a **MAGNIFICENT X-RAY PLANT.**

"**Artificial Sunlight**" is employed during the Winter months

CAPPAGH IS MORE THAN A HOSPITAL.
IT GIVES TO LITTLE CHILDREN—NOT ONLY HEALTH—BUT HAPPY CHILDHOOD

Already 971 have been treated, and 330 Children **Discharged Cured** many of whom were **Deformed** and given up as **HOPELES BEFORE ADMISSION.** Love and Care are lavished on each little Patient. **THE SURROUNDINGS ARE DELIGHTFUL.** Lessons are carried on, and useful occupations taught. **THE CHILDREN ARE MADE SUPREMELY HAPPY.** Entertainments are frequently given, and every child's joy that ingenuity can invent is provided by the Nuns

They were once bed-ridden.

Funds urgently needed to pay off a debt of £20,000

When you help such a Christ-Like work, you are **Restoring God's Little One's** to their **HERITAGE OF HAPPY CHILDHOOD.**

The Sun Cure at work.

Are the Children at Cappag Happy ?

COME AND SEE FOR YOURSELI

The Smallest Subscription gratefull received and acknowledged by
THE SUPERIORES

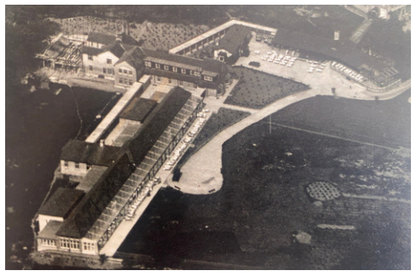
Write for Illustrated Booklet.

Bus from Eden Quay every 20 minutes.

1920s Fundraiser

Visit of Archbishop William Walsh, 2nd July 1908

Preparing for Mass 1920



Cappagh 1927

Cappagh 1967

National Footprint

Almost 40% of patients hail from beyond the pale!

Hospital Overview & Services

6 Surgical Theatres 5 major and 1 minor	**130** Inpatient Beds incl. 6 High-Dependency	**38** Consultant Orthopaedic Surgeons
5 Consultant Radiologists	**c.30,000** Patients Welcomed to the Hospital Annually	**7,652** Major & Minor Surgical Procedures Performed
28,240 Radiological Scans & Procedures	**9,825** Day Case Admissions & Reviews	**180,727** Laboratory Tests

Adult Orthopaedics

Upper Limb

Hand, Wrist, Elbow & Shoulder
- Rapid Access Carpal Tunnel Syndrome Clinic
- East Coast Hand Clinic
- Congenital Upper Limb Deformity Clinic

Lower Limb

Hip & Knee
- Primary & Revision Hip And Knee Replacement Surgeries
- Same-Day Surgery & Discharge Programme
- Complex Knee Clinic

Foot & Ankle
- Achilles tendonitis
- Plantar fasciitis

Spinal Service
- Spinal Fusion
- Decompression/Discectomy

Centre for Rehabilitation
- Geriatrician-led service
- Comprehensive Inpatient Rehabilitation Programmes for patients >65 years who are recovering from an acute medical episode or illness, or require further rehabilitation following surgery.

Sports & Exercise Medicine
- Helping recreational and professional athletes recover from injury and return to sports participation and competition.

National Bone Bank
- Harvests femoral heads with consent from donors undergoing THR surgery.
- Cleans, grades, stores and supplies bone allograft for use in reconstructive surgery in Hospitals in NOHC and nationwide.
- Imports structural allograft under license from the USA for national supply.

Cappagh Kids Paediatric Orthopaedics
Upper & Lower Limb
- Limb Reconstruction
- Scoliosis
- Foot & Ankle

Soft Tissue & Bone Sarcoma Service
- National Referral Centre for Bone & Soft Tissue Tumours
- Surgical Oncology Centre for the National Sarcoma Service

Rheumatology Department
- For the treatment of patients with inflammatory conditions.

Radiology Department
- Orthopaedic Sports Imaging
- National Bone Tumour Ablation Unit
- Interventional Radiology (Vertebroplasty, Kyphoplasty, Discectomy, Pain Management)
- X-Ray, MRI, CT, Dexascan, Ultrasound

Chairperson's Foreword

Colin Byrne
Chairperson
Board of Directors

It may be obvious, but nothing stays the same in business, and that, of course, applies to running a hospital. With the rapid advance of AI and a population that is getting bigger and living longer, the National Orthopaedic Hospital Cappagh ("NOHC" or the "Hospital") has to constantly adapt in order to continue to provide exceptional and up-to-date modern care to patients. It does this due (among other things) to the expertise and dedication of the Hospital's management team, the consultants, other medical staff (including, in particular, the nursing staff) and everyone who works at the Hospital. There will always be challenges (financial and otherwise) and learnings along the way, but there is a clear and open willingness within the Hospital to accept those challenges and learnings and to implement appropriate controls and other measures for the betterment of the patients and the employees of the Hospital. No one can ask for more than that.

I would like to thank Mr Paul Curtin (Clinical Director of Adult Orthopaedic Services) and Mr Jaques Noel (Clinical Director of Paediatric Orthopaedic Services) for their unwavering support of the Hospital and, in particular, for their work in further strengthening the clinical governance within the Hospital.

I would also like to thank all the consultants and medical personnel who work in the Hospital. When medical outcomes are favourable (which the vast majority of them are), it is deeply heartening and humbling to hear patients describe how the pain has finally gone, which many have suffered for years. The Hospital frequently comes out top (or very near the top) of independent surveys of patients' experience in hospitals, and that says a huge amount in itself.

The Hospital is managed by a small but extremely hard working, knowledgeable and talented executive team led with outstanding skill, diligence and empathy by Angela Lee (CEO). Each year I say it and this year is no exception, I hugely admire how much they achieve each year notwithstanding the very many and real obstacles and challenges they have to navigate on a daily (and in some cases, an hourly) basis. Aoife Gallagher (COO and Deputy CEO), Gary Gray (Head of Finance), Val Connolly (Director of Nursing) and Martin Healy (Head of Engineering) to name a few have done an incredible job in maintaining and improving the level of care patients receive and in maintaining the wellbeing of all employees of the Hospital, no matter what their position or grade. It is deeply refreshing to see that ethos in the Hospital (a legacy left to us by the Sisters of Mercy) in a world that is becoming more fractured by the day and where self- interest and lack of morality prevail.

During the year, Anne Marie Malone and Dr. Ronan McLoughlin joined the Board and have provided invaluable advice and sound guidance on a number of important matters. All of the Board members give countless hours and the benefit of their considerable wisdom, experience and expertise on a voluntary basis (notwithstanding the very onerous responsibility which they undertake as directors). I would like to personally thank each of them for the work that they do on behalf of the Hospital, which they do willingly and with the overall aim of making the experience of staff and the patients of the Hospital one that they will remember for all the right reasons.

I would like to thank Sean O'Neill, Chair of the Board of Directors of the Cappagh Hospital Foundation and his fellow directors and staff for the hard work they do to raise funds on behalf of the Hospital. I would also like to acknowledge with many thanks the support and guidance we receive from (1) our parent company, the Mater Misericordiae and Children's University Hospital and (2) the Hospital's Medical Consultants Committee chaired by Ms Noelle Cassidy.

I would like to acknowledge, again with many thanks, the financial and other support given (among others) by the Department of Health, the HSE, the IEHG, CHI and the NTPF.

I would like to thank Orlagh O'Loghlen, the company secretary of the Hospital, who provides invaluable support in ensuring that the Hospital meets its numerous legal obligations, in particular those arising under company and charity law.

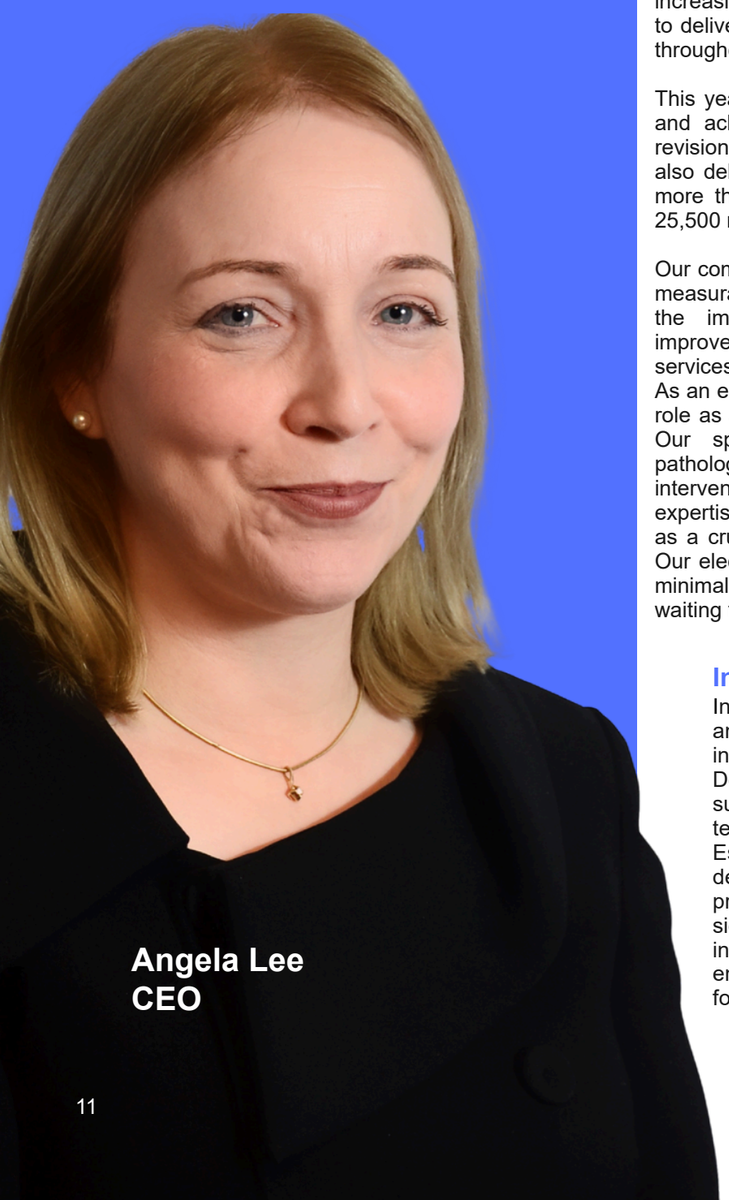
The Hospital set up its own Audit and Risk Committee during the year, which is chaired by Anne Tynan. I thank her and the other members of the Committee for the necessary and very valuable work they do on behalf of the Hospital.

There is a very active and effective Green Energy committee within the Hospital, and it is often cited by the HSE and others as an example to other hospitals of how to become greener (from a climate perspective). It is hoped that the Hospital will be carbon neutral by 2030 notwithstanding the aged nature of its infrastructure.

I hope I have not left anyone out, but again, I wish to express my deep gratitude to each and every person who works in (or who contributes in some way, no matter how small, towards the running of) the Hospital with the common aim of ensuring the wellbeing of its staff and achieving the best possible medical outcomes for its patients. It is uplifting and a privilege to be a part of the team that constitutes the Hospital and to work with such caring, expert and committed individuals.

Colin Byrne
Chairperson of the Board of Directors of the Hospital

Chief Executive Officer (CEO) Statement



Angela Lee
CEO

Welcome to the National Orthopaedic Hospital Cappagh (NOHC) Annual Report 2025, marking the conclusion of our ambitious 2022–2025 Strategic Plan and the beginning of an exciting new chapter for our organisation.

Over the past four years, we have remained steadfast in our commitment to enhancing the quality of patients' lives through leading specialist orthopaedic care. As we reflect on the achievements outlined in this report, I am immensely proud of our staff's dedication and the remarkable progress we have made in expanding services, improving patient pathways, advancing sustainability, embracing innovation, and strengthening our position as Ireland's national centre for elective orthopaedic care.

Delivering Excellence in a Challenging Healthcare Environment

The demand for orthopaedic services continues to grow nationally as Ireland's population expands and ages. Despite increasing pressure across the health service, NOHC continued to deliver exceptional care and strong operational performance throughout 2025.

This year, we performed more than 4,130 surgical procedures and achieved a record 1,005 total knee replacements and revisions, the highest number ever completed at NOHC. We also delivered 968 hip replacements and revisions, welcomed more than 11,700 outpatient attendances, and provided over 25,500 radiology examinations and procedures.

Our commitment to improving access to care continued to yield measurable benefits through the expansion of outpatient clinics, the implementation of enhanced recovery programmes, improved theatre efficiency, the growth of same-day surgery services, and sustained reductions in patient length of stay.
As an essential pillar of the Irish healthcare landscape, NOHC's role as a dedicated elective centre has never been more vital. Our specialist teams routinely manage highly complex pathologies that require sophisticated multidisciplinary interventions to achieve optimal patient outcomes. This expertise underscores our distinct national remit, as we serve as a crucial tertiary referral centre for patients across Ireland. Our elective model enables us to deliver high-quality care with minimal cancellations while supporting national efforts to reduce waiting times.

Infrastructural Development

In 2025, significant strides were made in progressing our ambitious capital development programme, which includes a new 66-bed ward block, a 10-bed High Dependency Unit (HDU), additional theatre capacity, and supporting infrastructure. During the year, our design team worked closely with the NOHC Team and HSE Estates to advance the project through the design development phase. We are hopeful of submitting the project for planning approval in 2026, representing a significant milestone in the delivery of this transformative investment. Once completed, this development will enhance NOHC's ability to respond to increasing demand for orthopaedic surgery well into the future.

During the term of the Strategy, we successfully delivered a number of key infrastructure projects, including the new Cappagh Kids Outpatient Facility, significant enhancements to our theatre and radiology departments, campus-wide sustainability initiatives, ward upgrades, and the refurbishment of the Convent building to support the Hospital's expanding education, training, and research activities.

Innovation Driving Better Outcomes

Innovation has become firmly embedded within our culture. In 2025, we advanced several transformative initiatives, including the development of a bespoke consultant peer-review platform to strengthen clinical governance and a new Staff App to improve communication and engagement for staff across the Hospital. We also continued the development of our Clinical Simulation Programme, which will open a dedicated simulation facility in 2026.

We introduced new patient pathways, including a Consultant Geriatrician-led Preoperative Optimisation Clinic and a new integrated amputee care pathway, ensuring patients receive more personalised and comprehensive support throughout their treatment journey.

These initiatives reflect our commitment to embracing technology, digitalisation, and evidence-based innovation to improve communication, efficiency, and patient outcomes.

Sustainability and Responsible Leadership

One of the achievements of which I am most proud is the success of our Sustainability Plan 2022–2025.

During the Strategy period, the Hospital achieved the Public Sector Climate Action Mandate 2030 energy-efficiency targets ahead of schedule. We reduced gas and energy consumption by 26% despite significantly expanding our footprint, reduced food waste by 54%, eliminated waste to landfill, installed rooftop solar panels, and introduced numerous initiatives that reduced our environmental footprint while delivering operational savings.

These achievements demonstrate that healthcare excellence and environmental responsibility can go hand in hand. As we prepare to launch our Sustainability Plan 2026–2030, we remain committed to becoming a recognised leader in sustainable healthcare.

I would like to commend the Hospital's Green Energy Committee for its dedication and commitment to sustainable practices, and all of our staff for their participation in Hospital-wide sustainability initiatives.

Completing Our 2022–2025 Strategic Plan

When we launched our Strategic Plan in 2022, we set ambitious goals across five key pillars: infrastructure expansion, service development, organisational capability, academic excellence, and stakeholder engagement. I am delighted to report significant progress across all areas.

As we approached the conclusion of this strategic cycle, we commenced the development of our new Strategic Plan 2026–2030. This is an exciting opportunity to shape the future direction of NOHC. In developing the new strategy, we have engaged closely with our Board, the HSE, staff, patients and other key stakeholders. We have also reviewed national healthcare priorities and policy frameworks, including Sláintecare, HSE Service Plans, and Department of Health policy objectives, to ensure that our strategic ambitions are fully aligned with national healthcare priorities while continuing to meet the evolving needs of our patients and services.

Our People – The Heart of NOHC

None of our achievements would have been possible without our staff. Throughout a year marked by workforce challenges, retirements, and an increasingly competitive labour market, our teams continued to deliver exceptional care with professionalism, compassion, and resilience. Their commitment to our patients and to one another remains the organisation's defining strength.

I would like to acknowledge our long-serving colleagues, many of whom celebrated significant service milestones this year. Their dedication has helped shape the culture and values that continue to define NOHC today.

We have also continued to invest in our people through learning and development, diversity and inclusion initiatives, and staff wellbeing programmes, ensuring NOHC remains an employer of choice for current and future generations.

Chief Executive Officer (CEO) Statement

Research, Education and National Leadership

As Ireland's leading specialist orthopaedic centre, we are committed not only to providing excellent care, but also to advancing the future of orthopaedic medicine.

In 2025, our clinicians published more than 20 peer-reviewed research papers, delivered keynote presentations internationally, hosted renowned experts through Cappagh Foundation Day, and provided clinical education to hundreds of medical, nursing, and allied health students.

Our growing academic profile continues to strengthen NOHC's reputation as a centre of excellence for research, education, and innovation.

Financial Performance and Resource Management

The National Orthopaedic Hospital Cappagh successfully navigated the financial year by operating within the expenditure limits established by the Health Service Executive (HSE). Despite a challenging economic environment characterised by rising operational costs, the organisation maintained rigorous financial controls, resulting in a modest year-end surplus.

Acknowledgements

I would like to express my sincere gratitude to Mr Colin Byrne, Chairperson of the Board of Directors, for his invaluable support and guidance throughout the year. I would also like to welcome Ms Anne Marie Malone and Dr Ronan McLoughlin, who joined the Board in May and July 2025, respectively.

My sincere thanks go to all members of the Board who served during 2025 for their commitment, valuable insights, and generous contribution of time. My gratitude also goes to our company Secretary and Board members of our parent company, MMCUH.

I would also like to acknowledge the work of the Cappagh Hospital Foundation (CHF) for their continued support of the Hospital

Special thanks to my colleagues on the Executive Management Team for their dedication, support, and hard work throughout the year. During the year, Ms Johanne Carey left the role of Head of HR, and I wish her every success in her new role.

I also wish to acknowledge the Medical Consultants' Committee, Department Managers, and staff across all disciplines for their ongoing contribution to the Hospital and their unwavering commitment to excellence. We are fortunate to benefit from a strong culture, exceptional work ethic, and a shared commitment to delivering the highest standards of care. Your support and assistance are greatly appreciated.

I also wish to acknowledge our partners across the Health Service Executive (HSE), particularly the IHA Manager, the Regional Executive Officer and the team at HSE Dublin and North East for their continued support and collaboration. My thanks also extend to the Department of Health (DoH) and the National Treatment Purchase Fund (NTPF), and our colleagues across the wider healthcare system for their partnership and support throughout the year.

Finally, I would like to express my gratitude to the HSE Energy Bureau and the Sustainable Energy Authority of Ireland (SEAI) for their guidance and assistance in advancing the Hospital's sustainability agenda and supporting our commitment to environmental responsibility.

To everyone who contributes to the success of Cappagh Hospital, thank you for your dedication, professionalism, and commitment to our patients and our mission. Together, we continue to make a meaningful difference in the lives of those we serve.

Looking Ahead

As we develop our Strategy 2026–2030, our focus remains clear: expanding capacity, improving access to care, embracing digital transformation, strengthening research and innovation, and creating a more sustainable future.

The challenges facing healthcare are significant, but so too are the opportunities. Supported by world-class clinical expertise, a strong culture of innovation, committed staff, and ambitious development plans, I am confident that NOHC is well positioned to move forward with purpose, advancing orthopaedic excellence through innovation, compassion, and sustainability.

Angela Lee
Chief Executive Officer

Activity Highlights

2025 delivered stable activity with improved efficiency and a more complex surgical profile, despite modest reductions in overall volumes.

- Sustained high surgical throughput with more complex case mix
- Improved clinic productivity (fewer clinics, strong utilisation)
- Expansion of pre-operative pathways (PAC & triage)
- Increased rehab discharges, supporting patient flow

4,130
Surgical Procedures

3,564
Plasterbay Procedures

968
Total Hip Replacement & Revision Surgery

1,005
Total Knee Replacement & Revision Surgery

3,038
Preoperative Assessment Clinic

5,328
Joint Register Attendees

11,731
Outpatient Attendance

5,998
Telephone Triage

9,825
Dayward New & Review Patients

1,286
Outpatient Clinics Held

163
Rehabilitation Discharges

176,666
Laboratory Tests

28,240
Radiology Tests and Procedures

Strategic Framework

- Our Purpose, Mission, Vision & Values
- Reflecting on the NOHC 2022-2025 Strategy:
  - Hospital Infrastructure Development And Expansion
  - Develop and Increase Access To Services
  - Organisation Development, IT Capability, and Sustainability
  - An NOHC Academic Centre
  - Stakeholder Engagement and Funding
- Towards a New Strategy 2026-2030
- Reimagining Our Hospital

Our Purpose, Mission, Vision & Values

Our mission, vision, and values are deeply rooted in our core **PURPOSE** of enhancing the quality of patients' lives by providing leading specialist orthopaedic care.

MISSION: We care for all patients and staff with excellence, respecting the uniqueness of each person and treating each one with respect, compassion and integrity in the spirit of Catherine McAuley and the Mercy tradition.

VISION: A National Elective Orthopaedic Hospital recognised internationally as a clinical and academic leader in the field of musculoskeletal disorders and rehabilitation, where the well-being of every person is promoted.

Building on our purpose of enhancing the quality of patients' lives through leading orthopaedic care, our **VALUES** serve as the daily standards that guide our interactions and decision-making:

- Inclusive & Patient Centric
- Open, Trustworthy and Collaborative
- Treating All with Compassion, Integrity and Empathy
- Respecting the Dignity of Each Person
- Responsible and Innovative with a focus on a more sustainable future.

By aligning our strategic goals with this ambition, we ensure a consistent focus on reducing wait times and improving access for those requiring our services.

Inclusive & Patient-Centric:

We ensure that every individual has equitable access to treatment and that our services are designed around the specific needs of our patients.

Open & Collaborative:

We foster a system-wide approach to care by working closely with regional and national partners to coordinate treatment and maximise the impact of our health services.

Treating All with Compassion, Integrity & Empathy:

Our staff demonstrate an unwavering commitment to patient wellbeing, maintaining the highest professional standards of excellence.

Respecting the Dignity of Each Person:

We believe in treating every individual with kindness, empathy, and fairness, irrespective of their race, religion, gender, sexual orientation, or ethnicity.

Responsible and Innovative with a Focus on a More Sustainable Future:

We embrace reform through modernised care pathways and the implementation of enabling technologies to create a more efficient and sustainable healthcare system for the future.

Reflecting on the NOHC 2022-2025 Strategy

Hospital Infrastructure Development & Expansion
Strategic investments in new and refurbished infrastructure have directly expanded our clinical capability and capacity, while fundamentally transforming the Hospital experience for our patients, staff, and visitors.

Increasing Access to Services
We have significantly increased patient throughput by driving operational efficiencies, introducing innovative services and technologies, and strategically expanding our workforce."

In 2022, we embarked on an ambitious journey to achieve international recognition as leaders in clinical practice, research, and education in musculoskeletal disorders and orthopaedic rehabilitation. However, our vision extended beyond academic and clinical excellence. We recognised that behind every statistic is a person living with pain, disability, and deformity, waiting for treatment that can transform their quality of life.

Our strategic objective was clear: to improve access to care, reduce waiting times, and build the capacity needed to meet growing national demand.

To achieve this, the NOHC 2022–2025 Strategic Plan focused on five key pillars:

1. Hospital Infrastructure Development and Expansion
2. Development and Increased Access to Services
3. Stakeholder Engagement and Funding
4. Establishment of an NOHC Academic Centre
5. Organisation Development, IT Capability and Sustainability

As we conclude this strategic cycle, substantial progress has been achieved across all five pillars. These accomplishments reflect the commitment, expertise, and collaboration of our staff, clinicians, Board members, patients and external partners.

While some objectives remain in progress, they will be carried forward and incorporated into our new 2026–2030 Strategic Plan.

1. Expansion and Enhancement of Hospital Infrastructure

A central priority of the strategy was the modernisation and expansion of hospital infrastructure. The starting point was commissioning the development of a Master Plan for the entire Cappagh campus to inform and support the systematic future development of our 30-acre site.

Arising from this, transformational projects are already in development, including a Hospital Expansion Programme, which will deliver a new 66-bed ward block, 10-bed high-dependency unit, additional theatres, and supporting ancillary infrastructure.

In addition, construction is near completion of a new Radiology build, supporting the requirement for increased diagnostic capacity in a new purpose-built facility.

In addition to new developments, upgrading existing facilities also supported the treatment of increased numbers of patients and enhanced patient experience. Major projects completed during the period included the opening of Cappagh Kids Outpatient Department, refurbishment of paediatric inpatient facilities, expansion of radiology services, upgrades to theatre infrastructure, refurbishment of the convent building with the development of academic and office accommodation and a range of sustainability initiatives.

2. Increasing Access to Services

Improving access to services was another key strategic focus in the 2022-25 Strategy. Through the introduction of additional clinics, improved theatre utilisation, enhanced recovery programmes, investment in diagnostics, and close collaboration with national partners, the Hospital has significantly increased activity levels while maintaining high standards of care. We have expanded specialist services, strengthened paediatric supports, improved patient flow, and played a key role in reducing national waiting lists through collaboration with the HSE, NTPF and other healthcare providers.

These efforts have delivered measurable results, including increased surgical activity, significant growth in knee and hip replacements, substantial increases in spinal procedures, and expanded treatment capacity across a range of specialties.

Reflecting on the NOHC 2022-2025 Strategy

Organisation Development, Digital Transformation and Sustainability

Digital transformation and advanced ICT power operational efficiency, positively impacting the patient experience.

