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2014

Annual Report

Mission Statement

Faithful to our tradition, we provide the highest possible standard of care and treatment in a professional and compassionate manner to every person who avails of our services

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FOREWORD

I am pleased as Chairman of the Board of Governors and of the Management Committee to provide this Foreword to the Annual Report and Accounts for the year 2014