3. Organisational Development, Digital Transformation and Sustainability

Since the launch of our 2022–2025 Strategic Plan, the Hospital has undergone a significant transformation in how we work, connect, and deliver services. Through targeted investment in digital infrastructure, workforce development, and sustainability initiatives, we have strengthened our organisational capability and laid the foundations for a more connected, resilient, and future-focused healthcare environment.

Central to this transformation was a comprehensive review of the Hospital's ICT infrastructure, which enabled the replacement of many manual and paper-based processes with modern digital solutions. These investments have enhanced connectivity, improved communication, increased operational efficiency, and supported real-time access to information for staff and patients alike.

At the same time, we have continued to invest in our people and organisational culture. The introduction of dedicated Learning and Development (L&D) and Diversity and Inclusion (D&I) strategies has supported a more inclusive, equitable, and empowering workplace, helping staff to develop their skills and realise their full potential.
Together with our ambitious sustainability programme, these achievements reflect our commitment to operational excellence, environmental responsibility, and a positive staff experience.

Key Projects Delivered

Digital Transformation and ICT Modernisation

Significant progress has been made in strengthening the Hospital's digital infrastructure and capabilities, including:

- Completion of a comprehensive ICT Infrastructure Review.
- Implementation of a new Information Patient Management System (IPMS) in 2023.
- Securing €1.2 million in HSE funding for major server and network upgrades in 2024.
- Introduction of a Patient App for Lower Limb Joint Replacement patients.
- Implementation of the Dualtron digital patient meal ordering system.
- Successful migration of the Hospital to Microsoft 365.

Investing in Our People and Culture

Recognising that our people are our greatest asset, we have continued to build a culture founded on inclusion, learning, and professional growth through:

- Launch of the NOHC Diversity and Inclusion Strategy, embedding the principles of equity, belonging, and respect throughout the organisation.
- Introduction of a Learning and Development Strategy focused on supporting career progression, leadership development, and lifelong learning opportunities for staff.

Driving the Green Agenda

The work of the NOHC Green Energy Committee has resulted in substantial environmental and operational benefits across the campus. Through a combination of infrastructure investment, behavioural change initiatives, and targeted sustainability programmes, the Hospital has achieved significant progress in reducing its environmental impact.

Key achievements include:

- Achievement of the energy efficiency targets set out in the Public Sector Climate Action Mandate 2030.
- A 26% reduction in gas and energy consumption despite a 12% increase in usable floor space.
- A 54% reduction in food waste.
- Receipt of Bronze and Silver Smarter Travel Awards from the National Transport Authority in recognition of sustainable travel initiatives.
- Completion of energy-efficient upgrades to windows, doors, and lighting systems.
- Installation of a rooftop solar photovoltaic (PV) array.
- Elimination of nitrous oxide from theatre services, removing a highly potent greenhouse gas from routine operations.
- Reduction of disposable cup usage by over 372,000 through the introduction of reusable alternatives and behavioural change initiatives.
- Development of biodiversity projects across the campus, including the introduction of native Irish honeybees.

A more detailed account of NOHC's environmental achievements is contained within the Sustainability section of this report.

Ongoing Strategic Initiatives

Staff App

The Staff App is being introduced to strengthen communication and engagement across the organisation. The platform provides easy access to hospital news, operational updates, staff information, and daily menus. It is particularly valuable for frontline colleagues who do not routinely access a desktop computer, ensuring all staff remain informed and connected regardless of location or working pattern.

Consultant Peer Review Portal

A bespoke Consultant Peer Review Portal has been developed to support collaborative clinical review of pre- and post-operative cases. Designed specifically for NOHC, the system enables consultants to securely access and review clinical cases remotely, providing flexibility for clinicians working across multiple healthcare sites. The portal will support timely peer review, facilitate shared learning, and strengthen clinical governance processes.

Sustainability Plan 2026–2030

Building on the progress achieved under the current strategy, the Hospital is finalising its Sustainability Plan 2026–2030. The new plan will focus on reducing the environmental impact of energy-intensive clinical areas, including theatres, radiology, and laboratories, while promoting sustainable healthcare practices across the organisation.

In addition, the NOHC Green Energy Committee is preparing an application for An Taisce Green Flag accreditation in 2026, further demonstrating the Hospital's commitment to environmental leadership.

Looking Ahead

The progress achieved over the past four years has created a stronger, more connected, and more sustainable organisation. Through ongoing investment in digital innovation, workforce development, and environmental stewardship, NOHC is well positioned to meet the challenges of the future while continuing to provide high quality care, education, and research.

Our objectives remain clear:

- To develop our people and organisational capability.
- To address key recruitment and workforce challenges.
- To enhance IT infrastructure and digital connectivity.
- To embed sustainability at the heart of everything we do.
- These foundations will continue to support the Hospital's growth and success throughout the 2026–2030 strategic period.

Reflecting on the NOHC 2022-2025 Strategy

An NOHC Academic Centre

We uphold the highest standards of education, championing vital orthopaedic and Musculoskeletal research and knowledge sharing to directly improve patient care.

4. An NOHC Academic Centre

As Ireland's largest orthopaedic hospital, the National Orthopaedic Hospital Cappagh is committed to advancing excellence in clinical care through education, research, innovation, and knowledge sharing. A key objective of the 2022–2025 Strategic Plan was to strengthen NOHC's position as a leading academic centre for musculoskeletal medicine and rehabilitation.

Throughout the strategic period, the Hospital has continued to foster a culture of learning and inquiry, investing in education, developing academic partnerships, and promoting research activity that informs clinical practice and improves patient outcomes. We have actively engaged with national and international experts, ensuring that our staff and patients benefit from the latest developments in orthopaedic care while contributing to the global advancement of musculoskeletal healthcare.

Education, Training and Clinical Excellence

NOHC has continued to enhance its educational infrastructure and training capabilities to support both current and future healthcare professionals. Investment in modern learning technologies and simulation-based training has strengthened opportunities for clinical skills development and multidisciplinary learning.

Key achievements include:

- Introduction of a high-fidelity surgical simulation mannequin to support advanced clinical training and education.
- Development of dedicated educational facilities to support professional development and lifelong learning.
- Relaunch of the Hospital's Transition Year Programme, providing students with valuable insight into careers in healthcare and exposing the next generation to opportunities within orthopaedics and rehabilitation.

Cappagh Foundation Day

Cappagh Foundation Day has become an important forum for clinical education, academic collaboration, and the exchange of international best practice. The annual event brings together healthcare professionals from across Ireland and abroad to discuss emerging developments and challenges in orthopaedic care.

Themes over the course of the strategy included:

- 2022:Evolution of Total Knee Arthroplasty with keynote speaker Professor David Beverland, Musgrave Park Hospital, Belfast.
- 2023:Paediatric Limb Reconstruction and Neurodisability Surgery – The Paradigm of Modern Surgical Care featuring internationally recognised experts Dr Rachel M. Thompson and Dr Elisabeth W. Hubbard.
- 2024:Metastatic Bone Disease – A Growing Challenge for Orthopaedics with keynote speakers Mr Rob Pollock and Dr Rachel Baumber from the Royal National Orthopaedic Hospital, Stanmore.
- 2025:Don't Drag Your Feet with keynote speaker Dr Raymond Wells of New York University Langone Health.

These events have reinforced NOHC's reputation as a centre for clinical excellence, innovation, and academic engagement.

Research and Academic Activity

Research remains fundamental to the Hospital's mission and plays a critical role in advancing clinical practice, improving patient outcomes, and supporting evidence-based care.

Publication activity throughout the strategic period demonstrates the continued growth and strength of the Hospital's research portfolio:
Peer-Reviewed Publications
2022 - 7
2023 - 36
2024 - 17
2025 - 20

Research activity has spanned a broad range of orthopaedic and musculoskeletal disciplines and has been supported through collaboration with national and international academic institutions.

National and International Leadership

NOHC consultants continue to play an important role in advancing orthopaedic knowledge both nationally and internationally through leadership positions, keynote presentations, and academic contributions.

Highlights include:

- Ms Gráinne Colgan presenting at the Mayo Clinic, Minnesota, USA, on surgery for upper limb spasticity.
- Professor Alan Molloy delivering keynote presentations at the British Orthopaedic Oncology Society Conference on sarcoma and metastatic bone disease.
- The appointment of Professor Alan Molloy to the prestigious Nancy Boland Chair in Musculoskeletal Oncology.

These achievements reflect the calibre of expertise within NOHC and its growing international profile.

Public Engagement and Thought Leadership

In addition to academic activity, the Hospital has continued to contribute to public discourse on musculoskeletal health through media engagement, advocacy, and awareness initiatives.

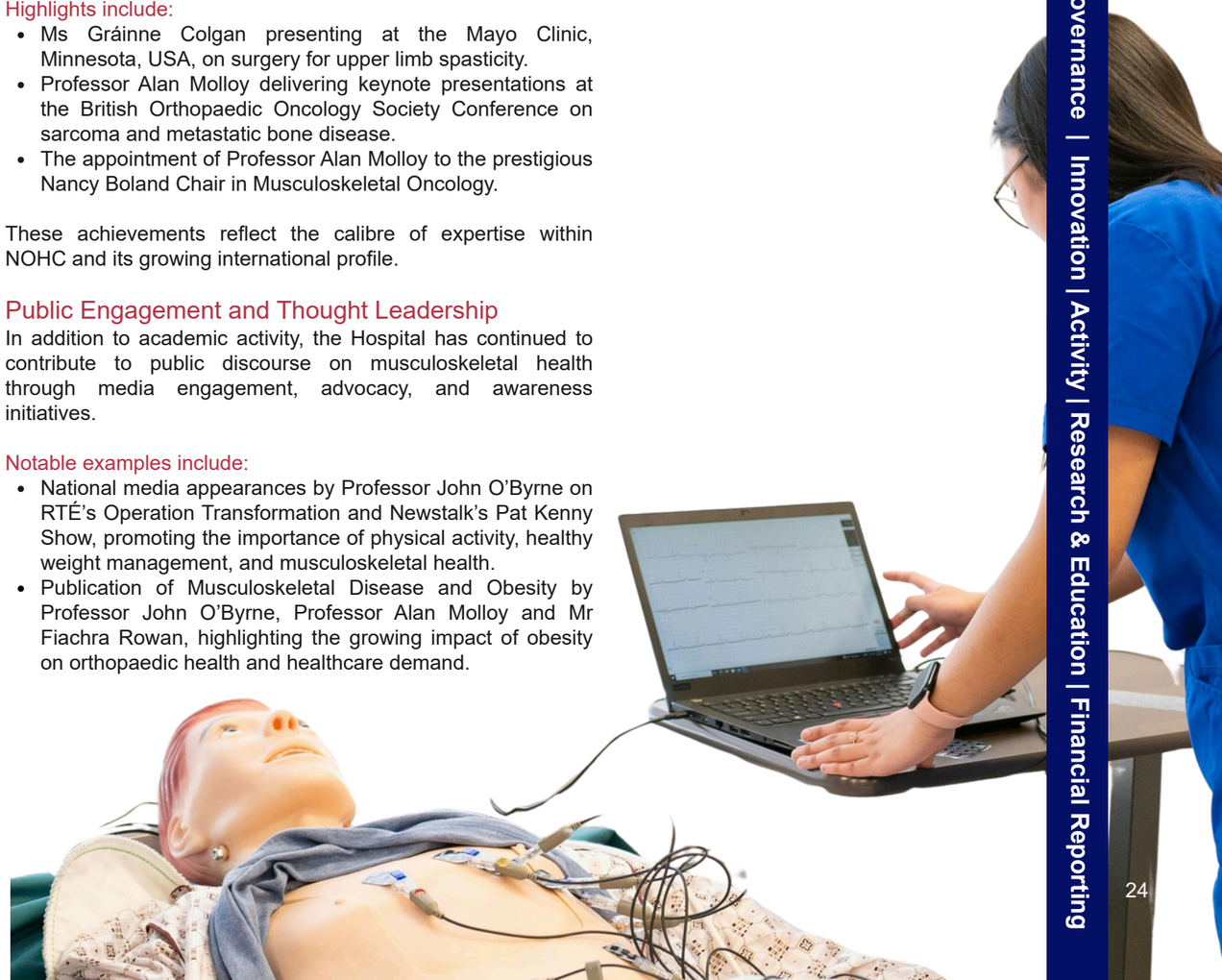
Notable examples include:

- National media appearances by Professor John O'Byrne on RTÉ's Operation Transformation and Newstalk's Pat Kenny Show, promoting the importance of physical activity, healthy weight management, and musculoskeletal health.
- Publication of Musculoskeletal Disease and Obesity by Professor John O'Byrne, Professor Alan Molloy and Mr Fiachra Rowan, highlighting the growing impact of obesity on orthopaedic health and healthcare demand.

Looking Forward

The foundations established during the 2022–2025 Strategic Plan have significantly strengthened NOHC's academic capability and reputation. As we enter our next strategic cycle, we will continue to build on these achievements by expanding research activity, strengthening academic partnerships, enhancing educational opportunities, and fostering innovation across all aspects of patient care.

Our ambition remains to position NOHC as a nationally and internationally recognised academic centre for orthopaedics — advancing knowledge, developing future healthcare leaders, and improving outcomes for the patients and communities we serve.



Reflecting on the NOHC 2022-2025 Strategy

Stakeholder Engagement and Funding

Recognising our privilege to change lives for the better, we are committed to advocating for the essential funding and resources that enable world-class clinical care, transformative research, and enhanced patient outcomes.

5. Stakeholder Engagement and Funding

The successful delivery of NOHC's strategic objectives is underpinned by strong stakeholder relationships and sustainable investment. As Ireland's largest elective orthopaedic hospital, we recognise the importance of engaging proactively with policymakers, healthcare leaders, funding bodies, and the wider community to ensure continued support for the specialised services we provide.

Throughout the 2022–2025 Strategic Plan, the Hospital has strengthened its engagement with key stakeholders across the healthcare system and political landscape. These relationships have been instrumental in securing support for service development, advancing capital infrastructure projects, and promoting a greater understanding of the unique role NOHC plays within Ireland's healthcare system.

As demand for orthopaedic services continues to grow, driven by demographic change and increasing complexity of care, it is essential that NOHC remains at the forefront of national discussions on healthcare policy, service planning, and innovation. Through ongoing engagement and advocacy, we continue to position the Hospital not only as a high-volume elective centre, but also as a national leader in orthopaedic excellence, research, education, and innovation.

National Treatment Purchase Fund (NTPF) Initiatives

Over the course of the strategy, the Hospital worked closely with the National Treatment Purchase Fund (NTPF) to identify opportunities to increase patient throughput and improve access to care.

Regular engagement between Hospital management and the NTPF supported the development of initiatives designed to increase theatre utilisation and reduce waiting times for patients requiring orthopaedic treatment.

Political and Public Affairs Engagement

The Hospital continued to engage actively with political representatives and policymakers to raise awareness of NOHC's strategic priorities, infrastructure requirements, and contribution to national healthcare delivery.
During the strategic period, the Hospital welcomed a number of senior political leaders and elected representatives, providing opportunities to showcase the quality of services delivered at NOHC and the impact of continued investment in elective orthopaedic care.

These visits have helped strengthen understanding of the Hospital's role in addressing national waiting lists, advancing clinical innovation, and supporting the delivery of Sláintecare objectives.

Engagement with the Department of Health, HSE and Key Stakeholders

NOHC maintained strong relationships with the Department of Health, the Health Service Executive, regional health structures, academic partners, and other healthcare stakeholders throughout the strategic period.

The Hospital welcomed a number of senior healthcare leaders to Cappagh, including representatives from the Department of Health, HSE, RCSI, Ireland East Hospital Group, and HSE Dublin and North-East Region. These engagements provided valuable opportunities to discuss strategic priorities, service developments, patient access initiatives, workforce challenges, and capital investment requirements.

Continued collaboration with these stakeholders remains critical to ensuring the Hospital can respond effectively to increasing demand and deliver high-quality specialist services into the future.

Charitable Funding and Community Support

In addition to public funding, charitable donations continue to play an important role in enhancing the patient experience and supporting projects that may not otherwise be funded through traditional healthcare budgets.
NOHC maintains a close and productive partnership with the Cappagh Hospital Foundation (CHF), whose fundraising activities make a significant contribution to the Hospital's development.

Promoting NOHC Services

Raising awareness of the Hospital's specialist services remains an important component of stakeholder engagement.
Throughout the strategic period, NOHC has continued to communicate actively with referring clinicians, patients, and the wider public through a range of channels, including:

- Publication and promotion of the annual Consultant Directory.
- Regular updates to the Hospital website.
- Active use of social media platforms to highlight service developments, clinical innovations, staff achievements, and patient-focused initiatives.
- Engagement with healthcare professionals and referring general practitioners to ensure awareness of new and expanded specialist services.

The success of the 2022–2025 Strategy has been underpinned by growth in our workforce, increased investment in services, and the dedication of our staff. Together, these achievements have strengthened the Hospital's position as a Centre of Excellence in orthopaedic care, rehabilitation, research and education.

While much has been accomplished, we remain focused on the future. The foundations laid during this strategic period will support the next phase of our development as we continue to expand capacity, enhance patient outcomes and advance academic excellence, ensuring that patients receive timely access to the specialist care they need.

Looking Forward

The relationships developed during the 2022–2025 Strategic Plan have strengthened NOHC's position as a leading elective orthopaedic hospital and have supported significant progress in service development, patient access, and capital planning.

As we enter the next strategic period, we will continue to advocate for sustainable investment, strengthen partnerships across the health system, and work collaboratively with stakeholders to ensure NOHC remains a Centre of Excellence for Orthopaedic Care.

Through continued engagement, collaboration, and advocacy, we will ensure that NOHC remains well positioned to meet the growing orthopaedic needs of the population while delivering high-quality care and innovation for future generations.

Towards a New Strategy 2026-2030

As we begin our Strategy to 2026-2030, we face a complex national landscape marked by rising costs and expanding population demands. These demographic shifts place unprecedented pressure on healthcare infrastructure, with a particularly acute impact on already overburdened orthopaedic services. However, this era also brings immense opportunity; we plan to strategically harness AI to drive efficiencies and elevate patient outcomes. Aligned with key national initiatives, including Sláintecare, the Waiting List Action Plan, and the Safer Better Healthcare standards, we are determined to play a pivotal, transformative role in the future of orthopaedic and musculoskeletal (MSK) patient care, while ensuring our actions are deeply sustainable and lessen our impact on the planet.

As we develop our new strategy, all our decisions and objectives continue to centre around our mission, ensuring the delivery of safe, high-quality clinical outcomes while supporting our patients at every stage of their journey.

Strategic Enablers

- World-renowned Medical & Surgical Expertise
- Strong Leadership
- Operational Excellence & Innovative Culture
- Capable, Caring & Diverse Workforce
- Patient-Centric Ethos
- Campus with Significant Development Potential
- An Embedded Culture of Sustainability
- Best-in-Class Research & Education
- Robust Governance, Quality & Patient Safety Frameworks

Expansion and Development of Existing Services

Expand and develop existing services to improve access to care, reduce waiting times and support national strategy to provide the right care, in the right place, at the right time.

Introduction of New Services

Introduce new complementary services to enhance patient care, address gaps in the current system and support healthier communities.

Operational Excellence with a Focus on a more Sustainable Future

Develop the Hospital's capabilities and systems to ensure strong foundations for delivering high-quality, equitable and sustainable services within the required governance and regulatory environment.

Infrastructure Enhancement and Development

Enhance Hospital infrastructure, and expand its footprint to provide additional capacity and improved access for patients.

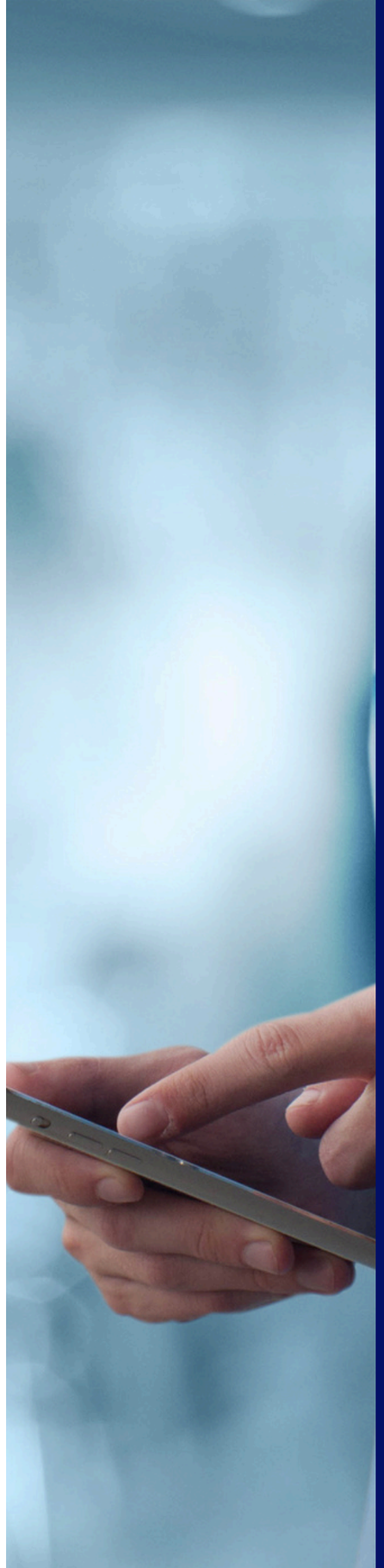
Digitisation and an EHR

Adopt digital solutions and implement the EHR, to drive efficiencies and support an integrated model of care.

Research, Education and Innovation

Establish formalised structures to support research, education and innovation, further positioning NOHC as a leader in Orthopaedics internationally.

ENABLED BY PARTNERSHIPS, STAKEHOLDER ENGAGEMENT & FUNDING



Reimagining Our Hospital

Transforming Capacity, Care & Sustainability

As of December 2025, the National Treatment Purchase Fund (NTPF) waiting lists indicated:

- 70,262 adult patients were awaiting a first orthopaedic outpatient appointment
- 12,391 were awaiting inpatient orthopaedic care

Ireland's population is projected to grow to 7.01 million by the year 2057. Furthermore, the number of people aged 65 years and older is set to increase to between 1.18 and 1.94 million. An ageing population brings a predictable increase in age-related musculoskeletal conditions, increasing the long-term demand for specialised orthopaedic care.

Strategic investment in orthopaedic infrastructure is vital to expand capacity, drive innovation, and meet the escalating healthcare demands of a rapidly growing and aging population

As we embark on our 2026–2030 Strategic Plan, NOHC does so from a position of strength. Over the past four years, we have transformed our infrastructure, expanded services, embraced innovation, and strengthened our role as Ireland's leading elective orthopaedic hospital. We now look to build on these achievements to meet the evolving healthcare needs of a growing and ageing population.

The demand for orthopaedic and musculoskeletal services continues to increase, placing significant pressure on healthcare systems worldwide. At the same time, advances in technology, digital health, and artificial intelligence present unprecedented opportunities to improve efficiency, enhance patient outcomes, and transform the delivery of care.

Aligned with national priorities, including Sláintecare, the Waiting List Action Plan, and the Safer Better Healthcare Standards, NOHC will continue to play a leading role in shaping the future of elective orthopaedic care in Ireland. Our focus remains firmly on delivering safe, high-quality, patient-centred services while ensuring long-term sustainability.

Our Strategic Foundations

The next phase of our development will be guided by the strengths that continue to define NOHC:

- World-class clinical and surgical expertise.
- Strong leadership and governance.
- Operational excellence and innovation.
- A patient-centred culture.
- A skilled, caring and diverse workforce.
- Excellence in research, education and training.
- A campus with significant development potential.
- A commitment to sustainability and responsible healthcare.

Reimagining Our Hospital

A cornerstone of the new strategy is the delivery of a major capital development programme that will transform capacity, modernise infrastructure and support future service growth.
Developed in partnership with the HSE, the project represents the first phase of a wider campus redevelopment programme and will provide the foundation for the next generation of orthopaedic care at NOHC.

Key elements of the development include:

- A new 10-bed High Dependency Unit.
- 66 single inpatient rooms.
- New operating theatres, with future expansion capability.
- Enhanced recovery, admissions and support facilities.
- Modern clinical environments designed around best models of care.

This investment will enable the Hospital to increase capacity, improve patient flow, enhance clinical outcomes and support growing national demand for elective orthopaedic services.

Supporting National Healthcare Priorities

The expansion programme will strengthen NOHC's contribution to national healthcare reform and waiting-list reduction initiatives.
By increasing surgical capacity and improving operational efficiency, the development will support:

- Increased elective activity.
- Reduced waiting times for patients.
- Greater integration with national care pathways.
- Improved access to specialist orthopaedic services.

As demand continues to grow, NOHC will play an increasingly important role in delivering timely and equitable access to musculoskeletal care.

Designed for Patients and Staff

The development has been designed to create a modern healthcare environment that improves the experience of both patients and staff.

Single-room accommodation will enhance privacy, dignity and infection prevention while providing a more comfortable healing environment for patients.

For staff, modern clinical layouts, improved workflows, enhanced facilities and wellbeing-focused design will create a workplace that supports collaboration, recruitment, retention and excellence in patient care.

Future-Focused and Flexible

The Hospital's development programme has been designed with long-term growth in mind. Flexible infrastructure, expansion-ready clinical spaces and alignment with the Campus Master Plan will ensure NOHC can continue to respond to changing healthcare needs and emerging opportunities in the years ahead.

Sustainability at the Core

Sustainability will remain a key principle underpinning future development at NOHC.

The Hospital will continue to invest in environmentally responsible infrastructure and operational practices through:

- Energy-efficient building design.
- Integration of renewable energy technologies.
- Sustainable water and drainage systems.
- Reduced carbon emissions and waste.
- Biodiversity and green campus initiatives.

These measures will support national climate objectives while ensuring the Hospital remains environmentally and financially sustainable

Shaping the Future of Orthopaedic Care

Our vision for 2030 is ambitious but clear. We aim to deliver a larger, more advanced and more sustainable hospital that continues to set the standard for orthopaedic care in Ireland.

By combining expanded capacity, clinical excellence, research, innovation and digital transformation, NOHC will continue to improve patient outcomes, support our staff, and lead the advancement of musculoskeletal healthcare for future generations.

Environmental, Social & Governance

Environmental

- **NOHC Sustainability Plan 2022-2025**
- **Plans Under the NOHC Sustainability Plan 2026-2030:**

Environmental

NOHC Sustainability Plan 2022-2025

In 2025, NOHC made significant progress by concluding its multi-year Sustainability Plan. This year marked a shift from strategy development to systematic integration, incorporating early-stage initiatives into daily operations, completing important green infrastructure projects, and fostering a culture of accountability through staff engagement and behavioural change programmes.

The 2022-2025 Sustainability Plan focused on 6 strategic pillars.

- Energy Conservation
- Sustainable Travel
- Litter & Waste Management
- Catering Management
- Water Conservation
- Knowledge & Education

As we conclude the Sustainability Plan 2022–2025, we are proud to share a summary of our major strategic achievements and the specific projects that have propelled the Hospital toward Green Campus status.

A strategy is only as effective as the culture that supports it. We are proud of our staff; their enthusiastic response to our call for sustainable changes has been incredible, with individuals across the Hospital contributing in their own distinctive ways to our collective success.

Progress Under the NOHC Sustainability Plan 2022-2025:

We achieved:

- The 2030 Public Sector Climate Action Plan Targets for Energy Efficiency
- Bronze & Silver NTMA Smarter Travel Awards

We Eliminated:

- Nitrous Oxide Gas
- 372,000 Compostable Cups from Landfill
- Printed Cleaning Matrices (500 A4 pages per week)

We Reduced:

- Gas and Energy Consumption by 26% despite 12% Increase in Usable Floor Space
- Food Waste by 54%
- Beef Menu Items by 50%

We Improved:

- Window & Door Energy Performance
- Lighting Energy Consumption
- Waste Management

We Introduced:

- Hot Food Trolleys
- Electronic Meal Ordering Systems
- Zoning Valves and Thermostatic Controls
- Reusable Water Bottles and Cups
- Recyclable Paper Campus-wide
- Beehives

We Installed:

- A Rooftop Solar PV Array
- New Shower Rooms
- 40-Bay Bike Shelter
- A cardboard Baler & Trinity Bins

Environmental

NOHC Sustainability Plan 2022-2025

Progress in 2025

In 2025, the Hospital achieved substantial reductions in waste and resource recovery, achieving a 39% decrease in total waste generation, equating to 98.5 tonnes from our 2020 baseline.

Zero Waste To Landfill

The Hospital reached zero waste to landfill, a remarkable improvement from the previous 18% baseline, with all general waste now redirected to waste-to-energy incineration.

Revenue Generation From Waste Processing

Strategic waste-processing initiatives, such as on-site compaction, baling, and the separation and resale of bulk cardboard and Low-Density Polyethylene (LDPE) plastics, have contributed significantly to our efforts.

Reduced Bin Collections

In 2025, we successfully reduced bin collection frequency by 46%, alleviating heavy site traffic and lowering annual collection costs to €36,807, resulting in savings of over €20,000 compared to the 2023 peak.

Transitioning to Recycled Paper

The Hospital continued its transition to recycled paper, with an impressive 97% of NOHC's paper stock now being recycled, reflecting a 17% increase from 2023.

Food Waste Management

Notable advancements in food waste management were also achieved, with organic waste decreasing from an average of 1,747 kg per month to 893 kg per month—a 48.9% reduction—bringing us close to the 50% national target.

Promoting Reusable Cups

Targeted behavioural campaigns building on the success of the August 2023 compostable cup surcharge and the "No Disposable Cup Day" awareness events led to the introduction of the 2GoCup deposit-return scheme, allowing staff and visitors to borrow reusable cups for a small refundable deposit, effectively eliminating waste from single-use compostable cups.

NOHC Waste Disposal

65% Reduction in bin collections
€20,000 Cost Avoidance

Landfill	0%
Recycled	36.5%
Recovered Other	5.2%
Waste to Energy	58%
Alternative Daily Cover Waste (ADC)	0.1%
Disposal D6 (waste released into water)	0.2%

97% of NOHC's paper stock is recycled

48.9% reduction in organic waste

143,500 fewer disposable cups were used vs. 2022 baseline (a cost saving in 2025 of €11,993.56)

NOHC GREEN ENERGY COMMITTEE

Environmental

NOHC Sustainability Plan 2022-2025

Energy Conservation

Environmental Sustainability & Energy Performance

Through targeted energy-efficiency initiatives, the Hospital achieved substantial reductions in utility use in 2025 compared with our 2020 baseline.

These initiatives included multi-phase window replacement programmes and an ongoing PC replacement programme to increase energy efficiency. Additionally, a rooftop solar panel system was installed, allowing the Hospital to generate its own power and reduce reliance on the electricity grid. We also installed heating pumps and gas and electricity meters to better control and monitor energy use. The impact of these initiatives demonstrates a strong commitment to long-term carbon reduction through capital and infrastructure improvements.

Natural gas consumption reduced by 1,427,003 kWh—an offset equivalent to supplying 130 Irish homes for a full year.
Additionally, electricity consumption fell by 105,902 kWh, enough to power 25 average Irish households. Collectively, these conservation efforts successfully averted 314.1 tonnes of CO emissions from entering the atmosphere and delivered a vital energy cost avoidance of an estimated €157,000 for the Hospital in 2025.

Water Conservation

In September 2024, the Hospital initiated water conservation efforts by implementing digital metering and monitoring systems to detect leaks. This proactive system monitoring enabled us to identify underground leaks that might have otherwise gone unnoticed.

As a result, there was a 12% reduction in water usage in 2025 compared to the 2024 baseline. This translates to an average monthly saving of 225.8 cubic meters (or 225,800 litres) - enough water to fill approximately 1,500 standard bathtubs each month.

Additionally, the Hospital explored water recycling options and made strides toward planning the installation of a water attenuation tank on campus.

Energy, Environmental and Cost Savings

Natural Gas 1,427,003 kWh
Electricity 105,902 kWh
from 2020 baseline

CO_2 reduction

314.1 Tonnes

Equivalent Power for 155 Homes

€157,000 Cost Avoidance

12% Reduction in Water usage equivalent to 1,500 bathtubs of water monthly

Environmental

NOHC Sustainability Plan 2022-2025
Catering Management

Patient Meals

In response to national sustainability challenges, the National Orthopaedic Hospital Cappagh (NOHC) Green Committee formed an interdisciplinary team consisting of ward kitchen staff, chefs, catering assistants, dietitians, and the Hydration & Nutrition Committee. Their goal was to systematically decrease the Hospital's food waste and carbon footprint.

Building on the Protected Meal Time policy initiated in 2017, the Hospital successfully implemented several operational improvements, including an Electronic Meal Ordering System, a shift to freshly prepared tea-time salads, the use of compostable napkins, and the provision of standard condiments and butter upon patient request.

Moreover, the introduction of preferred small or regular portion sizes effectively reduced plate waste. Between 2024 and 2025, these focused initiatives led to significant monthly reductions in specific tracking categories, achieving a 28.75% decrease in bread waste and a 24% reduction in jam waste. This proactive mitigation strategy successfully lowered NOHC's overall food waste from 522 grams per patient in 2023 to just 240 grams per patient in 2025, substantially surpassing the HSE National Food Waste target of 780 grams.

Sustainable Food Practices

In 2025, the NOHC restaurant significantly advanced its sustainable catering strategy by expanding its plant-based, locally sourced, and seasonal menu offerings. In tandem with these initiatives, the restaurant reduced its beef-related menu listings, favouring low-carbon, sustainable alternatives. These changes support local suppliers and directly align our campus hospitality with the Hospital's broader carbon reduction commitments.

Sustainable Travel

We are committed to advancing our sustainable travel objectives by encouraging active commuting initiatives such as the National Transport Authority's Marchathon and Walktober campaigns. Increasing participation in the Bike to Work and TaxSaver schemes, promoting carpooling, and maintaining staff engagement highlight our dedication to fostering gradual behavioural changes. Our efforts were recognised in 2025 when we received the NTA Silver Smarter Travel Mark Award.

(L-R Aoife Gallagher (Deputy CEO), Mary Doyle, Minakshi Rana (NTA) Angel Lee (CEO) Jacqui Given, Ursula Gormally)

Knowledge & Education

In 2025, the NOHC Green Energy Committee continued robust staff engagement campaigns designed to elicit sustainability awareness, secure organisational buy-in, and advance environmental education. The committee deployed a multi-channel communication strategy, delivering key messaging via email, social media, the corporate website, and physical notice boards and digital screens throughout the Hospital campus.

To maximise event attendance and broaden overall reach, participation was incentivised by offering complimentary keep cups, refreshments and breakfast vouchers. Additionally, external expert speakers were hosted to deepen staff understanding of shared environmental challenges and inspire meaningful, long-term behavioural changes toward sustainable living and working practices.

Environmental

Plans under the NOHC Sustainability Plan 2026-2030

Key projects identified for the NOHC Sustainability Plan 2026–2030 will target our most energy- and waste-intensive clinical areas. Having already established a foundational suite of baseline projects to deepen our understanding of these operational complexities, we are well-positioned to confront these challenges. NOHC looks forward to driving these critical advancements, achieving mandated targets and firmly establishing our Hospital at the forefront of the sustainable healthcare movement in Ireland.

Green Labs
- Materials & Consumables
- Equipment & Energy
- Culture & Accreditation
- Digitisation

Green Radiology
- Efficient Imaging & Scheduling
- Digital-First Workflows
- Stewardship & Lifecycle

Inform and Involve
- Appoint Green Champions
- Develop Sustainability Training Calendar
- Host 2 'Green Days' Per Annum
- Develop a Green Charter
- Regularly update staff through Notice Board, Staff, App, Website, Social Channels, GEC Newsletter
- Create a Green Space for All

Energy to 2030
- Achieve 2030 Carbon Emission Targets
- Install a Biomass Boiler
- Upgrade the Hospital Entrance
- Roll out Air Conditioning Replacement
- Window and Fabric Upgrades
- Smart Meters on Water, Gas and Electrics
- Heat Pump Installation
- Explore further Solar PV opportunities

Sustainable Surgery
- Reduce Single-Use Plastics
- Improve Waste Segregation
- Train for Green Perioperative Care
- Monitor Anaesthetic Gases

Digitisation
- Digital-First Culture
- Electronic Healthcare Records
- Patient Correspondence via Email
- Staff App, E-Cleaning Matrices, Managed Print, E-Ordering, E-Labelling, MS365

Water Conservation
- Expanding Metering & Leak Detection
- Reusing Reverse Osmosis Reject Water Where Practicable

Other
- Biodiversity Projects
- Year-Round Micro Projects
- Sustainable Travel
- Health & Wellbeing
- Green Procurement

Public Sector Climate Action Objectives:
- **Digitisation by default mandate**
- **Eliminate paper where practicable**
- **50% food-waste reduction by 2023**
- **National Decarbonization Energy Targets: a 51% reduction in greenhouse gas (GHG) emissions and a 50% improvement in energy efficiency, both measured against a 2009 baseline.**
- **Water Conservation and Metering Obligations**
- **Green Procurement Stands**

Environmental, Social & Governance

Social

- **Our People and Culture**
- **Collective Leadership as Cultural Stewardship: Preserving Legacy While Preparing for the Future**
- **Celebrating Our People**
- **Community Wellbeing & Awareness**
- **Solid Support**

Social

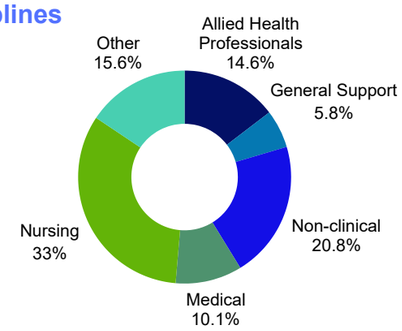
Our People and Culture

Workforce Profile

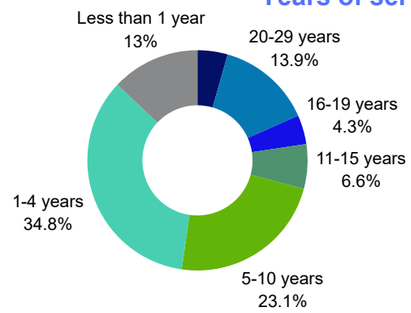
As of 30 June 2025, the National Orthopaedic Hospital Cappagh employed 610 staff members across a diverse range of disciplines. Nursing staff represented the largest staff group (33%), followed by non-clinical staff (20.8%), other clinical disciplines (15.6%), allied health professionals (14.6%), medical staff (10.1%), and general support staff (5.8%).

The Hospital's workforce remains experienced and stable, with 46% of employees having over five years' service and 29.2% having worked at the Hospital for 11 years or more. Staff age profiles reflect a balanced workforce, with 30.8% of employees aged between 40 and 49 years, 27.5% aged between 50 and 59 years, and 22.1% aged between 30 and 39 years.

Disciplines



Years of service



Staff Attrition & Recruitment

During 2025, 14 staff members retired from the organisation. In addition, 104 employees resigned and 114 new staff members joined the Hospital. Despite these staffing movements, NOHC continues to maintain strong retention rates and remains committed to attracting, developing, and retaining talented staff across all disciplines.

Gender Pay Gap Report 30.06.2025

In accordance with the Gender Pay Gap Information Act 2021, the National Orthopaedic Hospital Cappagh published its Gender Pay Gap Report as of 30 June 2025. This reporting supports the Hospital's obligations in relation to public-sector governance, transparency, equality, and workforce planning.

The mean hourly gender pay gap was 22.10%, while the median hourly pay gap was -6.59%. The mean pay gap reflects the concentration of male employees in the highest-paid clinical roles, particularly Medical and Surgical Consultants. At the reporting date, 5 of the Hospital's 38 Consultant Orthopaedic Surgeons were women.

The negative median pay gap indicates that the typical female employee earned slightly more per hour than the typical male employee, reflecting strong female representation across professional, management, and senior operational roles.

Reducing the gender pay gap remains an important strategic objective for the Hospital. NOHC continues to advance its Equality, Diversity and Inclusion initiatives through fair recruitment practices, leadership development programmes, mentorship opportunities, staff wellbeing initiatives, and measures designed to encourage greater female participation in surgical careers.

Gender Pay Gap as at 30.06.2025

Workforce At NOHC	Median Hourly Pay Gap	Mean Hourly Pay Gap
610	-6.59%	22.10%

Collective Leadership as Cultural Stewardship: Preserving Legacy While Preparing for the Future

Angela Lee, Chief Executive Officer

Irish hospitals are operating in a period of sustained pressure and transition. Alongside increasing demand, workforce challenges and ongoing system reform, many organisations are now experiencing the retirement of long-serving staff who have shaped culture, standards and ways of working over decades. This convergence of challenges raises an important question: how do we preserve what matters while preparing for the future?

My research into collective leadership in acute hospitals, undertaken as part of a postgraduate programme, explored how leadership is understood, enacted and shared within complex healthcare organisations. Through examining the experiences and perspectives of senior hospital leaders, the study sought to understand how leadership contributes to organisational performance, culture and service delivery in increasingly complex healthcare environments. A clear conclusion emerged: hospitals function most effectively when leadership is shared, when responsibility, influence and accountability are distributed across disciplines and organisational levels rather than concentrated in formal leadership roles alone.

Hospitals are complex, interdependent systems. Safe, high-quality, patient-centred care relies on multidisciplinary teams exercising professional judgement, communicating openly and speaking up when concerns arise. In this context, traditional hierarchical models of leadership are insufficient. Collective leadership aligns closely with HSE priorities, supporting the delivery of safer, higher-quality care through enhanced multidisciplinary collaboration, staff engagement, psychological safety, workforce development, continuous improvement and person-centred care.

While collective leadership is increasingly recognised in the literature, it is not a new concept at the National Orthopaedic Hospital Cappagh. Indeed, many of the principles associated with collective leadership have been evident throughout the Hospital's history and continue to shape how care is delivered today.

The unique culture that exists at Cappagh today is the product of more than a century of collective endeavour. Since the Hospital was founded in 1908, successive generations of leaders in medicine and nursing have shaped and strengthened its identity. The Sisters of Charity, whose vision and values underpinned the Hospital's early development, established a culture centred on dignity, compassion and service. More recently, the Sisters of Mercy have continued to support and uphold these values, ensuring continuity while embracing the changing needs of modern healthcare. This continuity of purpose, combined with the contribution of countless clinical and non-clinical leaders over the decades, has created a culture that is both deeply rooted in its heritage and responsive to the challenges of contemporary healthcare.

As many of these colleagues now retire, particularly senior nurses and other long-serving staff who have dedicated their careers to the Hospital, we are managing more than workforce change; we are navigating a significant cultural transition. The values, behaviours and professional standards that have been transmitted through generations cannot be assumed to endure automatically. Organisational culture requires constant renewal through clarity of purpose, shared ownership, psychological safety and investment in leadership capability.

As CEO, my role in this context is one of stewardship. Preserving Cappagh's mission, values and ethos requires making them explicit and embedding them across multidisciplinary teams. This includes investment in leadership development, supporting knowledge transfer as experienced staff transition, strengthening forums for shared decision-making, and reinforcing a culture of accountability, learning and openness.

Periods of change test the strength of organisational culture. Collective leadership offers a framework that enables continuity while supporting innovation and renewal. As we acknowledge the extraordinary contribution of our long-serving clinical and non-clinical colleagues, our responsibility is not simply to preserve their legacy but to ensure it continues to evolve through future generations of leaders. In today's healthcare environment, collective leadership is not an aspiration; it is a practical necessity for sustaining quality, safety, organisational culture and public trust.

Social

Celebrating Our People

Our people are the heartbeat of the organisation. Despite significant staffing and headcount constraints throughout the year, they have continued to deliver exceptional care and uphold the Hospital's reputation for clinical excellence.

We are fortunate to benefit from a culture characterised by mutual respect, compassion, and teamwork. Every day, our staff demonstrate an unwavering commitment to our patients while supporting one another in a challenging healthcare environment. Their professionalism, dedication, and sense of community are fundamental to the success of the Hospital and to the delivery of world-class orthopaedic care.

Fond Farewells

In 2025, we said a fond farewell to several valued colleagues whose long service and dedication have helped shape the culture and success of our Hospital. We are deeply grateful for their unwavering commitment to patients, their support of colleagues, and their generous sharing of knowledge and expertise. While they will be greatly missed, the legacy they leave behind will endure through the high standards of care, professionalism, and compassion that continue to guide our work each day.

Celebrating 25 Years of Service

The Hospital's strong retention rates reflect a dedicated workforce whose long service has been instrumental in both preserving our heritage and shaping our future. In December 2025, we were proud to recognise colleagues who reached the remarkable milestone of 25 years or more of service to NOHC.

These staff members have witnessed and contributed to many significant chapters in the Hospital's history.

Throughout periods of change, their experience, commitment, and institutional knowledge have provided continuity and stability for patients, colleagues, and the organisation. While embracing innovation and new ways of working, they have helped preserve the values and traditions that have defined Cappagh for over a century. Their contribution has ensured that, at its heart, NOHC remains true to its founding mission—a place where people are at the centre of everything we do.

We thank these colleagues for their extraordinary service and for the lasting impact they have made on our Hospital, our patients, and the Cappagh community.

Bringing Christmas to Cappagh

Each year, our wonderful Catering Staff go above and beyond to bring Christmas to Cappagh, hosting a feast for our staff. Then they do it all again on Christmas Day, bringing laughter and cheer to the patients.

And let's not forget the Cappagh Choir of carrollers who put in hours of practice to get everyone in the festive spirit.

Diversity & Inclusion

In 2025, NOHC celebrated diverse beliefs and traditions year-round by leveraging cultural calendar milestones to curate unique menus, educational initiatives, and experiences that deepened workplace inclusion.

Social

Community Wellbeing & Awareness

Raising Awareness and Funds

In 2025, the Centre for Rehabilitation continued fundraising for a new Tranquillity Garden for long-stay patients. The initiative, now in its third year, brought together patients and staff in support of a shared goal while promoting physical activity and wellbeing. Held on World Alzheimer's Day, the event also raised awareness of dementia and the supports available to patients and families, culminating in a special performance by the Garda Band.

Raising Awareness, Reducing Risk

Throughout the year, NOHC participated in a range of awareness initiatives designed to promote patient safety and clinical excellence. Working in partnership with organisations such as the Parkinson's Association of Ireland and the Alzheimer's Society of Ireland, and through staff-led campaigns focusing on Falls Prevention, Venous Thromboembolism, Pressure Ulcer Prevention, Sepsis and Infection Prevention and Control, the Hospital continued to strengthen awareness, education and a culture of safety across the organisation.

Social

Solid Support

Mental Health Awareness

Staff wellbeing remains a key priority. To mark World Mental Health Day, Dr Pádraic Dunne of RCSI delivered a session on building resilience and maintaining positive mental health, equipping staff with practical tools to support their wellbeing.

Red Weather Warning

During the Red Weather Warning in January 2025, the Hospital's Emergency Response Team implemented contingency plans to safeguard patient services and staff safety. Through proactive planning, service adjustments and on-site accommodation for essential personnel, continuity of care was maintained throughout the event.

Cappagh Hospital Foundation (CHF)

The Cappagh Hospital Foundation continued to provide vital support for projects beyond the scope of public funding, helping to enhance patient care and experience across the Hospital.

The Foundation's Annual Sports Lunch raised €119K through sponsorship, table sales, auctions and raffles. In addition, Leo Halpin's Great Cappagh Walk celebrated its 20th anniversary and raised €19K in support of the Hospital. We extend our sincere thanks to all donors, volunteers, sponsors and community supporters for their continued generosity.

Celebrating 113 Years

The Hospital marked its 113th anniversary with a Founders Day staff barbecue, providing an opportunity to recognise and thank staff for their dedication, professionalism and commitment throughout the year.

Environmental, Social & Governance

Governance
- Corporate Governance
- Board of Directors
- Organisational Chart
- Quality, Safety & Risk

Governance

Corporate Governance

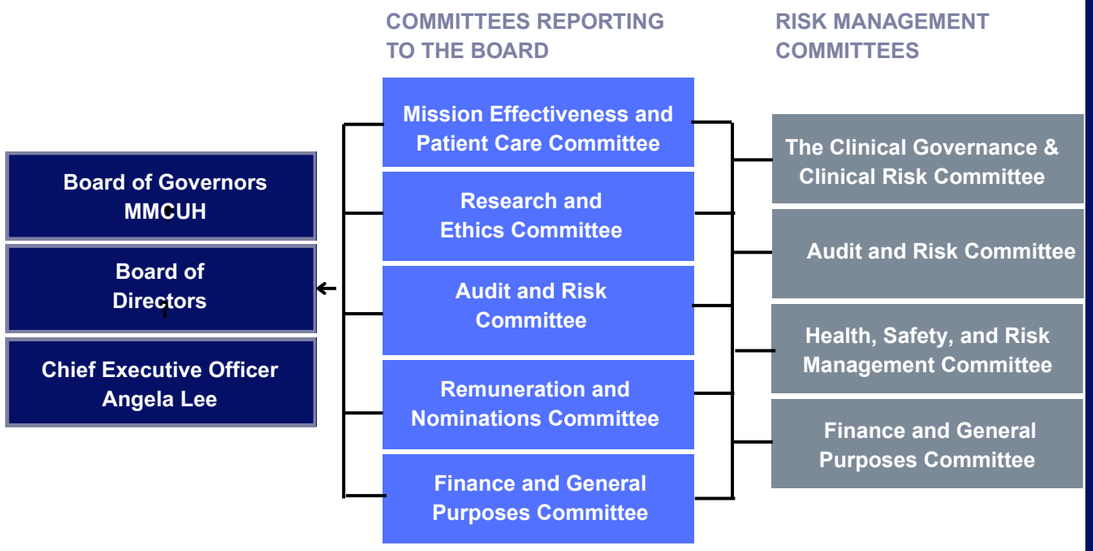
Company Structure

The National Orthopaedic Hospital Cappagh Designated Activity Company (NOHC) is a Designated Activity Company limited by shares and operates the National Orthopaedic Hospital Cappagh in Dublin 11. The Company is a wholly owned subsidiary of Mater Misericordiae and the Children's University Hospitals Company Limited by Guarantee (MMCUH), which also serves as the parent company of Mater Misericordiae University Hospital DAC. NOHC has been granted charitable tax exemption by the Revenue Commissioners.

Governance Framework

The Hospital is committed to the highest standards of corporate governance, accountability, and transparency. A comprehensive governance framework is in place, supported by documented policies, procedures, and internal controls designed to ensure compliance with statutory obligations, regulatory requirements, and the HSE Service Arrangement.

This framework supports effective oversight of the Hospital's activities, promotes sound decision-making, and provides assurance regarding the management of risk, resources, and organisational performance.



RISK MANAGEMENT COMMITTEES	CHAIR	REMIT
The Clinical Governance and Clinical Risk Management Committee	Ms Angela Lee Chief Executive Officer	Oversees the overall risk management programme for clinical risk, ensuring adequate clinical risk identification, analysis, and appropriate clinical risk mitigation initiatives are taken.
The Health, Safety, and Risk Management Committee	Ms Angela Lee Chief Executive Officer	Oversees the overall risk management programme relating to non-clinical risk, ensuring risk identification, analysis, and appropriate response to risks identified.
The Audit and Risk Committee	Ms Anne Tynan (from May 2025)	Reviews the company's internal controls, risk management, and monitoring and reviewing of the effectiveness of internal and external audits.
The Finance and General Purposes Committee	Ms Tara Lilywhite Non-Executive Director	Responsibility for monitoring the day-to-day financial management, advising the Board on financial and corporate affairs.

Board of Directors

The Hospital's Board of Directors is responsible for providing oversight, leadership and strategic direction by supporting the Hospital's mission, vision, values, and purpose.

CHAIR

Mr Colin Byrne
Appointed to the Board 21.02.2017

NON-EXECUTIVE DIRECTORS

Ms Tara Lillywhite
Appointed to the Board 03.12.2021

Mr Brian Madden
Appointed to the Board 23.11.2022

Ms Petra Augustinovic
Appointed to the Board 13.12.2023

Ms. Elaine Hanly
Appointed 07.02.2024

Ms Colette Cotter
Appointed to the Board 10.04.2024

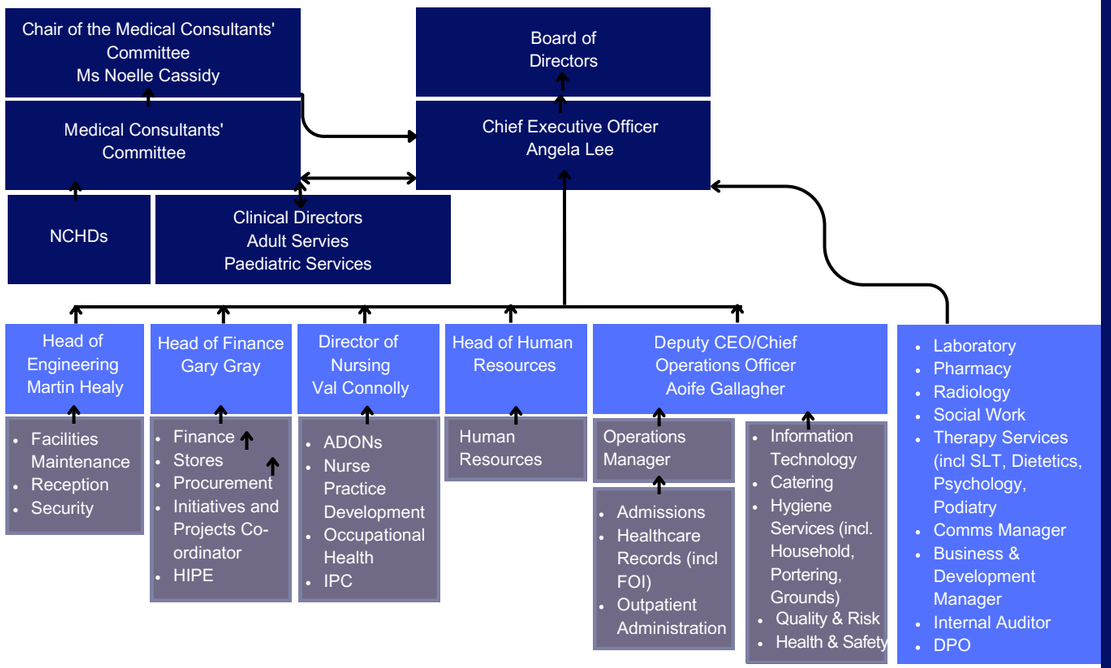
Ms Anne Marie Malone
Appointed to the Board 01.05.2025

Dr Ronan McLoughlin
Appointed to the Board 24.07.2025

Not yet appointed

Board Member	12 Feb	1 Apr	28 May	23 Jul	17 Sep	19 Nov	19 Dec	Total	✓	✗
Colin Byrne	✓	✓	✓	✓	✓	✓	✓	7	7	07
Petra Augustinovic	✓	✓	✓	✗	✓	✓	✓	7	6	1
Colette Cotter	✓	✓	✓	✓	✓	✓	✓	7	7	0
Elaine Hanly	✓	✓	✓	✓	✓	✓	✓	7	7	0
Tara Lilywhite	✓	✓	✓	✓	✓	✗	✓	7	6	1
Brian Madden	✓	✓	✓	✓	✓	✓	✓	7	7	0
Anne Marie Malone		✓	✓	✓	✓	✓	✓	6	6	0
Dr Ronan McLoughlin				✓	✓	✓	✓	4	4	0

Organisational Chart



Executive Management Team at December 2025

Ms Angela Lee (Chair)
Chief Executive Officer (CEO)

Ms Aoife Gallagher
Deputy Chief Executive Officer
& Chief Operations Officer (DCEO/COO)

Ms Noelle Cassidy
Consultant Orthopaedic Surgeon
Chair of the Medical Consultants' Committee

Mr Paul Curtin
Consultant Orthopaedic Surgeon
Clinical Director Adult Services

Mr Martin Healy
Head of Engineering

Ms Valerie Connolly
Director of Nursing

Mr Gary Gray
Head of Finance

Dr Omar Tujjar
Consultant Anaesthetist
Honorary Secretary of the Medical Consultants' Committee

Dr Brid McGrath
Chair of the Department of Anaesthesiology

Quality, Safety & Risk

At the National Orthopaedic Hospital Cappagh, we are dedicated to delivering world-class care through a strong culture focused on clinical quality, patient safety, and proactive risk management. This report demonstrates our ongoing efforts over the past year to improve care standards, enhance patient outcomes, and foster an environment of continuous learning and transparency, ensuring every patient receives the safest, highest-quality care at every stage of their journey.

Our collaborative efforts have led to significant progress in reducing incidents and improving quality. We have also strengthened the clinical governance framework and processes and identified key focus areas for 2026.

Incident Reporting

In 2025, there was a decrease in clinical incident reports, suggesting improved patient safety performance. Furthermore, Falls incidents continue to reduce year on year.

In September 2025, the Hospital implemented the electronic Point of Entry System (ePOE). This innovative digital platform allows staff to record patient safety incidents, near-misses, and complaints directly into the National Incident Management System (NIMS) as they occur. This replaces the old method of manually completing and submitting paper forms.

The overall number of incidents for the year was 955 (770- clinical incidents, 185- non-clinical). Of these, 55% were negligible (no harm), 29% were minor (injury/illness requiring first aid), 8% were not rated, and 8% were moderate (injury/illness requiring medical treatment). There were no major or extreme incidents reported. Incidents from January through the end of September were reported by staff who filled out the NIMS NIRF forms and forwarded them to the Quality, Safety and Risk Department. Thereafter, incidents were reported on the new ePOE system.

L-R Mary Gallagher, HSE NIMS ePOE Project Lead from the National Quality & Patient Safety Directorate, Emily Sweetman and Fergal McGahey (NOHC).

Clinical Governance & Clinical Risk Committee (CGCR)

The CGCR maintained effective oversight of governance, risk, and compliance, supporting the Board through regular review of key risks, internal controls, and regulatory developments. The Committee confirmed that risk management and control frameworks remain robust, with ongoing enhancements implemented.

Assisted Decision-Making

The Assisted Decision-Making (Capacity) Act governs how patient consent, autonomy, and legal capacity are handled.
While the Act commenced in 2023, 2025 was a significant operational milestone for Hospitals. It marked the year when pilot phases ended, and strict statutory frameworks and mandatory compliance were fully embedded in daily clinical governance.

In response to this changing landscape, NOHC overhauled its consent forms to improve patient understanding of procedures, risks and benefits, and initiated training to ensure staff know how to interface with patients and decision-supporters and how to flag complex cases and deal with Advance Healthcare Directives

Accessibility

Throughout 2025, the committee met regularly to address accessibility feedback and drive proactive compliance initiatives. Key advancements included installing new accessible parking spaces and advancing several infrastructure projects. While the Hospital's website is not currently fully compliant with WCAG standards, the committee is actively developing remediation plans to meet digital accessibility requirements; however, the execution of these plans is contingent on budget allocation.

Official Languages Act - Continuing our Commitment to Compliance

As a public hospital, we are committed to complying with the Official Languages Act and promoting the use of Irish alongside English across our services. In 2025, the Hospital introduced a new bilingual corporate identity, including a bilingual logo now incorporated across official correspondence, publications, and documentation. We also commenced a programme to replace and update Hospital signage with bilingual signage across the campus. In support of a more inclusive and accessible recruitment process, all job advertisements are now published in both Irish and English. These initiatives represent significant progress in embedding the Irish language into the Hospital's daily life and demonstrate our ongoing commitment to meeting our statutory obligations while enhancing accessibility for all service users.

Open Disclosure (OD)

Initiatives: In April 2025, we introduced dedicated OD Stickers and Boxes across Hospital wards to support documentation and processes. We also updated patient admission letters to direct patients to the Hospital's informed consent section on the website.

Training: Selected NOHC staff completed 'Train the Trainer' certification to facilitate in-house OD Module 3 face-to-face training for staff in November 2025.

Health Service Executive (HSE) Better Together Roadmap

To systematically advance patient-centred care, a multidisciplinary Patient Engagement Working Group was established and reports directly to the NOHC Mission Effectiveness & Patient Care Committee.

Following its inaugural meeting in August 2025, the group conducted a comprehensive self-assessment against the HSE 'Better Together' Patient Engagement Roadmap, successfully identifying key delivery gaps to inform future strategic actions.

Multidisciplinary Review and Update of NOHC Consent Processes

Following a comprehensive, multidisciplinary review of the NOHC consent framework in April 2025, the Hospital successfully modernised its documentation to enhance patient communication and transparency about risk. This initiative led to the implementation of targeted, colour-coded, procedure-specific consent forms for high-volume surgeries—specifically hip and knee procedures—which explicitly outline procedure-associated risks. Additionally, a specialised paediatric consent form was introduced to complement the updated general consent protocol.

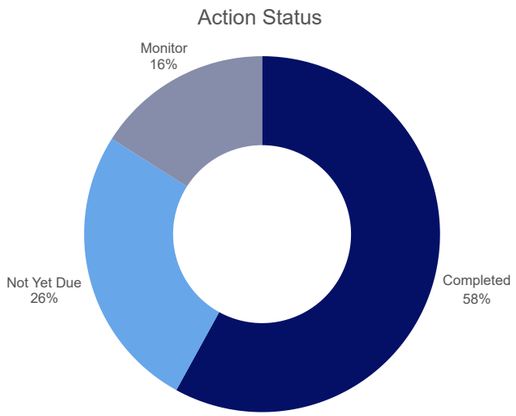
Transitioning to the New Consent Forms

- Interdisciplinary Clinical Education: In partnership with Quality, Safety & Risk (QSR) and Medical Social Work (MSW), targeted education sessions were delivered to Non-Consultant Hospital Doctors (NCHDs) during rotational changeovers. Training focused on the clinical consent process and the critical statutory requirements of Assisted Decision-Making (Capacity).
- Digital Accessibility & Patient Resources: The NOHC website was updated to host the official consent form alongside the HSE "Easy-to-Read" national consent policy, improving transparency and accessibility for patients and families.
- Pre-Admission Communication Alignment: Patient admission letters were revised to systematically direct patients to the dedicated informed consent section of the NOHC website, encouraging proactive engagement with their care plans prior to arrival.
- A new Admissions booklet currently in development will feature QR codes linking patients directly to the relevant consent forms.

Quality, Safety & Risk

Audits and Quality Improvement Plans

HIQA National Inpatient Experience Survey 2024



A QIP developed in response to the HIQA National Inpatient Experience Survey 2024. As of December 2025, 71% of line items are completed, with the remining 29% in progress.

In response to feedback:

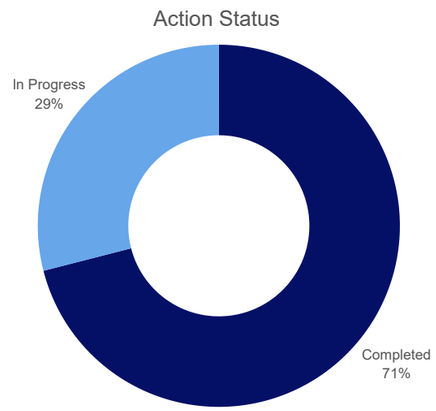
- Staff have completed the Prevention Management of Aggressive & Violent Behaviour (PMAV), and the Hospital will continue to offer ongoing training, monitor incidents, and report to the Mission Effectiveness committee.
- A coffee kiosk was installed in the Conservatory in September 2025.
- Patient Feedback Stations and surveys are now ready for deployment Hospitalwide.
- Patient admission booklets and procedural information brochures are nearing the final stages of development.

National Sepsis Audit

Of the 13 identified line items by the National Sepsis Audit, only one remains incomplete and requires staff participation in local audits. Currently, this task is overseen by the Nursing department.

The Post External Sepsis Review revealed 46 action items, with all but two now completed. A handbook for Non-Consultant Hospital Doctors (NCHD) is being developed, and additional staff training is planned. However, this training is awaiting HSE date confirmation.

HIQA Inspection Against the Safer Better Healthcare Standards



Following the HIQA inspection against the Safer Better Healthcare Standards, a quality improvement plan (QIP) was developed to address the issues. By December 2025, 58% of line items were completed, 16% were closed and monitored, and 26% were progressing towards completion.

A business case is pending approval by the HSE for a dedicated pharmacy resource and mandatory training days have been developed for NCHD training.

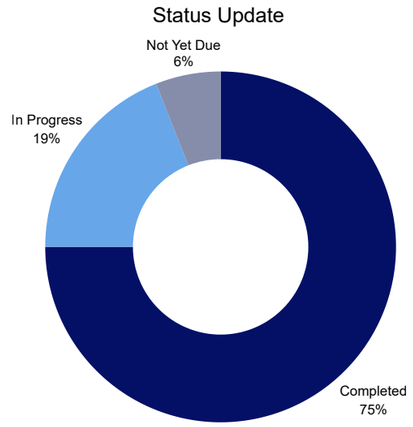
The five items marked as 'not yet due' pertain to infrastructural projects outlined in the Hospital Master Plan and the new ward block, which are awaiting HSE approval to move to the next stage, as well as minor ward upgrades scheduled to commence in 2026.

HSE Audit Against National Safe Surgery Policy

This audit highlighted 4 key areas for improvement. Of the issues listed, all are completed, and 3 continue to be monitored:

- Ensure staff training compliance with the Five Stages of Safe Surgery (monitored)
- Ensure the equipment and implant check is included in the sign-in section of the NOHC Safe Surgery Checklist (complete)
- Ensure the consenting surgeon is present at surgery to verify and sign the consent (monitored)
- Ensure key members of the theatre team are present for pre- and post-procedure briefings and debriefings (monitored)

Gap Analysis Against the CHI HIQA inspection into the use of Implantable Medical Devices



Following a self-assessment against the recommendations of the CHI HIQA review on the governance of implantable medical devices, we developed and implemented a Quality Improvement Plan (QIP) and successfully formalised governance by introducing the Medical Device Management Committee to manage NOHC's Requirements in line with the EU Medical Devices Regulation (MDR).

The Hospital continues to review the web basket for existing non-implantable medical devices to assess MDR conformity and actively replace any non-CE-marked instrumentation. We are in the process of securing a system to digitally scan historical implant books for tracing purposes.

NOHC will also continue to engage with the HSE on the electronic solution to individualised implant cards, but has introduced a manual system to ensure all patients receive documentation of their individual implanted devices.

Innovation

- Playing A Critical Role in the Irish Healthcare System
- Specialist Surgery of the Spastic Upper Limb
- Why Knee Surgery is on the Rise
- Shaping the Future of Healthcare Education: The Opening of Our New Simulation Room at NOHC
- Transforming Internal Communications & Staff Engagement
- Strengthening Patient Safety Through Peer Review and Digital Innovation

Playing A Critical Role in the Irish Healthcare System

The value of a hospital extends far beyond activity levels and financial performance. It is measured in the lives transformed through timely treatment, the restoration of mobility and independence, and the long-term benefits delivered to patients, families, and the wider healthcare system. It is also reflected in the research, innovation, and clinical advancements that improve patient outcomes and shape the future of healthcare.

Excellence in Elective Care

As Ireland's dedicated national elective orthopaedic centre, the National Orthopaedic Hospital Cappagh provides planned surgical care in an environment free from the pressures associated with emergency admissions with limited cancellations. This enables clinical teams to focus on delivering timely interventions, reducing waiting times, and improving patient flow across the wider health service.

Our specialist orthopaedic services are supported by expert nursing, rehabilitation, and multidisciplinary teams, allowing the Hospital to deliver highly complex procedures and integrated care pathways that contribute to consistently strong clinical outcomes.

Driving Innovation

The Hospital's elective model also provides an ideal environment for innovation. Structured patient pathways and dedicated specialist teams create opportunities to evaluate and implement new surgical techniques, technologies, rehabilitation approaches, and models of care in a controlled setting.

As a centre of excellence and a pilot site for emerging initiatives, NOHC plays an important role in testing and refining innovations that can be scaled across the wider healthcare system, supporting continuous improvement in patient care and service delivery.

National Centre of Expertise

NOHC serves as a national referral centre for patients with highly complex orthopaedic and musculoskeletal conditions. The Hospital's unique expertise and specialist services support patients from across Ireland, ensuring access to care for conditions and treatments that cannot be managed elsewhere.

Delivering Lasting Impact

The impact of elective care extends beyond reducing waiting lists and increasing activity. Successful interventions restore mobility, independence, and quality of life, enabling patients to return to their families, communities, and workplaces. In doing so, they also reduce demand on primary care, community services, and long-term supports.

Through its focused elective model, specialist expertise, and commitment to innovation, the National Orthopaedic Hospital Cappagh continues to make a significant contribution to the sustainability and effectiveness of Ireland's healthcare system while improving outcomes for patients nationwide.

Restoring Function, Independence and Quality of Life Through Specialised Spastic Upper Limb Surgery

Ms Grainne Colgan, Consultant Orthopaedic Surgeon

Spasticity is a lifelong condition that commonly develops following cerebral palsy, stroke, or acquired brain injury. For many patients, it causes persistent muscle overactivity that affects the position and function of the arm and hand, resulting in pain, difficulty with everyday activities, progressive joint contractures, and loss of independence. Without appropriate intervention, these problems can become permanent, significantly affecting both physical function and quality of life.

Specialised spastic upper limb surgery provides life-changing treatment for patients whose needs cannot be met through rehabilitation or medical management alone. By addressing the underlying effects of spasticity, surgery can reduce pain, improve hand and arm function, facilitate personal care and hygiene, enhance limb appearance, and prevent irreversible joint deformity. These improvements enable many patients to participate more fully in family life, education, employment, and their wider communities.

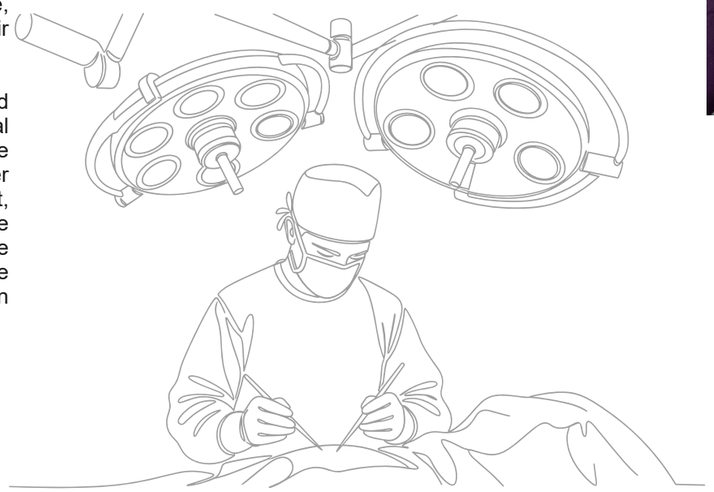
This is one of the most specialised areas of reconstructive surgery and remains relatively uncommon worldwide. Successful treatment requires a unique combination of expertise in reconstructive plastic surgery, complex peripheral nerve surgery, and dedicated fellowship training in spasticity surgery for both adults and children. Every patient presents with a distinct pattern of muscle overactivity, weakness, and contracture, requiring a bespoke surgical plan tailored to their individual goals.

Procedures often combine highly specialised nerve techniques to permanently reduce abnormal muscle overactivity while preserving muscle strength, tendon lengthening and tendon transfer procedures to restore balance and movement, and joint stabilisation where required. These technically demanding operations require meticulous planning and are delivered in close partnership with multidisciplinary rehabilitation teams to optimise long-term outcomes.

The National Orthopaedic Hospital Cappagh has established itself as a national referral centre for this highly specialised service, working closely with the Central Remedial Clinic and Children's Health Ireland to provide coordinated care for both adult and paediatric patients. This collaborative model ensures that patients benefit from expert assessment, surgery, rehabilitation, and long-term follow-up within an integrated multidisciplinary service.

The expertise developed in Ireland is also recognised internationally. In May 2026, the service will host the 6th International Symposium for Surgery of the Spastic Upper Limb at Trinity College Dublin, bringing together surgeons, therapists, and rehabilitation specialists from 35 countries. The symposium will advance surgical techniques, rehabilitation, and multidisciplinary care, reinforcing Ireland's growing reputation as a leader in this highly specialised field. Hosting such a prestigious international meeting reflects both the strength of the clinical service at National Orthopaedic Hospital Cappagh and its commitment to advancing knowledge through education, collaboration, and research.

While the surgical techniques are complex, the goal is simple: to improve lives. By restoring function, relieving pain, preventing deformity, and enhancing independence, specialised spastic upper limb surgery enables patients to achieve meaningful improvements in everyday life. Through clinical excellence, innovation, and international collaboration, the National Orthopaedic Hospital Cappagh continues to deliver world-class care while helping shape the future of spastic upper limb surgery.



74 Year old gentleman with Spastic Quadriparesis due to vascular frontotemporal dementia x 10 years. Significant elbow spasticity and contracture, and recurrent infections. Pre-and post -operative.

Knee Replacement: Recent Trends, Current Concepts and Revisions

Mr Sven O'hEireamhoin, Consultant Orthopaedic Surgeon

The first joint replacement in Ireland was performed at the National Orthopaedic Hospital Cappagh (NOHC) by Mr Joe Gallagher in 1969. Since then, the volume of total hip replacements (THR) and knee replacements (TKR) has steadily increased and is expected to continue growing. It is projected that by 2050, over 12,500 patients will require TKR in the public system. Across various international registries, total knee replacement numbers have grown by 130-210% from 2010 to 2023, and this dramatic rise is driven by multifactorial causes.

Ageing Population

In Ireland and throughout Western Europe, there has been a significant shift in population towards older age groups. Models predict that by 2057, over 1 in 3 people in Ireland will be aged over 65. This trend is associated with an increasing amount of degenerative conditions (wear-and-tear arthritis) as well as an increasing number of knee replacements reaching the end of their lifespan and requiring revision.

Obesity Epidemic

Ireland has seen a large rise in people living with obesity. Nearly 60% of Irish adults and 20% of children are now overweight or obese. The increased weight, spread over the same joint surface area, increases the rate of cartilage wear and, ultimately, bone loss. This results in the need for earlier, often more complex, joint replacement.

Patient Expectations

One of the more positive causes for rising demand is that patients increasingly wish to remain active in older age and seek orthopaedic care to help them achieve these goals. Although not without risks, the great success of joint replacement has made it a popular choice to maintain quality of life and active lifestyles.

Knee Replacement Surgery- What's New?

In many ways, the knee replacements used today are very similar to the first 'condylar' knee replacements designed in the 1970s. Despite this, survivorship, outcomes, and patient experience have evolved dramatically since then.

Survivorship

Improved implant fixation, coupled with more robust material properties (particularly in the manufacture of the plastic insert), has led to rising survivorship, with upwards of 80% still functioning at 20 years. Despite this, failures still occur due to infection, loosening, fractures, implant wear and instability.

Patient Journey

In the past, knee replacement was associated with long Hospital stays, but many are now day cases, and the majority spend no more than two nights in Hospital. There are several reasons for this, including improved anaesthetic techniques, better pain management, improved surgical technique and pre-op patient optimisation.

Alignment

There has been much debate amongst knee surgeons over the ideal alignment for knee replacements, and this remains an evolving field which will hopefully translate into improved patient outcomes.

The Future

A topic of much debate remains the use of assistive technologies (navigation and robotics) in performing knee replacement. Evidence is mixed regarding the clinical benefit of these technologies at this stage in their evolution, but there is clear evidence that they improve accuracy when targeting specific areas.

Revisions

As mentioned above, although survivorship continues to improve, the burden of revision continues to rise as the number of older knee replacements in circulation increases. Revision knee surgery is significantly more demanding for patients, surgeons, and institutional resources than primary replacement surgery. With each implant exchange, there is less bone to work with, and the soft tissues become more scarred and less compliant. In addition, the patient population is frequently older and more comorbid. As a result, complication rates for these procedures are generally higher, and outcomes are less predictable. With this in mind, we established a Complex Knee Clinic at Cappagh to improve outcomes and share experience and expertise.

Complex Knee Clinic

First established by senior surgeons Mr Peter Keogh and Prof John O'Byrne, the Complex Knee Clinic has grown dramatically over the last 10 years with a wealth of experience gained and shared. Although these cases often remain challenging, we have seen a large number of successful patient journeys with quality of life restored to people with severely reduced pre-operative mobility.

The surgical challenges of diminished bone stock and soft tissue defects have been addressed in recent years with newer augmentation techniques for fixation, such as cones and sleeves, and through a very rewarding collaboration with several plastic surgeons who have provided soft tissue cover in cases of severe skin compromise. Mr Barry O'Sullivan, Ms Christine Quinlan and Mr Billy O'Neill have all visited Cappagh to assist with complex cases, allowing for salvage in cases that might otherwise have required amputation.

There is rising demand for both primary and revision knee replacements, which will likely strain existing services. Hand in hand with this, we see improving outcomes and survivorship. With its planned expansion, NOHC remains well positioned to remain at the forefront of meeting the needs of public patients in Ireland, provided appropriate funding is made available.

Shaping the Future of Healthcare Education: The Opening of Our New Simulation Room at NOHC

Dr Zeenat Nawoor Quinn

The opening of the new Clinical Simulation Room at National Orthopaedic Hospital Cappagh marks an important milestone in the Hospital's commitment to hands-on clinical training, multidisciplinary teamwork and safer patient care. Developed over three and a half years, the SIM Room provides a dedicated environment where clinicians, nurses and allied health professionals can rehearse complex scenarios, practice crisis response and strengthen communication before applying these skills in real clinical settings.

From Inception to a Dedicated Simulation Facility

Our project began with a clear educational need in December 2022. Initial low-fidelity multidisciplinary team simulation exercises highlighted the importance of rehearsing rare but high-risk clinical events in the actual work environment. This early work demonstrated the value of structured simulation and created the momentum for a more ambitious programme.

By March 2023, funding approval between the Ireland East Hospital Group and Cappagh Foundation enabled the purchase of a high-fidelity SimMan, providing the technical foundation for more realistic anaesthetic and perioperative scenarios. From September 2023 onwards, high-fidelity simulations became embedded in the Department of Anaesthesiology's teaching schedule, allowing teams to practice time-critical clinical decision-making in a controlled environment.

During 2024, the programme expanded beyond theatre-based anaesthesia training to include the High Dependency Unit and ward settings. Faculty recruitment and scenario development broadened the programme's reach, while the period from 2025 focused on creating the dedicated simulation room, which is now being formally opened.

Simulation Scenarios and Educational Focus

The SIM Room has been designed to support scenario-based learning across theatre, post-anaesthesia care, ward and high-dependency settings. Current scenarios include intraoperative anaphylaxis, local anaesthetic systemic toxicity in PACU, cardiac arrest in the prone position, anaphylaxis progressing to cardiac arrest in HDU, acute postoperative coronary events, anaesthetic room drug error, laryngospasm after extubation, negative pressure pulmonary oedema and life-threatening haemorrhage.

These scenarios reflect the realities of orthopaedic perioperative care, where effective performance depends not only on individual technical knowledge but also on team coordination, role clarity, communication and rapid escalation. By rehearsing these events in a safe and structured environment, staff can build confidence, identify system issues and improve preparedness for clinical emergencies.

Realistic Setups for Clinical Practice

The Sim Room will support scalable simulation setups, from smaller sessions such as a simple arthroplasty with one anaesthetist, a nurse, a surgeon and a focused audience, to larger multidisciplinary exercises such as an extensive hip revision with life-threatening haemorrhage involving two surgeons, an anaesthetic team, the lab scientists, theatre nurses and a wider team attendance.
This flexibility allows the SIM Room to reproduce the complexity of orthopaedic workflows while maintaining a psychologically safe space for discussion, feedback and learning. It also supports the programme's central principle: multidisciplinary team training.

The high-fidelity SimMan requires trained staff to operate it safely and effectively. Governance will include an audit of room usage, equipment maintenance and training activity. This approach will help ensure sustainability, support faculty development and provide evidence of the programme's impact over time.

Our Mission

At the heart of the SIM Room is a mission to close the training gap through immersive, team-based realism. The facility offers a protected space where clinicians can practice, pause, debrief, and improve without risking patient safety.

Simulation allows teams to rehearse both routine processes and rare emergencies. It strengthens non-technical skills such as leadership, situational awareness and communication, while reinforcing clinical algorithms and local pathways. In doing so, the SIM Room supports a culture of continuous learning and shared responsibility for patient safety, and addresses the Hospital's evolving needs in a challenging era.

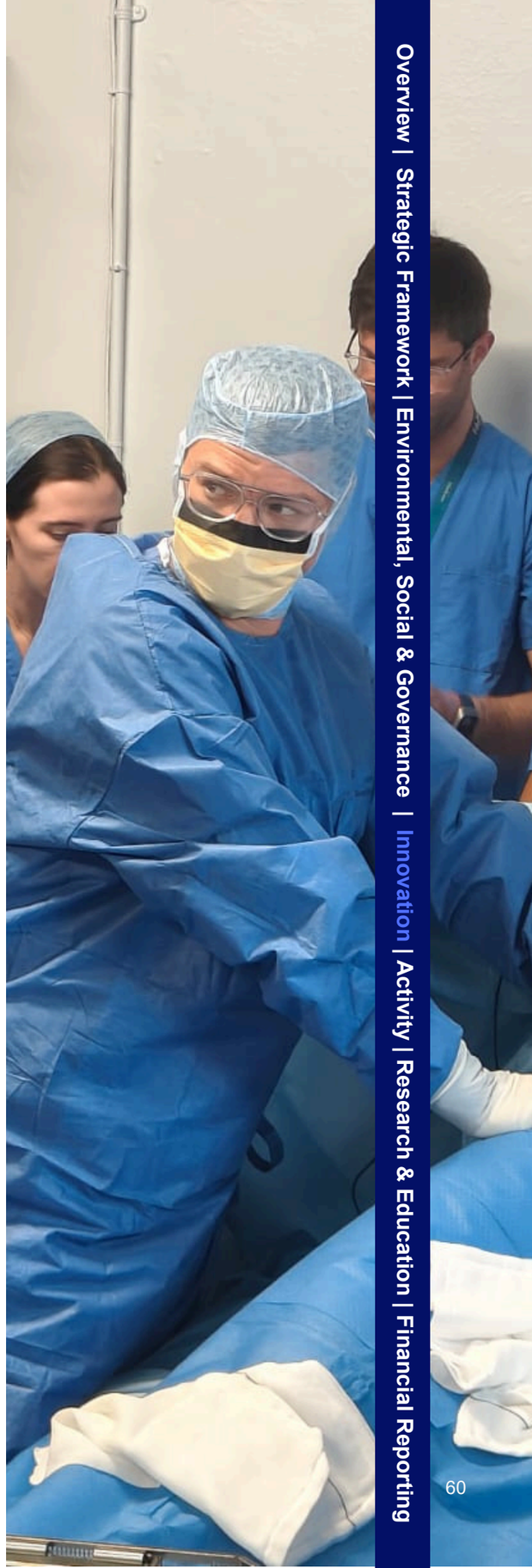
Future Roadmap

The Sim Room is set to open in 2026, and the next phase of the programme will look beyond education alone and explore how simulation can support wider Hospital systems. Planned areas of development include human factors work, audit, equipment partnerships and increased collaboration across clinical departments.

Future ambitions include the introduction of a paediatric simulator, virtual reality and artificial intelligence to further enhance training capability. As demand for structured simulation grows, including from training bodies, the NOHC SIM Room is well positioned to become a key resource for clinical education, systems testing, and patient safety improvement.

Acknowledgements

The development of the SIM Room has depended on the commitment and support of many colleagues. Particular thanks are due to our supporting clinicians, nurses, Cardiac Services and Laerdal, as well as our IT, facilities and maintenance teams. Their combined work has turned an identified training need into a dedicated facility that will strengthen clinical learning and patient safety at the National Orthopaedic Hospital Cappagh.



Transforming Internal Communication and Staff Engagement

In today's fast-paced healthcare environment, effective communication is critical to ensuring staff are informed, engaged, and supported. The development of the NOHC Staff App represents a significant step forward in addressing long-standing communication challenges, particularly those associated with remote working, shift-based roles, and limited access to computers during the working day. Designed as a replacement for an outmoded Intranet, the app provides a modern, mobile-first solution tailored to the diverse needs of healthcare staff.

Addressing Communication Challenges

Traditional intranet systems often rely on static access points, requiring staff to log in from desktop computers. In a Hospital setting, this approach can exclude a significant portion of the workforce—particularly frontline staff, those working irregular shifts, or employees who do not routinely use computers as part of their role.

The NOHC Staff App directly tackles these barriers by leveraging mobile technology. With the majority of staff having access to smartphones, the app ensures critical information is delivered directly to users, wherever they are. Push notifications further enhance this capability, enabling real-time alerts for urgent updates, events, and important announcements. This is particularly valuable for staff who may otherwise miss key communications due to time constraints or shift patterns.

A Central Hub for News and Information

At the core of the app is its Articles feature, which serves as a dynamic news and communications channel. Through this functionality, staff receive timely updates on organisational news, upcoming events, and important notices. Unlike traditional intranet pages, which rely on users actively seeking out information, the app promotes a proactive communication style—ensuring that messages reach staff quickly and effectively. Push notifications linked to new articles increase visibility and engagement, helping to foster a more connected and informed workforce.

Supporting Daily Needs:

Menus and Nutrition Information

Recognising the importance of supporting staff wellbeing in practical ways, the app also includes a daily menu feature. This provides up-to-date information on available meals, complete with calorie counts and allergen details. For busy healthcare workers, this functionality simplifies meal planning and enables informed dietary choices during demanding shifts. By integrating this everyday resource into the app, NOHC reinforces its commitment to staff health and convenience.

A Comprehensive Resource for Staff Policies and Benefits

The NOHC Staff App also serves as a centralised repository for employment-related policies and benefits. Staff can quickly access key documents, guidelines, and organisational information without needing to navigate multiple systems or outdated intranet pages. This improves transparency, reduces administrative friction, and ensures that essential information is always up to date and easily accessible, which is an important consideration in a highly regulated healthcare environment.

Promoting Health and Wellbeing

The Health & Wellbeing App tile is a cornerstone of the platform, offering curated resources on a wide range of topics, including:

- Vaccinations
- Mental Health
- Menopause
- Men's Health

By making this information readily available, the app supports both physical and mental health awareness, aligning with broader organisational priorities around staff wellbeing. It also empowers employees to take a proactive approach to their health through accessible, trusted information.

Building Community Through Engagement Features

Beyond information sharing, the app plays a vital role in strengthening the sense of community within the Hospital. The Hospital Community Groups feature allows staff to sign up for a range of social and interest-based initiatives, including:

- Social Committees
- The Little Library
- The Hospital Choir

By subscribing to these groups, users receive curated content relevant to their interests, which encourages participation and fosters connections among colleagues. This is particularly important in large organisations where staff may not regularly interact due to differing roles and schedules.

Enhancing Accessibility with Contacts and Links

To further streamline the user experience, the app includes a dedicated Contacts page and a Useful Links section. These features provide quick access to key departments, services, and external resources, reducing time spent searching for information and improving overall efficiency.

A Future-Focused Minimum Viable Product

The NOHC Staff App has been developed as a minimum viable product (MVP), enabling rapid deployment while maintaining flexibility for future enhancements. This approach ensures that the organisation can respond to evolving staff needs by introducing new features and functionalities over time.

Importantly, any future developments will be carefully managed in line with appropriate security access levels and data protection impact assessments. This ensures that the app remains compliant with regulatory standards while safeguarding sensitive information.

Measuring Success

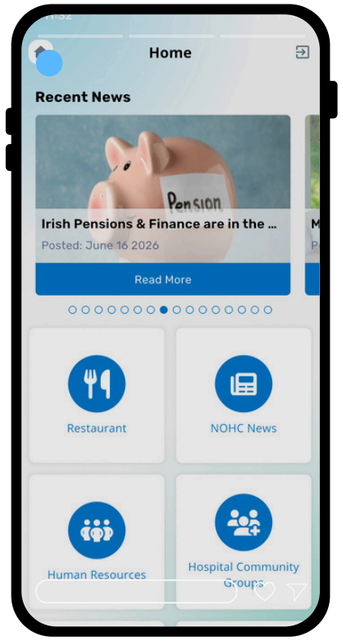
Success for the staff app means creating a highly engaged, connected, and well-informed workforce, with information at everyone's fingertips. Ultimately, success looks like:

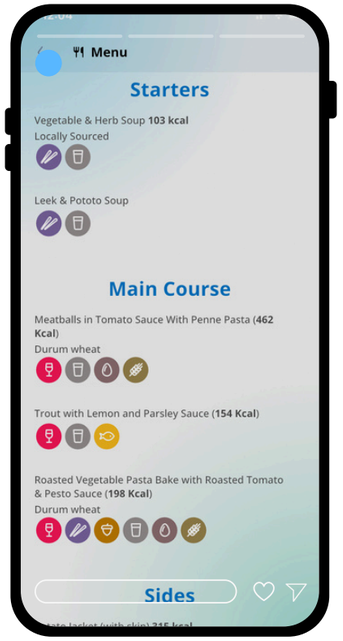
High Adoption & Engagement: The app becomes the go-to, daily hub for staff to check internal news, updates, and events.

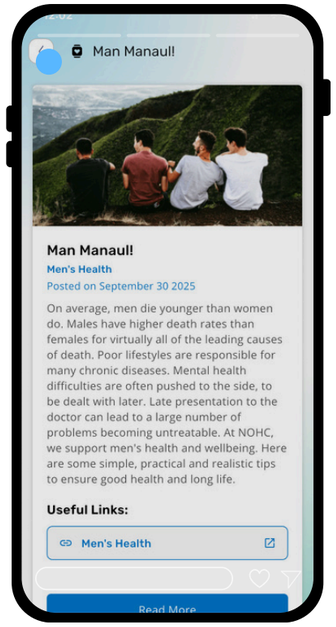
Streamlined Communication: A noticeable reduction in email clutter and cascaded messaging, replaced by real-time, targeted push notifications and accessible resources.

Enhanced Community & Culture: Stronger connections, event participation and staff recognition, bridging the gap between different departments and shifts.

The NOHC Staff App marks a transformative shift in how internal communications are delivered and experienced. By replacing an outdated intranet with a mobile-first, user-centred solution, the organisation has created a platform that is accessible, engaging, and responsive to the realities of modern healthcare work.







Strengthening Patient Safety Through Peer Review and Digital Innovation

Peer review of pre- and post-operative cases serves as a critical cornerstone of modern clinical governance, driving patient safety, surgical precision, and continuous quality improvement. By fostering an open culture of shared learning and accountability, rigorous peer review standardises clinical care pathways, refines decision-making frameworks, and ultimately elevates the standard of patient care hospital-wide.

Robust peer review of both pre-operative and post-operative cases is a cornerstone of safe, high-quality orthopaedic care. It ensures that clinical decisions are scrutinised, that expertise is shared, and that learning is continuous. In increasingly complex surgical environments, no single clinician can encompass the full breadth of evolving best practices; structured peer engagement promotes consistency, mitigates risk, and ultimately enhances patient outcomes.

The Value of Peer Review in Orthopaedic Practice

Pre-operative peer review provides a vital checkpoint before intervention. It allows consultants to validate diagnoses, assess surgical indications, consider alternative approaches, and refine operative planning. This collaborative scrutiny helps reduce variability in care and supports evidence-based decision-making. It is especially valuable in complex cases, where multidisciplinary insight can illuminate potential risks or opportunities that may not be immediately apparent.

Equally important is post-operative peer review, which fosters a culture of reflection and learning. Reviewing outcomes, complications, and deviations from the norm enables clinicians to identify trends, share lessons, and implement improvements. This transparent process not only supports individual professional development but also contributes to organisational learning and continuous quality improvement.

Challenges of Traditional In-Person Peer Review

Despite its importance, effective peer review has historically been constrained by logistical challenges. Consultants often hold sessional commitments across multiple sites, making it difficult to convene regular in-person meetings. Scheduling conflicts, time pressures, and geographic dispersion can limit participation and reduce the depth and frequency of case discussions.

These constraints risk creating variability in engagement and may inadvertently exclude valuable contributions from highly experienced clinicians.

A Digital Solution: NOHC's Bespoke Peer Review Platform

Recognising these challenges, NOHC has developed a bespoke digital platform to transform the peer-review process. This innovation reflects a solution-focused approach, leveraging technology to enhance collaboration while maintaining flexibility for busy clinicians.

At the core of the system is a structured workflow that ensures every case undergoes a comprehensive review. System settings mandate that all cases be reviewed by at least five consultants, ensuring broad expert input. This standardisation strengthens clinical governance and reduces the risk of oversight.

The platform supports both pre-operative collaboration and post-operative review, enabling consultants to engage asynchronously at times that align with their schedules. This removes the barriers associated with physical attendance while preserving the quality and rigour of discussion.

Key Features Supporting Quality and Safety

Several integrated features enhance the platform's effectiveness:

Structured Feedback Mechanism: Consultants can provide detailed, case-specific feedback in a consistent format, facilitating clear communication and actionable insights.

Red Flagging System: If concerns are raised, cases can be immediately flagged for further review or escalation. This proactive safety feature ensures that potential risks are identified and addressed promptly.

Comprehensive Time Logging: All activity within the system is time-stamped, creating a transparent audit trail. This supports accreditation requirements and demonstrates compliance with governance standards.

Collaborative Visibility: Contributors can view peer input, fostering collective discussion and consensus-building while maintaining accountability.

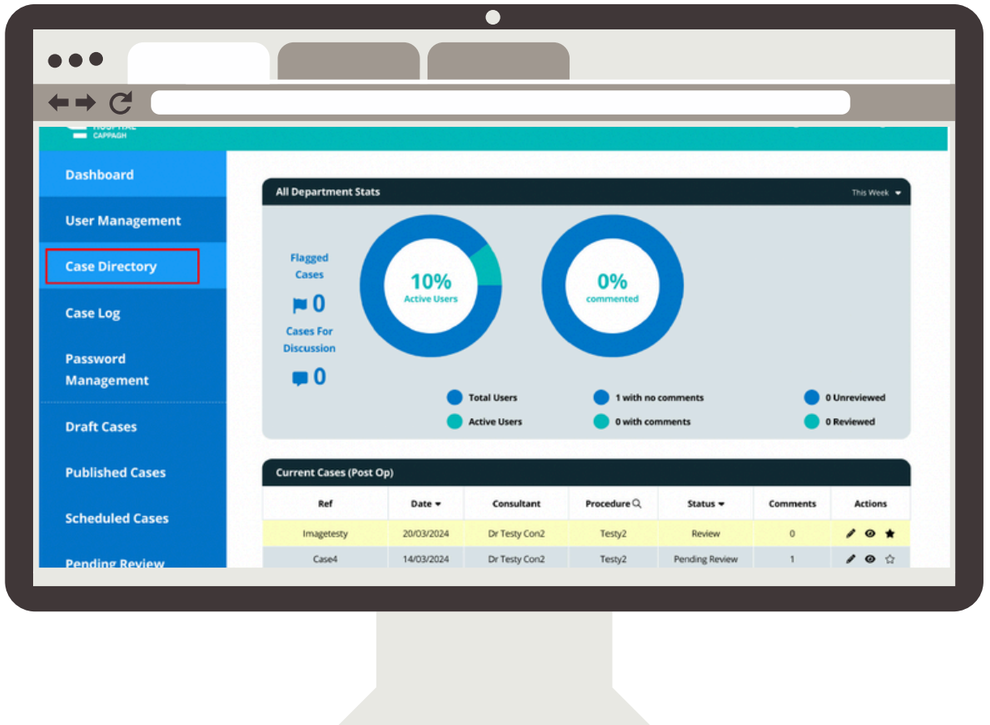
Together, these features ensure that peer review is not only thorough but also measurable and auditable—key components of modern clinical governance.

Phased Implementation and Future Expansion

The platform will initially pilot within arthroplasty, a specialty where procedural volume and complexity make structured peer review particularly impactful. Insights gained from this phase will inform refinement before the system is expanded to encompass all orthopaedic subspecialties in the coming months.

This phased approach ensures that implementation is both safe and responsive, allowing NOHC to optimise usability and effectiveness based on real-world experience.

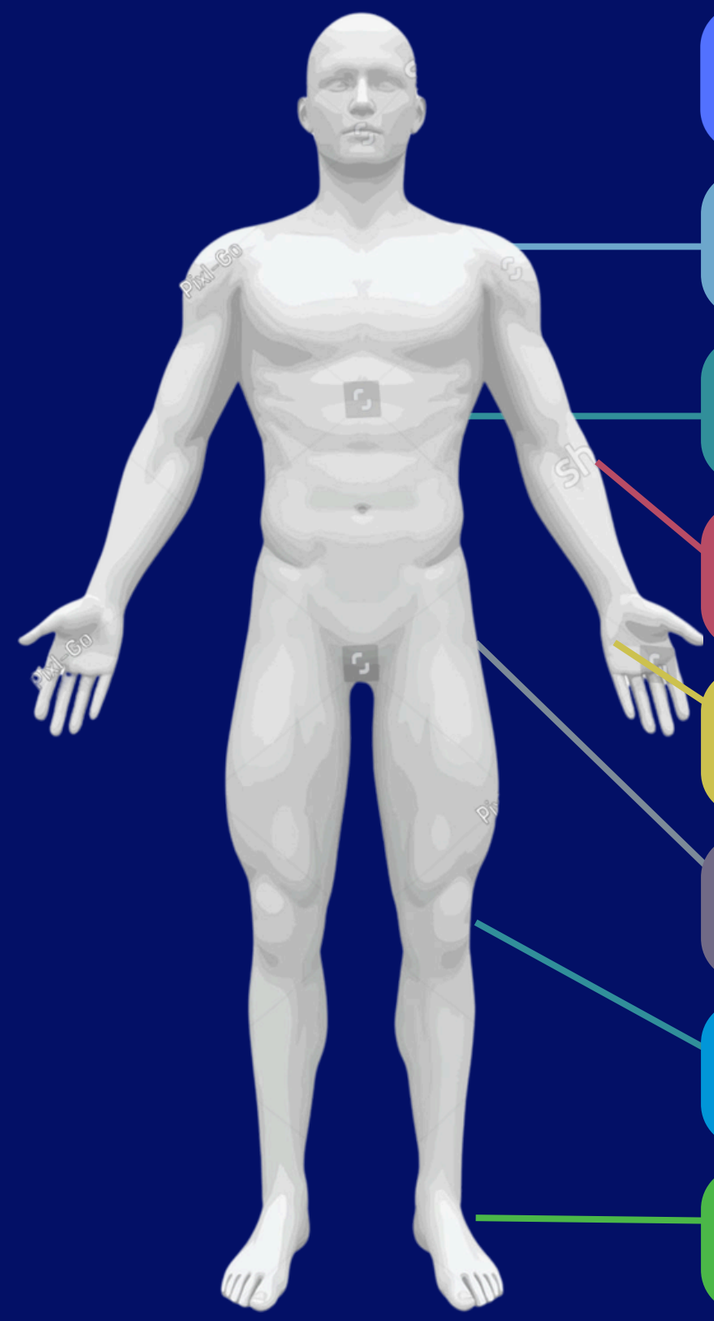
NOHC's bespoke digital solution reflects its dedication to patient safety and continuous improvement. By addressing operational challenges and embracing innovation, NOHC fosters a culture where quality is prioritised. The initiative emphasises that peer review is a clinical necessity, supported by technology to enhance standards despite logistical issues. This digital platform transforms peer review into a powerful tool for safeguarding patient care in orthopaedics, promoting collaborative practice and improving clinical decision-making. Overall, it reinforces NOHC's commitment to patient safety and innovation in care delivery.



Activity

- Surgical Highlights
- Specialist Services
- Clinical Services
- Non-Clinical Support Services

Surgical Highlights



4,130 Theatre Procedures
3,564 Plaster Bay Procedures

Shoulder	74 Replacement/Revision 203 Surgeries
Spine	25 Spinal Fusions 50 Discectomies 137 Spinal Decompressions/ Revisions
Elbow	5 Replacement/Revision 21 Surgeries
Hand/ Wrist	454 Surgeries
Hip	968 THR/Revision 1 Hip Reduction
Knee	1005 TKR/Revision 97 ACL/PCL/Revision 11 Patellofemoral Stabilisation/ Revision 116 Arthroscopy Knee
Foot/ Ankle	3 Replacement/Revision 415 Foot Surgeries
Other	30 Tumour Resections/Biopsies 9 Amputations 281 Intermediate Procedures 224 Minor Procedures

Specialist Services

- **Adult Orthopaedic Services**
- **Cappagh Kids Paediatric Services**
- **Soft Tissue and Bone Sarcoma service**
- **Centre for Rehabilitation**
- **Rheumatology Department**
- **Sports & Exercise Medicine**

Highlights:

- Record number of Knee replacement and revision surgeries performed on adult patients
- 597 New Paediatric Patients welcomed to NOHC
- 9 Lower Limb Amputations performed by the Soft Tissue and Bone Sarcoma Service
- 80.7% of Patients were fit for Discharge to their own homes following Multidisciplinary Team (MDT) rehabilitation in the Centre for Rehabilitation.

Adult Orthopaedic Services

The Hospital performed 4,130 adult surgical procedures in 2025, with total knee replacements (TKR) and revision surgeries accounting for 1,005 of those cases. This reflects a substantial 35% growth in knee surgeries over the 2022–2025 strategic period.

The average length of stay of 3.17 days for total knee replacement (TKR) and revision surgery versus 2.52 days for total hip replacement (THR) and revision surgery.

Of the patients undergoing primary THR and TKR surgery, 21 required bilateral total hip replacements and 19 required bilateral knee replacements

Additionally, 52 THR, 2 TKR, and 11 partial knee replacement patients took part in the Same-Day Surgery and Discharge Programme, which aims to eliminate inpatient stays and allow patients to recover in their home environments.

The year also witnessed an increase in shoulder replacement surgery (up 33%), foot surgery (up 16%) and spinal decompression (up 20%).

While demand for hand surgery remained high, service capacity was constrained by unforeseen resourcing issues throughout the year.

Cappagh Kids Paediatric Service

It was another busy year for Cappagh Kids, as the service welcomed 597 new and 862 return patients to the outpatient department.

283 surgical procedures were performed during the year, including 56 metal removals, 56 soft-tissue surgeries, 7 joint-preservation surgeries, and 11 spinal fusions.

In addition, Cappagh Kids admitted 227 patients for Day Case Procedures and 431 patients for Day Case Review.

Young patients and their families received significant ancillary support from Nursing, Therapy Services, including Psychology and Medical Social Work.

Rheumatology Department

The Rheumatology Department provide diagnosis and treatment for patients dealing with various musculoskeletal conditions and systemic autoimmune disorders. In 2025, the department saw a total of 146 new patients, alongside 161 returning patients who consulted our services throughout the year.

Soft Tissue and Bone Sarcoma Service

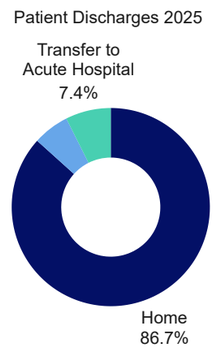
The Soft Tissue and Bone Sarcoma Service is the Primary Referral Centre for Bone and Soft Tissue Tumours and a Surgical Oncology Centre for the National Sarcoma Service, which is headquartered at St Vincent's University Hospital (SVUH).

The bone service continues to meet the increasing demand, with 344 new patients and 813 review patients attending in 2025. During that year, our facility at NOHC performed 15 biopsies, 100 soft-tissue resections, 17 en bloc/segmental arthroplasties, and 9 amputations. Additionally, our consultants provided guidance to colleagues across the country on best practices for biopsying complex tumours.

Centre for Rehabilitation (CFR)

The CFR is a geriatrician-led service providing intensive inpatient care for patients aged 65 and older. The Centre accommodates patients who have been stabilised at Connolly Hospital following an acute medical episode and require transfer for rehabilitation. Additionally, the Centre provides postoperative rehabilitation for NOHC patients recovering from hip and knee surgeries.

CFR's objective is to restore mobility, stability, stamina, confidence and independence. In 2025, 80.7% of patients returned home after rehabilitation, and 66% of those patients were supported by a home care package coordinated by CFR, Medical Social Work, and community services.



During the year, the 'What Matters to Me' project was introduced by the service. This is a co-designed initiative to strengthen person-centred care by embedding patient and family perspectives into everyday practice. Developed with patients, families, and staff, it focuses on understanding individual priorities and enhancing compassionate care.

Staff created profiles that capture key aspects of a patient's life, enabling more meaningful engagement and personalised care. This initiative reflects the Hospital's commitment to delivering high-quality, individualised care informed by what matters most to each patient.

Sports & Exercise Medicine

The Sports & Exercise Medicine service provides a streamlined, dual-expert pathway for diagnosing, treating, and rehabilitating injuries for athletes of all levels, from elite competitors to recreational enthusiasts.

By working side by side, Sports & Exercise Medicine Doctors and a Senior Physiotherapist combine medical diagnostics with advanced rehabilitation. This collaborative approach ensures a rapid, accurate diagnosis and a personalised recovery plan, minimising downtime and ensuring a safe, sustainable return to sports participation and competition.

During the year, 625 patients attended the service.

The past year also marked a significant milestone for the Department as Dr Pat O'Neill retired following years of distinguished service. We extend our deepest gratitude to Dr O'Neill for his exceptional dedication to our patients and his steadfast support of his colleagues.

Clinical Services

- **PAC**
- **Radiology Department**
- **Laboratory**

Highlights:

Preoperative Assessment
- Geriatric Preoperative Assessment Clinic Established

Radiology Department
- 25,592 Radiological Tests and Procedures Undertaken

Laboratory
- 2% Increase in Laboratory Testing

The Preoperative Assessment Clinic (PAC)

PAC plays a critical role in patient safety by comprehensively evaluating individuals to determine their clinical fitness for surgery. While NOHC has a High Dependency Unit (HDU), it does not have an Intensive Care Unit (ICU), and the preoperative assessment process is imperative to ensure that only patients whose medical needs can be safely met are treated at the Hospital.

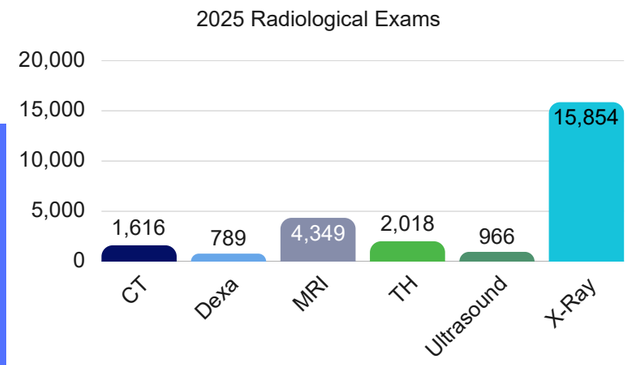
Introducing NOHC's Geriatrician-led Peri-Optimisation Clinic

We identified a higher incidence of postoperative complications within our older patient cohort, including delirium, prolonged length of stay, functional decline, and increased rehabilitation needs. In response, a new patient pathway was implemented to proactively address these risks through early, comprehensive geriatric assessment and optimisation. By intervening before surgery, the pathway ensures that vulnerabilities are recognised, modifiable factors are managed, and appropriate supports are planned in advance, ultimately improving postoperative outcomes and patient experience.

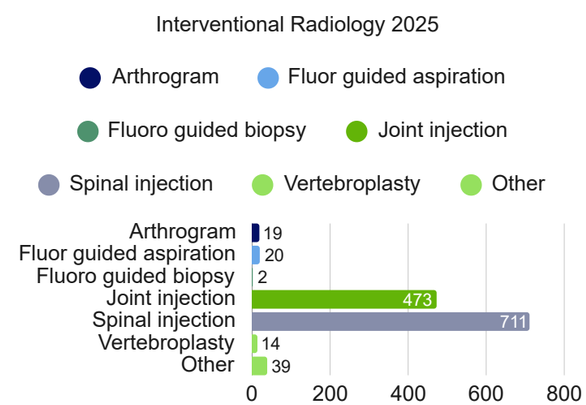
A consultant geriatrician–led Preoperative Optimisation Clinic is central for older patients, improving postoperative outcomes at NOHC. Established in 2025, the clinic provides a structured, comprehensive assessment to identify and manage all modifiable risk factors prior to surgery, with the aim of reducing perioperative complications, shortening length of stay, and enhancing recovery. Under geriatrician care, patients are medically optimised with focused review of cognition, frailty, bone health, and other comorbidities. Proactive discussions address consent, Advance Decision Making where required, and anticipated postoperative risks, including delirium and functional decline, as well as strategies to support recovery. Patients meet the consultant and multidisciplinary team before surgery, fostering understanding of the surgical journey, expectations, and potential need for postoperative rehabilitation. This early engagement closes the loop of care, promotes preparedness, and ensures personalised planning. Overall, the clinic exemplifies NOHC's commitment to excellence and improved surgical outcomes.

The Radiology Department

In 2025, the Radiology Department performed 25,592 radiological exams and procedures.



1,278 Interventional Radiology (IR) procedures were performed using real-time imaging (X-rays, CT scans, ultrasound, and MRI) to guide targeted IR treatments, reducing theatre time, trauma, and pain, lowering infection risk, and resulting in faster recovery times compared to traditional surgery.



Laboratory

The Laboratory Service offers a range of testing, including Blood Transfusion, Haemovigilance, Biochemistry, Haematology, and Microbiology. It is accredited by the Irish National Accreditation Board (INAB) under ISO 15189:2012.

The Laboratory performed 180,727 tests in 2025. This marks a 2% increase compared to the previous year. In addition, the service facilitated blood transfusions for 66 patients and cell salvage for 12 patients, who received Cell Saver transfusions whereby the patients' own blood, lost during surgery, is collected, washed, filtered, and then transfused back into their body in real time.

Clinical Services

Therapy Services

- **Musculoskeletal Triage Clinic**
- **Physiotherapy-led Injection Clinic**
- **Adult Inpatient Physiotherapy**
- **Adult Outpatient Physiotherapy**
- **Paediatric Physiotherapy**

Highlights:

- 41% of MSK Triage Clinic Patients Managed Conservatively
- 94.2% of patients were very satisfied or Satisfied with the Physiotherapy Injection-led Clinic Experience
- 99.6% OPD Patient Satisfaction Score
- 1,672 Paediatric Patient Contacts

Musculoskeletal (MSK) Triage Clinic

The MSK Triage Clinic optimises patient pathways and enhances Hospital efficiency by assessing and directing non-surgical MSK patients to appropriate conservative management options, such as physiotherapy or pain management. This approach reduces specialist outpatient waiting lists, maximises consultant time for complex cases, and eliminates unnecessary diagnostic imaging. In 2025, 2,029 patients consulted the service and 1,196 of these referrals were discharged following MSK Triage intervention.

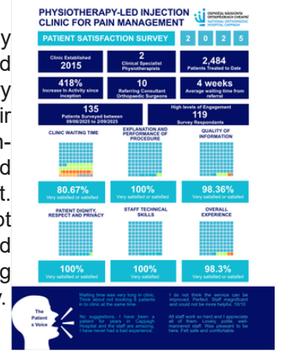
Physiotherapy-Led Injection Clinic

Established in 2015, the Physiotherapy-led Injection Clinic offers joint and soft-tissue injections to alleviate pain, inflammation, and stiffness in areas such as the knees, shoulders, and the lateral hip/trochanteric bursa.

The clinic is run by two Clinical Specialist Physiotherapists and receives referrals from 10 Consultant Orthopaedic Surgeons. Patient referrals have shown a consistent year-on-year increase, with 451 patients treated in 2025, reflecting a 418% increase in activity over the past 10 years.

Conscious that patients awaiting appointments often endure pain and discomfort, we significantly increased clinic frequency and capacity during 2025, successfully reducing waiting times from three months to just four weeks."

A Patient Satisfaction Survey conducted during the year revealed that 94.2% of patients felt “Very Satisfied” or “Satisfied” with their overall experience. However, in-clinic waiting times were identified as an area needing improvement. In response, the clinic will adopt staggered appointment times and ensure patients awaiting consultations are updated regularly.



Adult Inpatient Physiotherapy

The 2025 clinical data for Total Hip Replacement (THR) and Total Knee Replacement (TKR) pathways demonstrates a clear correlation between early postoperative intervention and a reduced time to physiotherapy discharge. Patients who achieved early mobilisation on the day of surgery consistently achieved the fastest physiotherapy discharge times across both specialities throughout the year. In contrast, delaying mobilisation until the day after surgery predictably extended the duration of physiotherapy care required before discharge.

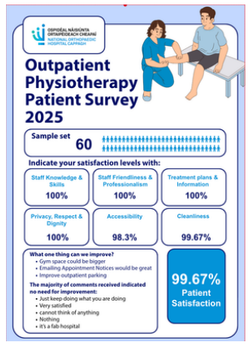
By maximising the number of patients seen on Day 0, the Hospital successfully reduced the overall mean time to discharge, highlighting early mobilisation as a key operational driver for accelerating patient recovery, optimising bed turnover, and improving acute orthopaedic efficiency.

Adult Outpatient Physiotherapy

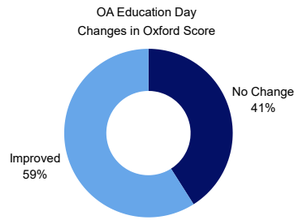
In 2025, physiotherapy outpatient services demonstrated strong operational performance and improved efficiency. The department received 1,641 outpatient referrals, representing a stabilising trend from the previous year, while overall activity climbed, with the team scheduling 5,612 appointments - a 2.5% increase over 2024. This growth was supported by strong patient engagement with the routine "Opt-in" service model, which rose to 90% (up from 87% in 2024).

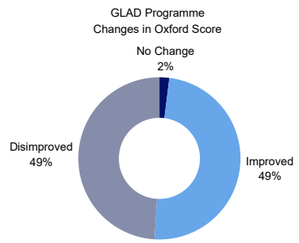
Crucially, strategic process improvements allowed the team to reduce waiting times for non-urgent routine appointments to 5–12 months, successfully shaving a full month off the 2024 baseline. Despite improved efficiency, Did Not Attend (DNA) rates for outpatient physiotherapy services rose by 1.4 percentage points to 5.4% for the year.

Patient experience remained central to the department's mission, highlighted by an exceptional 99.67% satisfaction score in the annual patient experience survey.



During the year, the department piloted Osteoarthritis (OA) Education Days as an alternative to the GLAD Programme for the conservative management of hip and knee osteoarthritis. The team hosted nine intensive sessions that achieved strong engagement, drawing 168 participants from 226 invited patients. Comparative clinical feedback revealed that a higher percentage of OA Day participants reported "no change" rather than a direct improvement in their condition; none of the patients experienced any worsening of their symptoms, in sharp contrast to a 22% disimprovement rate reported among GLAD Programme participants.





Oxford Score: A 12-question patient-reported survey designed to measure joint pain and daily functional limitations. They are widely used to assess the need for surgery or track recovery post-operation

Paediatric Physiotherapy

In 2025, the Paediatric Physiotherapy Service attended to 144 patients, of whom 65 were identified as significantly complex, requiring extended therapeutic support.

The paediatric team assisted 57 patients who were undergoing limb reconstruction surgery, providing care for 17 new patients with recently applied fixator frames, as well as others following frame removal.

In total, team members conducted 1,672 contacts, averaging 20 physiotherapy sessions per patient.

Clinical Services

Therapy Services

- **Centre for Rehabilitation PT**
- **Occupational Therapy (OT)**
- **OT - Specialist Hand Therapy**
- **Therapy-Led Clinic (TLC)**
- **Amputee Care Pathway and Patient Guide**

Highlights:

- 151 CFR Patients Treated by PT Services
- 26% Increase in OT Patient Referrals
- Therapy-Led Clinic Established
- Amputee Pathway and Patient Guide Launched

Centre for Rehabilitation (CFR) Physiotherapy & OT

In 2025, the Physiotherapy Department served a total of 151 patients. Of these, 133 were transferred from Connolly Hospital in Blanchardstown, while the remaining 18 had surgeries at NOHC.

Patients participated in both individual and group physiotherapy sessions aimed at enhancing strength and conditioning. They also engaged in Occupational Therapy (OT) Group Interventions, focusing on stress management and relaxation. Additionally, the OT Department conducted 15 home visits to assess environmental safety and suitability for discharge planning.

Occupational Therapy (OT)

Established in 1959, Ireland's oldest Occupational Therapy Department at the National Orthopaedic Hospital Cappagh helps patients safely and independently transition back to daily life. The department equips patients with essential functional skills, alternative techniques, and adaptive equipment necessary for managing self-care, domestic tasks, and post-operative movement precautions at home.

By conducting environmental risk assessments and proactive discharge planning, the Occupational Therapy team minimises the risk of post-surgical complications or readmissions, ensuring patient confidence and facilitating a seamless transition from Hospital to community.

In 2025, the Department assisted 724 Preoperative Assessment Clinic patients, representing a 26% increase in activity. OT also provided support for 1,295 inpatients, averaging 2.05 days per patient

OT - Specialist Hand Therapy

The OT Specialist Hand Therapy Clinic offers therapy services for upper-limb patients at the Hospital, including those referred from the Rapid Access Carpal Tunnel Syndrome Clinic, East Coast Hand Clinic, Congenital Upper Limb Deformity Clinic, the Rheumatology Department, and Consultant Orthopaedic Surgeons.

In 2025, the team provided care to 542 patients. Additionally, the service began planning for a Hand Therapy Triage Service and a Therapy-led upper-limb injection service, set to launch in 2026.

Therapy-Led Clinic (TLC)

The TLC offers young patients an alternative pathway to the Preoperative Assessment Clinic for preoperative planning, coordinated by Occupational Therapists and Physiotherapists, with input from Psychology and Medical Social Work.

In 2025, the team reviewed 287 Paediatric Medical Questionnaires, identifying 85 patients for TLC attendance. 54 TLC assessments were undertaken in person or virtually during the year.

NOHC Launches New Amputee Care Pathway and Patient Guide

Undergoing a lower limb amputation is a life-altering surgery that completely transforms an individual's daily life and physical journey. Easing this significant transition and optimising long-term outcomes requires structured, compassionate clinical support.

To address these profound changes, the National Orthopaedic Hospital Cappagh (NOHC) introduced a new integrated care pathway and an accompanying patient booklet in November 2025, titled "A Helpful Guide for Patients Undergoing Lower Limb Amputation".

This initiative reflects NOHC's strategic focus on demystifying the surgical process and providing transparent clinical information throughout every stage of recovery.

The initiative was uniquely shaped by firsthand understanding. The project was led by a dedicated bi-disciplinary team from Occupational Therapy and Medical Social Work. One of the team members who is a lower limb amputee, drew on her lived experience to ensure that the booklet and process proactively address the real, practical and emotional questions patients face.

The care pathway formalises and standardises patient support as a continuous journey, ensuring no gaps in care from the initial diagnosis through community reintegration.

By establishing this clear framework and equipping individuals with the resources they need, NOHC reinforces its commitment to delivering compassionate, world-class orthopaedic rehabilitation.

The success and clinical value of this initiative have extended well beyond NOHC. The project team has been invited to share their key learnings with other Hospitals. The goal is to see this integrated care pathway reflected across other healthcare providers, ensuring that more patients facing lower limb surgery receive the specialised, empathetic care they need to navigate the physical and emotional trauma of amputation.

By establishing this clear framework, collaborating across institutions, and equipping individuals with the resources they need, NOHC reinforces its commitment to delivering compassionate, world-class orthopaedic rehabilitation.

Clinical Support Services

- **The National Bone Bank**
- **Joint Registry Clinic**
- **Medical Social Work**

National Bone Bank
- 89 Femoral Heads Harvested
- 256 Structural Allografts Imported

Joint Registry Clinic
- Welcomed 5,505 patients

Medical Social Work
- 24% Increase in MSW Referrals
- 128% Increase in Child Protection

Referrals
- 46% Increase In Adult Safeguarding Referrals

The National Bone Bank

During Total Hip Replacement (THR) surgery, the femoral head (the rounded bone at the top of the femur) is usually discarded. However, patients have the option to donate it for use in reconstructive surgeries.

The National Bone Bank (Tissue Establishment) at NOHC seeks consent for femoral head donations from patients undergoing THR at the National Orthopaedic Hospital, Cappagh; Our Lady's Hospital, Navan; and the Regional Orthopaedic Hospital in Croom.

The Bone Bank team assist with bone harvesting, then clean, grade, and store allografts for national distribution.

Additionally, it imports structural allografts, including tendons, struts, menisci, and cartilage, from tissue banks in the USA, all while operating under the authority and license of the Health Products Regulatory Authority (HPRA).

In 2025, the service harvested 89 femoral heads, providing NOHC with 26 bone allografts for internal use and an additional 108 bone allografts distributed to Hospitals nationwide.

Furthermore, the Hospital imported 256 structural allografts and issued 315 during the same timeframe. NOHC accepted 36 of these, while the rest were distributed to hospitals across the country.

Joint Registry Clinic

The Joint Registry Clinic tracks the long-term performance and clinical outcomes of joint replacement surgeries. By systematically monitoring patients who have undergone hip, knee, or other arthroplasty procedures, the clinic gathers essential data on implant longevity, patient mobility, and overall satisfaction. This ongoing surveillance serves as an early warning system to detect rare implant issues while providing a rich data foundation that directly informs surgical techniques, implant efficacy and patient care pathways. 5,505 patients attended the Joint Registry Clinic in 2025.

While primary hip and knee replacements are highly successful, it is important to note that implants do not last forever. Over time, revision surgery may be necessary to replace a worn or damaged artificial joint.

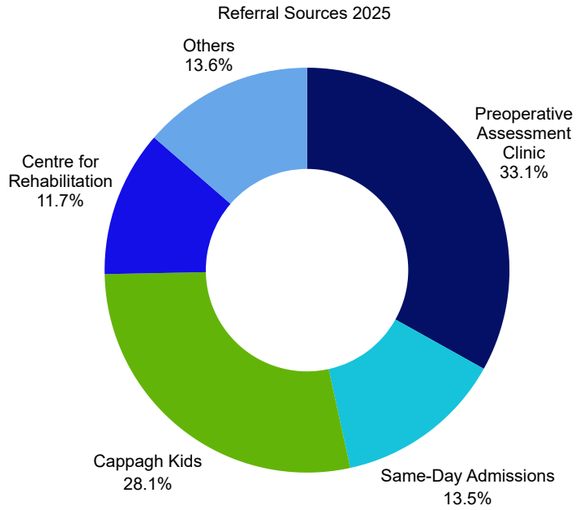
During the year, 45 attendees from the Joint Registry Clinic were recommended for revision hip surgery, and 42 for revision knee surgery. Revision surgery may be suggested for various reasons, including aseptic loosening, infection, chronic pain, instability, and component failure. The 2025 registry indicated that the average lifespan of hip replacements is 16.6 years, while that of knee replacements is lower, at 7.7 years.

Medical Social Work

The demand for Medical Social Work surged by 24% in 2025. Referrals included 361 children and their families, reflecting a remarkable 117% increase in pediatric referrals compared to 2024. There was a 128% increase in Child Protection Referrals and a 46% increase in Adult Safeguarding Referrals during the same year.

To manage the increasing volume of safeguarding referrals for children and adults, NOHC's Medical Social Workers lead person-centred and legal interventions, such as applying the Assisted Decision-Making (Capacity) Act and Children First frameworks, while also coordinating safety planning and multi-agency discharges. The Department also held targeted training and information-sharing sessions to improve staff's ability to correctly identify safeguarding issues and to understand their reporting responsibilities.

Data for the year also signalled an 11% decrease in suicide ideation prevention referrals, alongside a 29% reduction in bed days lost due to discharge delays resulting from delayed home care packages or long-term care arrangements.



Clinical Support Services

Nursing

Highlights:

- 12 Staff Completed Alert Training
- First Irish Latex-Free Operating Theatres

Since the Sisters of Charity established the Hospital in 1908, nursing has been rooted in a longstanding commitment to compassion, healing, and service to the community. While the profession has evolved significantly over the past century, the core mission of the nursing team remains closely aligned with the values of our founders, the sisters of Charity and is continued by the Sisters of Mercy in more recent years, these fundamental principles of care, compassion, and commitment underpin nursing practice at NOHC.

These values are demonstrated daily through innovative evidence-based best practice, with a strong focus on patient safety, quality care, and the promotion of holistic wellbeing.

Deteriorating Patient Training

Twelve members of the clinical team (10 registered nurses and 2 medical staff) completed the train-the-trainer course to facilitate ALERT® in NOHC. ALERT® is a nationally and internationally recognised multi-professional course developed by Portsmouth Hospitals University NHS Trust to teach clinical staff a structured, prioritised approach to assessing and managing acutely ill patients. The plan is to train all front-line clinical staff in NOHC in this area.

Clinical Nurse Specialist (CNS)-led Infected Joint Service

A review of the CNS-Led Infected Joint Service between the first and second years showed that, although roughly the same number of patients were managed, there were positive differences in length of stay, referral times, and CNS involvement.

Furthermore, the referral time for Outpatient Parenteral Antimicrobial Therapy (OPAT) decreased by 3 days, contributing to this overall improvement. Additionally, the time the CNS spent per patient was reduced by 45 minutes due to streamlined processes and enhanced communication between clinical teams and patients. These time savings have allowed for the planned expansion of the service to all adult patients in 2025. Training and support were also provided to the limb reconstruction CNS to assist them in managing their patient cohort throughout the pathways.

NOHC is the First Irish Hospital to offer Latex-Free Operating Theatres for Adult Patients

The transition to latex-free surgical gloves in operating theatres is a critical advancement driven by patient safety, staff welfare, and operational efficiency. Natural rubber latex poses a severe risk of life-threatening anaphylactic reactions in sensitised patients, particularly during surgery when direct contact with internal tissues accelerates allergen absorption. Furthermore, repeated wearing of latex gloves can cause occupational allergies, dermatitis, and respiratory issues for 10% to 17% of healthcare workers.

Commenced in 2023, the National Orthopaedic Hospital Cappagh (NOHC) undertook a strategic initiative to establish fully latex-free operating theatres to systematically reduce the risk of latex exposure for patients and staff.

The key drivers for this transition included:

- **Regulatory compliance with the HSE policy on the Prevention and Management of Latex Allergy 2022.**
- **Benchmarking excellence in accordance with national and international best practice standards.**
- **Risk mitigation for patients and staff developing a new NRL allergy, while protecting individuals with known allergies from inadvertent exposure.**
- **Operational efficiency through elimination of restrictive surgical scheduling requirements for patients with known NRL allergies.**
- **Waste reduction associated with maintaining dual latex and non-latex stock.**

Implementation and Methodology

The transition was achieved through a phased multidisciplinary approach that involved:

- **Stakeholder Engagement**
- **Risk Management**
- **Clinical Trials & Education**
- **Procurement Optimisation**

Key Outcomes and Recognition

Today, all NOHC operating theatres are fully latex-free, enhancing the safety of the environment for patients and healthcare workers alike. Notably, NOHC is the first adult (non-paediatric) Hospital in Ireland to fully transition to latex-free theatres, and to establish non-latex gloves as the primary standard of care.

Celebrating Extraordinary Nurses

2025 saw 6 members of the nursing team nominated and receiving the Daisy award for nurses who go above and beyond. Congratulations to all nominees and to our overall award winner, Avril McKeag, CNM1, Centre for Rehabilitation, who was nominated by a patient who described how, following the patient's husband's funeral, Avril thoughtfully pressed and framed a flower from his funeral arrangement for the patient in a touching gesture of compassion.

Clinical Support Services

Nursing

- **Occupational Health**

Highlights:

- Service Relocation
- Hosted Health & Wellbeing Initiatives
- 58.9% Flu Vaccine Uptake
- 16.7% Covid-19 Vaccine Uptake

Occupational Health
Supporting Staff Health and Well-being

In 2025, the department focused on enhancing services to better support the NOHC workforce, introducing new Occupational Health Software (OPAS G2) to improve reporting and management. Additionally, the service moved to a new office, paving the way for future service delivery.

Health & Well-being Initiatives

Throughout the year, there was a significant emphasis on sickness prevention, education, and employee well-being. Key initiatives included:

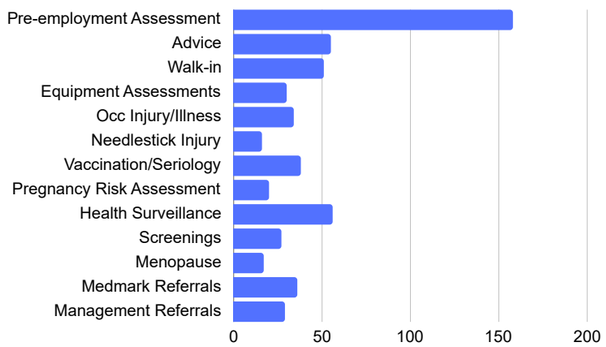
- Men's Health Programme
- Menopause Awareness and Education
- Heart Health
- Managing Grief in the Workplace
- Support for Healthy Ireland Campaigns

Vaccination Uptake

For healthcare workers, achieving high vaccination rates is essential for patient safety and the prevention of Hospital infections. Given their increased risk of exposure to infectious diseases, maintaining up-to-date vaccinations helps healthcare professionals prevent unintentional transmission of illness to those in their care, particularly to colleagues and patients who are particularly vulnerable. High immunisation rates also ensure workforce resilience during outbreaks. In 2025, a total of 357 staff members, accounting for 58.9% of the Hospital's workforce, received the flu vaccine, placing NOHC second in the Dublin North East (DNE) region for flu vaccination uptake. Additionally, 103 staff members (16.7%) received the COVID-19 vaccine.

Case Management

The service managed a total of 615 cases throughout the year, offering education, assessments, support, and advice.



Non-Clinical Support Services

- **Facilities Department**
- **Information, Communications and Technology (ICT)**
- **The Restaurant**

Non-Clinical Support Services

Facilities Department

Highlights:

- Progressed Hospital Expansion Plans
- New Radiology Building on Track for Completion in Q4, 2026
- Major structural and infrastructural upgrades successfully delivered
- Advanced fire safety systems fully installed and operational
- Effective sustainability projects delivered

Hospital Expansion Plan

In 2025, significant progress was made on the Hospital's major capital development programme, particularly the Ward Block, High Dependency Unit (HDU), and Theatre projects. Extensive work was undertaken with Deloitte to update the Strategic Assessment Report (SAR) and the Preliminary Business Case (PBC) in line with the Department of Health's requirements. This included detailed demand modelling, options appraisal, and a structured multi-criteria analysis process, culminating in agreement on a preferred development option estimated at €158.8 million. The year also involved intensive engagement with the HSE, Department of Health, and clinical stakeholders to strengthen the overall business case and ensure alignment with national policy and funding expectations.

Alongside the main development, substantial progress was made on the enabling infrastructure works required to support the future build. A Major Capital Business Case was submitted and progressed through the HSE approval process. The preferred "Do Minimum" approach was agreed, ensuring that essential infrastructure—such as utilities, access, and site preparation—can be delivered efficiently while maintaining flexibility for future expansion.

Radiology Building Extension

A major milestone in 2025 was the successful progression of the new Radiology Building from planning and procurement into construction. Full project approval and funding were secured, and a contractor was appointed. Construction commenced in August 2025, with strong progress throughout the year, including site setup, service diversions, installation of crane infrastructure, reinforced concrete works, and completion of the ground-floor slab. The project has been actively managed to maintain programme delivery and remains a key strategic investment in enhancing diagnostic and clinical capacity.

Minor Capital Programme

The Facilities Department also delivered an extensive Minor Capital Programme totalling €3.19 million in 2025, focused on improving critical infrastructure, safety, and operational resilience across the campus. Key achievements included the installation and commissioning of new generator systems, significant upgrades to water infrastructure and fire mains, and the completion of pedestrian access and resurfacing works to improve safety and accessibility. Electrical infrastructure was enhanced through distribution board upgrades and fire suppression measures, while refurbishment projects progressed in clinical areas such as OPD and St Teresa's ward to improve patient and staff environments.

Improved Pedestrian Access

Sustainability Projects to Meet Carbon Reduction Targets

Energy efficiency and sustainability were a major focus in 2025, supported by a dedicated €900k programme of works. A rooftop solar PV system was installed and commissioned, representing a significant step towards renewable energy adoption. A large-scale window replacement programme was delivered across multiple buildings, resulting in improved thermal performance and energy efficiency. In parallel, work progressed on heating system optimisation, building management system upgrades, and the design of low-carbon heating solutions, including biomass and heat pump options. These initiatives contribute directly to the Hospital's objective of achieving significant carbon reduction targets by 2030.

Solar PV Project

Fire Safety

Fire safety and regulatory compliance remained a priority throughout the year, with ongoing investment in fire doors, alarm systems, and emergency lighting upgrades across the Hospital. Targeted works were completed in higher-risk areas to address immediate concerns, while a broader programme of phased upgrades has been initiated to bring systems fully in line with required standards.

Water and Fire Main Project

Upgrades to facilities and infrastructure

Further improvements were delivered across supporting infrastructure and operational facilities. Additional car parking capacity was created through temporary and permanent solutions, alleviating pressure on staff and visitors. Laboratory and outpatient department upgrade works were successfully completed, enhancing clinical functionality and patient experience. Radiology services were strengthened through the installation and commissioning of a new X-ray system, alongside upgrades to CT ventilation and anaesthetic capability, enabling expanded clinical procedures. Enhanced access control and safety systems were also implemented in MRI areas to improve compliance and patient safety.

Development Control Plan

2025 saw continued progress in strategic planning and future-proofing of the Hospital estate. Our aim is to ensure that long-term infrastructure, decarbonisation, and redevelopment needs are fully considered. Engagement with Fingal County Council supported alignment on planning and site development matters, while preparations began for new procurement approaches, including establishing contractor frameworks to streamline project delivery in future years. Collectively, these efforts position the organisation strongly for the next phase of development and expansion.

St Teresa's Ward Renovation

Non-Clinical Support Services

- **Information and Communications Technology (ICT)**
- **The Restaurant**

Highlights:

ICT

- Successfully Modernised our ICT Servers and Wi-Fi Networks
- Transitioned to MS365

Catering Services

- Enhanced our Food Services to Deliver More Nutritious, Sustainably Sourced Meals.
- Significantly Reduced Food Waste

Information and Communications Technology (ICT)

ICT services made substantial progress in 2025, transitioning from a largely reactive operating model to a more stable, strategically focused function. The Hospital sought and received HSE approval for funding for a number of essential ICT Infrastructure upgrades. Early in the year, activity was heavily weighted towards “keeping the lights on”, with up to 80% of effort directed at managing legacy infrastructure issues, email instability, and network outages, including a significant disruption in April 2025. Through targeted upgrades and remediation, system performance improved steadily. By late 2025, the balance had shifted significantly towards strategic work, reflecting increased reliability and reduced service disruption, and by early 2026, the organisation had effectively reached its target operating model.

Modernisation of Core ICT Infrastructure

Significant progress was made in modernising the core ICT infrastructure. Major server and storage upgrades resolved long-standing capacity and performance issues, while a programme of network improvements enhanced resilience across key sites. Critical upgrades to communications rooms were completed, and legacy infrastructure rationalisation is underway to further improve efficiency and robustness. Additionally, resilience was strengthened by the implementation of a new secondary broadband provider following the loss of a previous backup connection. These improvements have created a more stable and scalable platform to support future digital initiatives.

Improved Connectivity

Advancements in connectivity and workplace technology also played a key role in the 2025 programme. A comprehensive campus-wide WiFi modernisation initiative was initiated, including an independent survey to inform future investment and design. In parallel, the organisation progressed its cloud strategy through a major Microsoft 365 migration programme. While the migration of core services such as email was largely completed, the full transition has extended into 2026 due to integration complexities. The introduction of Microsoft Intune has, however, enabled secure mobile access to systems, improving flexibility and strengthening data protection controls.

New & Upgraded Systems

Progress in digital systems and integration delivered tangible operational benefits. Key platforms, including the Centros Finance System and a new managed print service, were successfully implemented or optimised, while legacy systems such as BlueSpier were upgraded to modern platforms. Integration initiatives were also completed to improve clinical data flows. Alongside this, the clinical systems programme advanced, with the Laboratory Information System set for deployment in Q2 2026. Supporting systems, including Laboratory Results Reporting, were deployed during the year, ensuring incremental benefits are being realised.

Cyber Security & Governance

Important steps were also taken to strengthen cybersecurity and governance. An internal audit of access controls was completed and reviewed at the committee level, and plans were developed to implement enhanced security monitoring through a Security Operations Centre and SIEM tooling. In addition, a cyber awareness training platform for staff is being introduced to improve organisational resilience against emerging threats. These measures reflect a growing maturity in ICT governance and risk management.

Despite this strong progress, several risks and challenges require further action. Legacy system dependencies continue to impact timelines, particularly for completing the Microsoft 365 transition and delivering major clinical systems. Resource constraints and external dependencies, including reliance on national programmes, have also delayed certain initiatives. Notwithstanding these challenges, the overall trajectory is positive. ICT has successfully moved from a period of stabilisation to one of transformation, with a modernised infrastructure, improved service reliability, and a clear pathway to completing key digital and clinical system initiatives in 2026.

Catering Services

During the year, our catering team worked tirelessly to ensure that patients, staff, and visitors received nutritious, high-quality hot and cold meals tailored to their recovery and well-being. By partnering closely with the Hospital Dietetics team and the Green Energy Committee, the team ensured that nutrition and environmental sustainability remain at the core of all food offerings. The service is supported by an electronic meal-ordering system that has significantly improved patient order efficiency and reduced waste. Beyond daily nutrition, the team bring a sense of community to the Hospital by celebrating key calendar dates like Christmas and Pancake Tuesday, as well as hosting themed well-being, awareness and cultural days.

Research & Education

- Overview
- 2025 Publications
- Balancing Innovation and Patient Safety: The Data-Driven Path to Green Operating Theatres
- Nurse Education
- Projects Aimed at Improving Patient Safety, Experience & Outcomes
- Research & Ethics Committee

Overview

The National Orthopaedic Hospital Cappagh (NOHC) is a teaching Hospital where clinical care is continuously advanced by research and education. Education ensures that the next generation of medics are trained at the absolute frontier of medical science, instilling a culture of critical thinking and rigorous standards. Simultaneously, on-site clinical research fuels innovation, elevating patient outcomes to the highest standard of medical excellence.

The Cappagh Foundation Day

Each year, the Cappagh Foundation Day showcases prominent guest speakers in orthopaedic medicine, and this year was no exception. The keynote address was delivered by Dr Raymond Walls, an Associate Professor of Orthopaedic Surgery at NYU Grossman School of Medicine and an Attending Physician at NYU Langone Orthopaedics. His presentation, titled “Don’t Drag Your Feet! – Advances in Foot & Ankle Surgery,” was a memorable, informative, and engaging topic for all attendees.

Dr Raymond Walls & Prof. John O’Byrne

The Cappagh Residents Prize

We support Hospital research by encouraging trainees from all disciplines to initiate and participate in innovative research projects. The Cappagh Residents Prize honours their exceptional work and recognises the trainee who produces the best research paper. This competition is open to all disciplines, with entries being shortlisted by a diverse panel based on submitted papers. This year’s shortlist included a variety of research papers from Dr Martin Davey, Dr Tim McAleese, Dr Orla Hennessy, Dr David M. Moore, and Dr Tom Doyle, covering topics from retrospective studies on Bermingham Hip Resurfacing and the 'silent disability' of Cauda Equina Syndrome to the winning research paper by Dr David M. Moore titled "Preoperative Risk Factors for Intraoperative Monitoring Signal Loss in Paediatric Spinal Deformity Surgery." We commend Dr Moore for the excellent quality of his research paper and his presentation at Cappagh Foundation Day 2025.

Dr Raymond Walls & Dr David H. Moore

Education at NOHC

Established in 1991 at the National Orthopaedic Hospital Cappagh, the Department of Orthopaedic Surgery at RCSI delivers a Higher Surgical Training Programme in Trauma and Orthopaedic Surgery. The programme is available to IC3 undergraduate and graduate-entry medical students from RCSI and UCD, combining didactic lectures with clinical experience.

Between January and May 2025, 57 RCSI students attended the Hospital for a two-week clinical attachment. This placement included daily core lectures and rotational training, providing students with broad exposure to the Hospital environment and clinical practice.

In June 2025, 87 Graduate Entry Medicine (GEM 2) students attended a one-week programme of structured clinical attachments and core clinical teaching. In addition, a further 276 UCD medical students completed clinical placements at the Hospital from August to November 2025.

The Hospital also welcomes students from Radiology, Anaesthesiology, and General Practice programmes, as well as Allied Health Professionals undertaking clinical rotations.

The Michael Floyd Memorial Prize

The Michael Floyd Memorial Prize, established in honour of a beloved and respected Head of Anaesthesiology at the Hospital, was given to the best-performing anaesthetic and orthopaedic trainees over a year. Congratulations to the 2026 winners, Dr Mohan Ali (Anaesthetics) and Mr Paul McCarroll (Orthopaedics).

The Joseph E. Gallagher Prize

The Joseph E. Gallagher Prize recognises the UCD final-year medical student who excelled in written papers and clinical examinations. The 2025 prize was awarded to Murshid Khadim S. K. Al-Rashdi.

IOTA Award

In 2025, Mr Paul D. Curtin was honoured with an IOTA Award for surgical excellence.

Research & Education

2025 Publications

Publishing the findings of hospital research projects in peer-reviewed journals helps to transform local clinical discoveries into validated, evidence-based practices for the global medical community. This process drives innovation in patient care, highlighting NOHC's expertise.

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Research & Education

Balancing Innovation and Safety: The Data-Driven Path to Green Operating Theatres

Developing green operating theatres requires a phased approach to carefully balance sustainability goals with uncompromising patient safety.

At the National Orthopaedic Hospital Cappagh (NOHC), achieving medical excellence means caring for both our patients and our environment. Operating theatres are uniquely resource-intensive hotspots, occupying only a small fraction of a Hospital's physical footprint yet generating up to 70% of its total waste volume. Driven by single-use disposable devices, heavy plastic packaging, and sterile blue wrapping, the environmental footprint of surgery is significant. However, transitioning to green healthcare cannot rely on guesswork; it requires a measured, research-backed approach to ensure that patient safety and clinical efficacy are never compromised.

Diagnosing the Problem Through Clinical Research

We cannot reduce what we do not measure. To effectively transform our surgical environments, we must first diagnose the exact source of our emissions.

Understanding Waste Generated during Primary Hip and Knee Replacement Surgery

In 2023, a landmark research project initiated by NOHC evaluated the waste footprint of joint replacement surgeries, procedures that are rapidly rising globally due to the increasing prevalence of osteoarthritis.

Led by exchange medical student Mr Arthur Drouaud under the supervision of Prof. John O'Byrne, and with key contributions from trainee Dr Peggy Miller, the study quantified the carbon emissions of our most common procedures:

- Primary Knee & Hip Replacements: Generate 15.82 kg and 14.64 kg of CO_2 respectively.
- Revision Knee & Hip Replacements: Generate up to 23.58 kg and 23.50 kg of CO_2 due to extended surgery times, specialised instrumentation, and additional implant packaging.
- CSSD Blue Wrap: Identified as a major operational culprit, contributing an average of 13.5% of total operating room waste.

This precise data strips away assumptions, allowing us to implement highly targeted solutions without disrupting the seamless delivery of surgical care.

Exploring the Sustainability and Feasibility of Reusable Surgical Headgear

In 2025, this measured, evidence-based approach was applied to another research programme: "A Sustainability and Feasibility Assessment of Reusable Surgical Headgear in an Orthopaedic Hospital."

The comprehensive cradle-to-grave Life Cycle Assessment (LCA) conducted in this study provides the exact scientific framework needed to balance carbon reductions with sterile safety standards. Led by Dr Raphael Alsama, Dr Paul McCarroll, Ciara Doran, Mr. James Cashman, and Prof. John O'Byrne, this study utilised a comprehensive life cycle assessment to prove that shifting from disposable caps to reusable headgear yields an estimated annual reduction of 91 kg of CO_2. Crucially, the study also mapped out trade-offs, such as increased water consumption from industrial laundering, highlighting why rigorous data is vital before instituting Hospital-wide policy changes.

Collaborative Progress

Healing our environment requires the same clinical rigour as healing a patient: a thorough, research-backed diagnosis must always precede an effective intervention.

By scrutinising pre-packaged surgical sets, reassessing the necessity of single-use instruments, and optimising recycling pathways without compromising sterility, NOHC is building a blueprint for sustainable surgery. This ongoing research has successfully united our operating theatre personnel. Together, we remain fully committed to advancing green healthcare, ensuring that our stride toward environmental sustainability goes hand-in-hand with clinical safety and medical excellence.

A Sustainability and Feasibility Assessment of Reusable Surgical Headgear implementation in an Orthopaedic Hospital

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1: The Royal College of Surgeons, Department of Surgery
2: National Orthopaedic Hospital Cappagh (NOHC), Department of Surgery

BACKGROUND

As healthcare rapidly develops, rising Healthcare Facility Waste (HFW) has become a major concern . Globally, 5.9 million tonnes of waste come from HFW, and Ireland produces ~7.7 kg/bed/day (1). Operating theatres —especially orthopaedics—are major CO_2 equivalent (CO_2e) sources (2). Reusable surgical caps are a practical, high-impact alternative to disposables. We assessed feasibility and sustainability at NOHC using a life cycle and cost analysis.

Figure 1. Photos of disposable (left) and reusable (right) surgical caps

AIM

This study aimed to show that reusable surgical caps reduce environmental impact compared to disposable ones. This was done in the purpose of implementing a pilot study in the National Orthopaedic Hospital Cappagh, as well as contributing to the medical ecology literature.

METHODOLOGY

We retrospectively collected data on disposable and reusable surgical caps to perform a cradle-to-grave life cycle assessment (LCA). We recorded material types, product weights, transport modes and distances, end-of-life treatment, and use-phase emissions (mainly laundering for reusable caps). Emissions were assessed across five stages: (a) raw material sourcing, (b) manufacturing, (c) transportation, (d) running costs (laundry), and (e) disposal/waste management, using environmental/statistical software to quantify and compare impacts.

Figure 2. Infographic of the boundaries chosen for the LCA

The four steps of LCA methodology as defined by ISO-14044 were carried:

1) Goal & scope definition: Set the study aim (reusable vs disposable caps), define cradle-to-grave boundaries, and specify the functional unit (supplying all OR workers with headgear for one year) and reference flow (60 reusable caps vs 18,000 disposable caps; reusable lifespan ≈300 washes).

2) Life Cycle Inventory (LCI): Compile inputs/outputs across all life-cycle stages using real-world data where available, supplemented by justified assumptions (Table 1), including transport modelling.

3) Life Cycle Impact Assessment (LCIA): Model and quantify environmental impacts in SimaPro v9.6 using ecoinvent 3.10 and EF 3.1, reporting 17 midpoint impact categories (Table 2).

4) Interpretation: Review completeness and consistency, identify key contributors ("hotspots"), assess sensitivity to main assumptions, and derive conclusions aligned with the goal.

RESULTS

Figure 3. Cluster bar chart comparing environmental impact of Disposable vs Reusable caps for 1 year

Overall outcomes:

- **Climatechange:** Reusables show ~30% lower climate change impact, corresponding to ~91 kg CO_2e less per year.
- **Human toxicity (non-cancer)**: Reusables improve by ~6%, equal to 2.05×10^{-6} CTUh less per year.
- **Photochemical ozone formation**: Reusables improve by ~51%, equal to 1.439 kg NMVOC eq less per year.
- **Categories where reusables are worse**: organic freshwater ecotoxicity, marine eutrophication, freshwater eutrophication, land use, and water use.

Important to note that reusables increase water deprivation by ~292.446 m^3 depriv per year compared with disposables.

DISCUSSION

The pattern of results reflects different "hotspots" for each cap type. Disposable caps have a low per-cap footprint, but their high consumption and waste volumes make their annual impacts larger, driven mainly by non-woven polypropylene production (fossil feedstocks and emissions linked to eutrophication and ecotoxicity) (3).

Figure 4. Polypropylene production (5)

Reusable caps reduce overall impacts over a year (≈91 kg CO_2e lower), but their burden shifts to laundering (the dominant contributor across many categories), which is amplified by our frequent washing every three days. In addition, cotton manufacturing/cultivation increases water use, land use, eutrophication, and organic freshwater toxicity, likely due to irrigation demands and fertilizer/pesticide inputs (4).

Figure 5. Cotton Cultivation (6)

CONCLUSION

In conclusion, this study highlights the environmental benefit of transitioning from disposable to reusable surgical headwear in an orthopaedic hospital, with potential annual decrease of 91kg CO_2e; we recommend a pilot study to validate findings.

REFERENCES

Research & Education

- Nurse Education
- Projects Aimed at Improving Patient Safety, Experience & Outcomes

Nurse Education

Postgraduate Diploma / Certificate in Nursing (Orthopaedic Nursing)

In 2025, nine registered nurses successfully completed the Postgraduate Diploma in Nursing (Orthopaedic Nursing) at the National Orthopaedic Hospital (NOHC), with participants from various locations, including Whitfield, Waterford; Kilcreene, Kilkenny; Merlin Park, Galway; Croom, Limerick; Galway Clinic; and SSC, Santry. Additionally, three registered nurses have completed a Post Graduate Certificate in Orthopaedic Nursing from NOHC, with graduates from Galway Clinic and Hermitage, Blackrock.

Catherine Cummins Medal

The late Catherine Cummins (the birth name of Sr. Polycarp, a religious Sister of Charity) played a pivotal role in the Hospital's establishment and development. In her honour, the Catherine Cummins Medal and Bursary are awarded to recognise dedication to excellence in patient care. This year, Nurse Nora Cassidy from Kilcreene Regional Orthopaedic Hospital in Kilkenny was the deserving recipient of this award for achieving the highest grades across three modules in the Post Graduate Diploma in Orthopaedic Nursing.

National Orthopaedic Nurses Conference

On 18th October, 2025, we proudly welcomed 106 delegates to the 25th National Orthopaedic Nurses Conference. The educational event featured a range of oral and poster presentations, with outstanding feedback from attendees.

Representing NOHC at the HSE Dublin and North East Quality and Patient Safety Conference

We were delighted to present many of the Hospital's projects at the HSE Dublin and North East Regional Quality and Patient Safety Conference in Croke Park in September 2025. The diverse projects presented aim to improve patient safety, outcomes and experience at NOHC and share the learnings with extended colleagues.

NOHC Staff Represent the Hospital at the HSE Dublin and North East Regional Quality & Patient Safety Conference

Research Projects Aimed at Improving Patient Safety, Experience & Outcomes

Optimising Patient Safety in CT Brain Imaging

The Challenge: Balancing Diagnostic Utility and Radiation Protection

While computed tomography (CT) brain scans are an indispensable clinical tool for diagnosing acute illness and injury, they inherently expose the sensitive lenses of the eyes to ionising radiation. Over time, this cumulative exposure can elevate the long-term risk of radiation-induced eye damage, such as cataracts. Recognising this clinical challenge, our team launched a targeted quality improvement project dedicated to minimising eye-lens radiation doses without compromising diagnostic efficacy.

This project demonstrates that highly impactful advancements in patient safety do not always require complex technology. Instead, a deliberate combination of continuous staff education, meticulous technical execution, and robust equipment quality checks can profoundly reduce clinical risk—offering a protective blueprint that we highly recommend for wider institutional adoption.

DISPEÁL NÁISIÚNTA ORTAPÉDACH CHEAPAI
NATIONAL ORTHOPAEDIC HOSPITAL CAPPAGH

Reducing Ocular Lens Dose in CT Brain Imaging:
Impact of Radiographer Education and Accessory Equipment Quality Assurance

Authorblock: M. Smyth, L. Gavagan, A. Mogan, B. Byrne, R. Fuller, S. Eustace; Dublin/IE

PURPOSE

CT was introduced to the National Orthopaedic Hospital in Cappagh, Dublin, Ireland in October 2021. An audit was carried out to assess compliance with Royal College of Radiologists (RCR) guidelines for lens exclusion during CT brain imaging by reviewing radiographer technique, patient positioning, scan range selection, gantry angulation and scanner alignment.

METHODS OR BACKGROUND:

CT brain imaging carries a well-established risk of radiation-induced cataractogenesis (*Ref 1*). The RCR recommends that all standard Brain CTs should exclude the lenses of the eyes from the scan field to reduce the radiation dose and preserve ocular health. Despite modern dose optimisation protocols, positioning errors and overlooked technical factors can lead to unnecessary or asymmetric lens irradiation even though alignment and table movement are both assessed as part of annual quality assurance. (*Ref 2*)

Three audit cycles were conducted between April 2023 and December 2025, reviewing 116 CT brain scans in total. Each scan was assessed and reviewed by Clinical Specialist Radiographer, Medical Physicist and Radiologist for complete, partial, or absent lens exclusion. Topograms were reviewed also for chin tuck positioning technique, scan range selected and whether gantry angulation was applied.

Audit 1 April 2023 - April 2024

An initial audit of 50 scans was carried out and revealed suboptimal adherence to RCR lens exclusion standards. Based on findings this audit was repeated after radiographer training and education on positioning and gantry angulation.

Audit 2: April 2024- March 2025

A second audit was carried out from April 2024 to March 2025. Both lens exclusion improvements were seen however an unexpected pattern of unilateral lens exposure was noted. This prompted further investigation into CT scanner Laser Light alignment and radiation dose distribution using a CT Head phantom with lead beads as markers for the eye lens position. See Fig 1.

Fig 1: Head Phantom

Once the eye lens position was confirmed with the markers, Landauer Vision eye dose TLDs were used to further investigate differences in dose and confirm asymmetry. (Ref 3). Phantom dosimetry and systematic equipment checks were performed to investigate persistent asymmetry. See Fig 2

Fig 2. CT Images of Head Phantom

Audit 3: March 2025-December 2025

A final audit was then carried out after an adjustment was made to the patient's headrest support holder.

RESULTS OR FINDINGS:

Audit 1: April 2023 – April 2024

- In 17/50 cases (34%) achieved at least partial exclusion of the ocular lenses
- In 33/50 cases (66%) both lenses were fully included in the scan field.
- Following this audit, targeted education sessions were delivered to radiographers at NOHC, emphasising the importance of minimising ocular radiation dose, the risk of cataractogenesis, and the correct use of chin-tuck positioning to achieve lens exclusion.

Audit 2: April 2024- March 2025

After Radiographer training and education and implementation of a chin-tuck positioning protocol, significant improvement was observed.

- In 26/50 cases (52%) complete exclusion of both lenses was achieved
- In 34/50 cases (68%) achieved at least partial exclusion of the ocular lenses
- However, 8/50 cases (16%) demonstrated single-lens exclusion, all affecting the same side, raising suspicion of systematic asymmetry. Accessory equipment review identified a loose headrest support, producing subtle head tilt and systematic asymmetry.

Audit 3: March 2025-December 2025

After adjustment of the head support complete exclusion of both lenses rose to 69%. In Table 1, the dose readings from the TLDs clearing show a large reduction in the eye dose by the use of tilt and good radiographer practice.

	Left Eye (Dose in mGy)	Right Eye (Dose in mGy)
Eye Dose estimate in advance of audit Orbits included on image Gantry Tilt 0°	50.16	33.77
Eye Dose estimate post audit Orbits included on image Gantry Tilt 0.5°	17.78	9.56
Eye Dose estimate post audit Orbits included on image Gantry Tilt -5°	10.2	7.87

Table 1: Head Phantom Dose Readingsusing TLDs (Landauer Vision Eye Dosimeters)

CONCLUSION:

Radiographer training and positioning protocols significantly reduce ocular lens dose, while accessory equipment—often excluded from routine QA testing—can introduce systematic errors. Incorporating accessory checks into QA processes, alongside continuous audit and staff education, offers a practical pathway to improving patient safety and reducing cataract risk.

A loose headrest support caused and gave the appearance of subtle tilt between the CT scanner's external laser and internal X-ray beam plane which resulted in consistent right lens radiation exposure in a subset of patients.

We developed a simple phantom-based method to detect such misalignment by aligning the external laser with metallic pupils on a phantom head. In a properly aligned system, both pupils should appear on the same CT slice. In our case, the right pupil consistently appeared earlier in the scan range, indicating that the beam plane was angled slightly downward and to the right relative to the laser guide.

Fig 1. Head Phantom

This audit therefore highlights the dual importance of radiographer education, continuous protocol refinement and quality assurance and checks on accessory equipment.

Radiographer training on cataract risk and chin-tuck positioning delivered the first major improvement, while systematic assessment of the headrest support eliminated the persistent asymmetry. Together, these measures illustrate how continuous audit and an expanded approach to QA can directly improve patient safety and reduce the radiation eye dose to patients.

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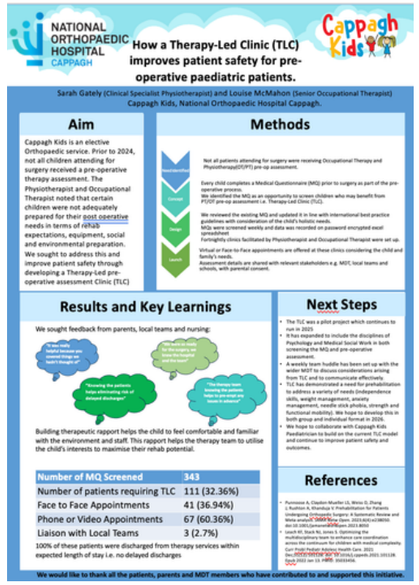
ECR EPOS 2026

How a Therapy-Led Clinic Improves Patient Safety for Preoperative Paediatric Patients



NATIONAL ORTHOPAEDIC HOSPITAL CAPPAGH

How a Therapy-Led Clinic (TLC) improves patient safety for pre-operative paediatric patients.

Cappagh Kids

Sarah Gately (Clinical Specialist Physiotherapist) and Louise McMahon (Senior Occupational Therapist)
Cappagh Kids, National Orthopaedic Hospital Cappagh.

Aim

Cappagh Kids is an elective Orthopaedic service. Prior to 2024, not all children attending for surgery received a pre-operative therapy assessment. The Physiotherapist and Occupational Therapist noted that certain children were not adequately prepared for their post operative needs in terms of rehab expectations, equipment, social and environmental preparation. We sought to address this and improve patient safety through developing a Therapy-Led pre-operative assessment Clinic (TLC)

Methods

Not all patients attending for surgery were receiving Occupational Therapy and Physiotherapy(OT/PT) pre-op assessment.

Every child completes a Medical Questionnaire (MQ) prior to surgery as part of the pre-operative process.
We identified the MQ as an opportunity to screen children who may benefit from PT/OT pre-op assessment i.e. Therapy-Led Clinic (TLC).

We reviewed the existing MQ and updated it in line with international best practice guidelines with consideration of the child's holistic needs.
MQs were screened weekly and data was recorded on password encrypted excel spreadsheet.
Fortnightly clinics facilitated by Physiotherapist and Occupational Therapist were set up.

Virtual or Face-to-Face appointments are offered at these clinics considering the child and family's needs.
Assessment details are shared with relevant stakeholders e.g. MDT, local teams and schools, with parental consent.

Results and Key Learnings

We sought feedback from parents, local teams and nursing:

"It was helpful because you covered things we hadn't thought of"

"Preparation (OT) for the surgery, we felt the hospital and the team"

"Knowing the patients helps eliminating risk of delayed discharges"

"That therapy team knowing the patients helps to prepare us for issues in advance"

Building therapeutic rapport helps the child to feel comfortable and familiar with the environment and staff. This rapport helps the therapy team to utilise the child's interests to maximise their rehab potential.

Number of MQ Screened	343
Number of patients requiring TLC	111 (32.36%)
Face to Face Appointments	41 (36.94%)
Phone or Video Appointments	67 (60.36%)
Liaison with Local Teams	3 (2.7%)

100% of these patients were discharged from therapy services within expected length of stay i.e. no delayed discharges

Next Steps

- The TLC was a pilot project which continues to run in 2025.
- It has expanded to include the disciplines of Psychology and Medical Social Work in both screening the MQ and pre-operative assessment.
- A weekly team huddle has been set up with the wider MDT to discuss considerations arising from TLC and to communicate effectively.
- TLC has demonstrated a need for prehabilitation to address a variety of needs (independence skills, weight management, anxiety management, needle stick phobia, strength and functional mobility). We hope to develop this in both group and individual format in 2026.
- We hope to collaborate with Cappagh Kids Paediatrician to build on the current TLC model and continue to improve patient safety and outcomes.

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Research & Education

Projects Aimed at Improving Patient Safety, Experience & Outcomes

Enhancing Patient Experience Through Inclusive Innovation

To improve accessibility and reduce clinical anxiety, the Radiology Department successfully launched a series of "social stories", simple, highly visual step-by-step guides designed to support neurodiverse patients.

Clinical environments like radiology can be uniquely challenging for neurodivergent individuals due to sensory stressors, including unfamiliar machinery, darkened rooms, and the requirement to remain perfectly still. By utilising plain language and clear imagery to walk patients through procedures in advance, these low-cost, high-impact tools effectively demystify the Hospital experience and alleviate pre-appointment anxiety.

Following the successful pilot of our first social story for knee X-rays, plans are underway to expand this initiative across other imaging modalities. This project underscores our commitment to creating a more welcoming, inclusive, and patient-centred environment for everyone.

PICTURE THIS

Using Social Stories to Decode Radiology for Neuro-diverse Patients

By Sarah McKnight | Radiation Protection Officer at National Orthopaedic Hospital Cappagh | Sarah.mcknight@nohc.ie

INTRODUCTION:

The radiology experience is rarely described as friendly. For many patients, it can be uncomfortable and stressful because of

1. dimly lit rooms
2. unfamiliar positioning requirements
3. use of immobilisation aids such as foam sponges or lead aprons

For neurodivergent individuals, these challenges are often amplified, as visits to radiology departments are typically infrequent and unfamiliar. The combination of sensory demands and brief interactions with multiple healthcare professionals can make these encounters particularly daunting.

While social stories are a low-cost and accessible solution, their effectiveness hinges on personalisation. A generic social story may fall short if it does not reflect the unique aspect of a patient's specific procedure. Nonetheless, their benefits extend beyond neurodivergent individuals, offering a means of communication that also supports patients with hearing impairments or language barriers.

This year the radiology department in the National Orthopaedic Hospital Cappagh launched their first social story that is aimed to help in undergoing a knee x-ray. It is hoped more will follow explaining a range of different procedures undertaken in a radiology department.

Social stories, a well-established tool used in schools, libraries and other environments provide an opportunity to better prepare neuro-divergent patients for medical procedures. These simple narratives explain processes step by step, creating familiarity and reducing uncertainty. Incorporating social stories into healthcare settings, particularly radiology, has the potential to enhance understanding and ease anxiety for patients of all ages.

Radiology departments have historically lagged behind in providing sensory friendly tools, often due to the technical nature of imaging examinations. However, the introduction of social stories tailored to specific radiology procedures – such as chest x-rays, ultrasounds or CT scans – can foster a more inclusive and patient centred environment.

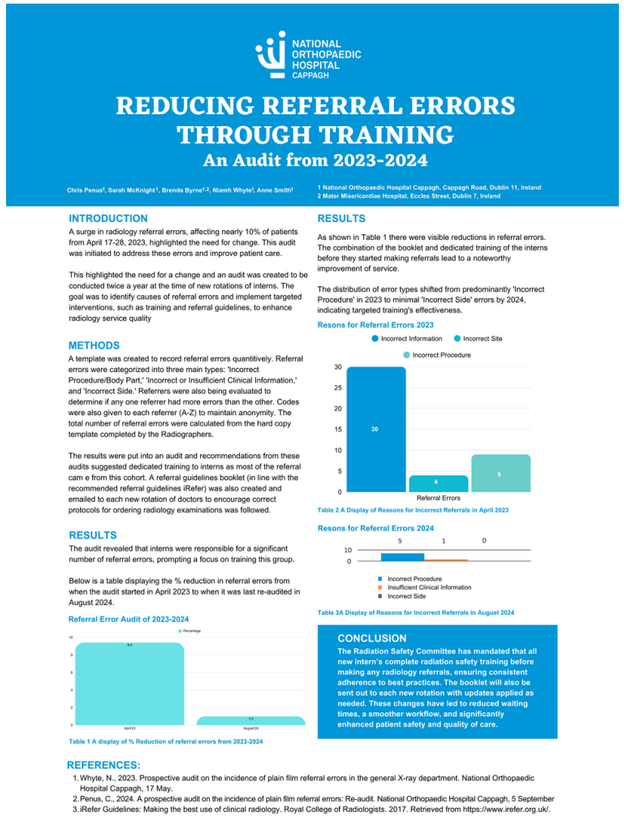
Social stories are just one of many tools that can help make radiology more accessible for individuals who are neurodivergent. Additional supports—such as sensory boxes, quiet sensory rooms and inclusive resources from organisations like ASIAMA (including their language guide and support materials)—can make a significant difference.

CONCLUSION:

By adopting these simple, low-cost changes, radiology departments have the opportunity to create a calmer, more inclusive environment making the world of X-ray less overwhelming and more welcoming for everyone.

This project was presented at the 14th Autism European International Congress in Dublin and the HSE Dublin and North East Quality & Patient Safety Conference in September 2025.

Radiology Referral Optimisation



NATIONAL ORTHOPAEDIC HOSPITAL CAPPAGH

REDUCING REFERRAL ERRORS THROUGH TRAINING

An Audit from 2023-2024

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INTRODUCTION

A surge in radiology referral errors, affecting nearly 10% of patients from April 17-28, 2023, highlighted the need for change. This audit was initiated to address these errors and improve patient care.

This highlighted the need for a change and an audit was created to be conducted twice a year at the time of new rotations of interns. The goal was to identify causes of referral errors and implement targeted interventions, such as training and referral guidelines, to enhance radiology service quality

METHODS

A template was created to record referral errors quantitively. Referral errors were categorized into three main types: 'Incorrect Procedure/Body Part,' 'Incorrect or Insufficient Clinical Information,' and 'Incorrect Side.' Referrers were also being evaluated to determine if any one referrer had more errors than the other. Codes were also given to each referrer (A-Z) to maintain anonymity. The total number of referral errors were calculated from the hard copy template completed by the Radiographers.

The results were put into an audit and recommendations from these audits suggested dedicated training to interns as most of the referral cam e from this cohort. A referral guidelines booklet (in line with the recommended referral guidelines iRefer) was also created and emailed to each new rotation of doctors to encourage correct protocols for ordering radiology examinations was followed.

RESULTS

The audit revealed that interns were responsible for a significant number of referral errors, prompting a focus on training this group.

Below is a table displaying the % reduction in referral errors from when the audit started in April 2023 to when it was last re-audited in August 2024.

Referral Error Audit of 2023-2024

Table 1 A display of % Reduction of referral errors from 2023-2024

RESULTS

As shown in Table 1 there were visible reductions in referral errors. The combination of the booklet and dedicated training of the interns before they started making referrals lead to a noteworthy improvement of service.

The distribution of error types shifted from predominantly 'Incorrect Procedure' in 2023 to minimal 'Incorrect Side' errors by 2024, indicating targeted training's effectiveness.

Resons for Referral Errors 2023

Table 2 A Display of Reasons for Incorrect Referrals in April 2023

Resons for Referral Errors 2024

Table 3A Display of Reasons for Incorrect Referrals in August 2024

CONCLUSION

The Radiation Safety Committee has mandated that all new intern's complete radiation safety training before making any radiology referrals, ensuring consistent adherence to best practices. The booklet will also be sent out to each new rotation with updates applied as needed. These changes have led to reduced waiting times, a smoother workflow, and significantly enhanced patient safety and quality of care.

REFERENCES:

1. Whyte, N., 2023. Prospective audit on the incidence of plain film referral errors in the general X-ray department. National Orthopaedic Hospital Cappagh, 17 May.
2. Penus, C., 2024. A prospective audit on the incidence of plain film referral errors: Re-audit. National Orthopaedic Hospital Cappagh, 5 September
3. iRefer Guidelines: Making the best use of clinical radiology. Royal College of Radiologists. 2017. Retrieved from https://www.irefer.org.uk/.

To safeguard patient care and eliminate diagnostic delays, the Hospital launched a targeted initiative to address radiology referral errors, which affected nearly 1 in 10 requests in 2023.

Identifying newly inducted medical staff as the primary cohort encountering these challenges, the Hospital introduced mandatory pre-referral training and simplified clinical guidelines. This proactive approach led to a substantial decrease in referral errors, driving significant improvements in patient safety, departmental workflow efficiency, and overall waiting times.

Enhancing Safety in Acute Patient Transfers

The Imperative for Seamless Clinical Handovers: Transferring a critically deteriorating patient to an acute Hospital is a high-stakes clinical pathway that demands absolute precision, rapid coordination, and flawless inter-institutional communication. In these time-critical scenarios, patient safety hinges entirely on the quality of the clinical handover.

Gaps or fragmentation in information exchange can introduce unacceptable risks; conversely, a highly structured handover process ensures continuity of care and safeguards the patient during transitions.

To address this critical interface, the NOHC Centre for Rehabilitation and the Nursing Directorate collaborated to develop a dedicated, structured documentation framework. This standardised tool governs every facet of the patient transfer, ensuring that vital physiological data, clinical histories, and treatment trajectories are communicated clearly and systematically to receiving acute care teams.

NATIONAL ORTHOPAEDIC HOSPITAL CAPPAGH

Improving Patient Safety
Emergency Transitions of Care
Quality Improvement Initiative

Authors: Joanne Larkin (Clinical Nurse Manager 2), Avril McKeag (Clinical Nurse Manager 1), Alan Bates & Sandra O'Donovan (Assistant Directors of Nursing)

Background and Aims

The emergency transfer of a critically deteriorating patient to an acute hospital is a complex process and necessitated due to the specific need to escalate patient care in a timely fashion.

Previous studies have explored the vulnerabilities of these care transitions, and highlighted the significant risk where failure can lead to poor patient care, loss of information, delays and inefficiencies [1].

Evidence suggests the use of structured, standardised frameworks for handover purposes, as a simple yet focused way to achieve seamless and reliable information transfer and thereby mitigating the inherent risks and lessen the opportunities for omissions [2].

The aims of this project was to (1) explore that the nursing clinical handover process is fully optimised, and, (2) introduce a structured, standardised nursing handover document that is underpinned by the principles of the ISBAR framework.

Method

Retrospective data → 12-month period → Accessing patient's electronic records and chart review → A framework study design was based on the principles of the ISBAR framework

I – Identify | S – Situation | B – Background | A – Assessment | R – Recommendation

Results

27 patients from adult services required urgent transfer to an acute setting in the selected period.
Missed opportunities included:

- The bar chart outlines the main findings of the retrospective review
- In addition:
  - Current nursing transfer documentation offered a fragmented approach.
  - Infection prevention and control status, 4 opportunities were missed to inform staff.
  - Allergy status was incomplete in 3 of the transfer letters.
  - 17% missed informing of a pressure ulcer risk.
  - Only half including the falls risk score.
  - Transferring ward was identified in only 55%, this was deemed a missed opportunity for collaboration between teams.

Key Learnings

- Introduced a standardised ISBAR Nursing Emergency Tranfer (NET) report for all adult specialities
- ISBAR supports the safe, consistent and complete handover of critically ill patients
- Reduces risk of miscommunication or missed information
- Plan to engage in a continuous audit and encourage staff feedback to maintain and improve this communication process

References

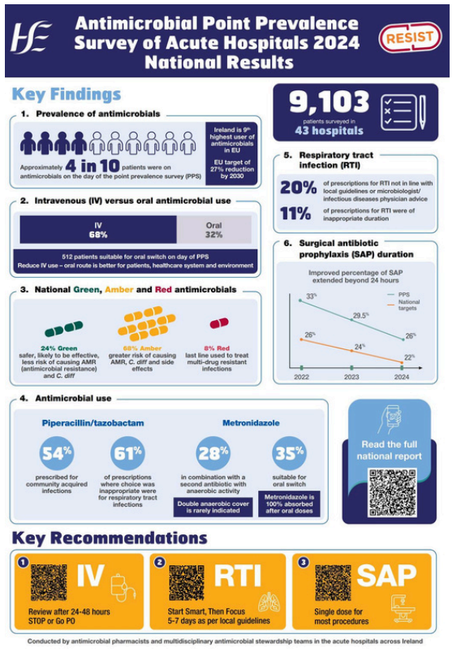
1. Hedqvist AT, Praetorius G, Ekstedt M. Exploring interdependencies, vulnerabilities, gaps and bridges in care transitions of patients with complex care needs using the Functional Resonance Analysis Method. *BMC Health Serv Res*. 2023 Aug 11; 23 (1):851.
2. Burgess A, van Diggele C, Roberts C, Mellis C. Teaching clinical handover with ISBAR. BMC Med Educ. 2020 Dec 3;20(Suppl 2):459.

Research & Education

Projects Aimed at Improving Patient Safety, Experience & Outcomes

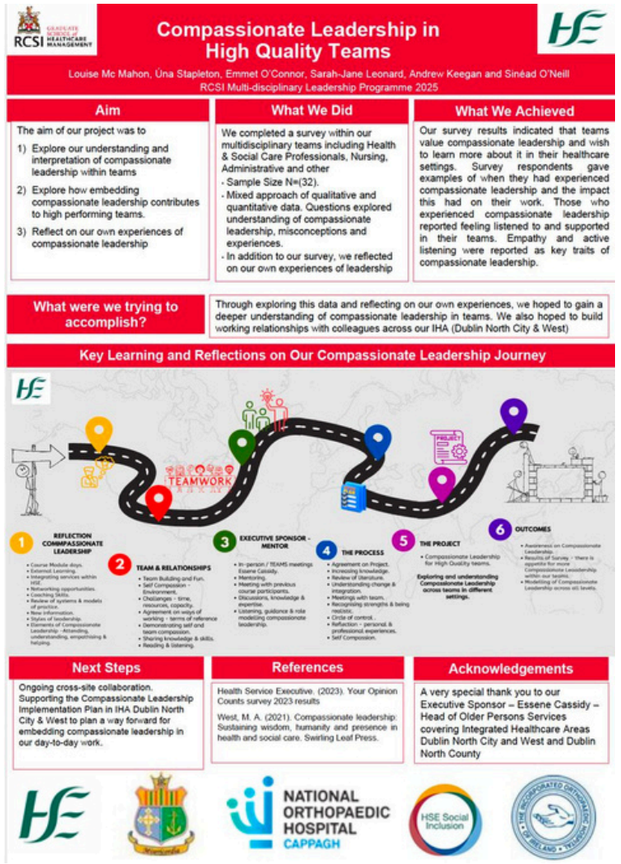
A Survey of Patients' Adherence to Venous Thromboembolism Prophylaxis Post-Elective Total Knee or Total Hip Replacement Surgery

Patients immobilised after surgery face a high risk of venous thrombosis, which is a blood clot in a vein that can cause pain, heat, and swelling in the affected area. If the clot dislodges, it can travel to the lungs and cause serious complications. At NOHC, measures are deployed to prevent venous thrombosis and reduce the risk of fatal pulmonary embolisms (PEs) caused by blood clots. A recent study by the Pharmacy Department at National Orthopaedic Hospital Cappagh and the School of Pharmacy, University College Cork, presented at the HSE Dublin & North East Regional Quality & Patient Safety Conference in Croke Park, found that 90% of patients adhered to the prophylaxis programme, highlighting the crucial link between patient education and programme adherence.



Compassionate Leadership in High-Quality Teams

NOHC presented a poster on Compassionate Leadership in High-Quality Teams at the Health Management Institute of Ireland Annual Conference, which validates the benefits of empathy and active listening in leadership.



Improving Sharp Management in the Operating Department: A Multimodal Approach to Reducing Percutaneous Injuries

Percutaneous injuries (PIs), including needle sticks and scalpel cuts, pose a significant risk to healthcare workers. Thankfully, these incidents are on the decline at NOHC, and this change can be attributed to improved education, environmental adjustments and procedural changes at the Hospital. NOHC's theatre team presented their findings at the HSE Dublin and North East Regional Quality and Patient Safety Conference at Croke Park, demonstrating a 44% reduction in PIs from 2023 to 2024 and a further 40% reduction by 2025.

Research & Education

Research & Ethics Committee

The Hospital research and ethics committee ensures that all clinical studies strictly protect patient safety, rights, and privacy while upholding scientific integrity.

The National Orthopaedic Hospital Cappagh's Research and Ethics Committee is responsible for safeguarding patient rights, safety, and well-being while fostering a culture of education, research and innovation.

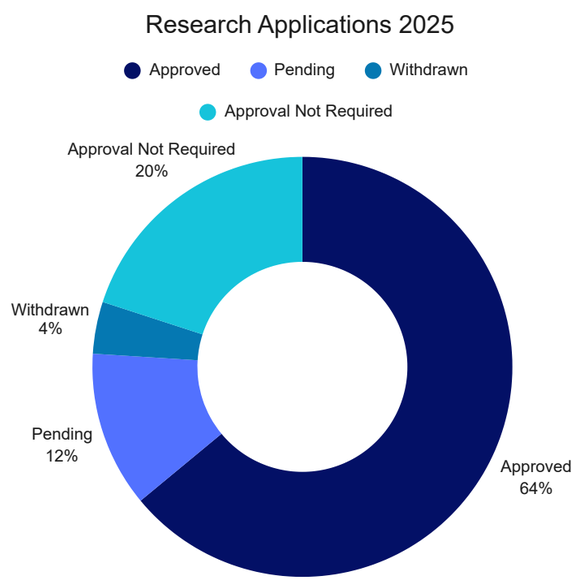
In 2025, the Committee convened 8 times to review new applications and conduct continuing reviews of ongoing projects, ensuring patient safety and ethical compliance throughout a study's lifespan.

Of the 25 applications presented for consideration in 2025, 16 were approved by the Committee. 9 of these studies were retrospective, and 7 were prospective. 5 applications were deemed not to require Committee approval as they constituted staff surveys and audits. At the time of writing, 3 applications are pending, requiring further informtion/clarification, and one has been withdrawn to include additional information for resubmission.

Our focus in 2025 centred on strengthening governance by developing and revising the Clinical Research & Ethics Policy and Application Process. Furthermore, the Committee introduced an Annual Study Review Cycle and explored expectations for data retention tracking.

Recognising research as a core strategic priority, the Committee explored establishing a dedicated Research Strategy Subgroup and Research Office, while actively contributing to the formulation of the Hospital's 2026–2030 Strategic Plan.

By maintaining a robust regulatory framework and collaborating closely with both management and clinical research teams, the Committee ensures that the Hospital's pursuit of pioneering musculoskeletal care remains firmly underpinned by uncompromising ethical standards.



Financial Reporting

- **Statement of Income**
- **Balance Sheet**

Financial Reporting

Statement of Income and Retained Earnings for the Financial Year Ended 31 December 2025

	2025 €'000	2024 €'000
Revenue		
Revenue grants (HSE)	**63,648**	60,061
Patient income	**10,280**	11,689
Other income	**4,363**	4,128
Capital grant recognised as income	**2,182**	1,004
Capital grant amortisation	**2,149**	1,837
	82,622	78,719
Costs		
Staff cost	**(49,510)**	(46,698)
Non-pay costs	**(30,925)**	(30,532)
Depreciation	**(2,149)**	(1,837)
	(82,584)	(79,067)
Operating surplus	**38**	(348)
Interest payable and similar charges	**(14)**	(15)
Surplus on ordinary activities before taxation	**24**	(363)
Taxation	**-**	-
Surplus on ordinary activities after taxation	**24**	(363)
Retained earnings at the beginning of the reporting period	**820**	1,183
Retained earnings at the end of the reporting period	**844**	820

Balance Sheet as At 31 December 2025

	2025 €'000	2024 €'000
FIXED ASSETS		
Tangible assets	**26,941**	22,749
CURRENT ASSETS		
Stocks	**1,117**	968
Debtors	**8,841**	9,287
Cash at bank and in hand	**5,551**	5,793
	15,509	16,048
CREDITORS		
Creditors falling due within one year	**(12,171)**	(12,676)
NET CURRENT ASSETS	**3,338**	3,372
TOTAL ASSETS LESS CURRENT LIABILITIES	**30,279**	26,121
PROVISIONS FOR LIABILITIES	**3,350**	(3,016)
TOTAL ASSETS LESS LIABILITIES	**26,929**	23,105
CAPITAL GRANTS	**(26,056)**	(22,256)
NET ASSETS	**873**	849
Financed by:		
CAPITAL AND RESERVES		
Called up share capital presented as equity	**-**	-
Retained earnings	**844**	820
Other reserves	**29**	29
Shareholder's funds	**873**	849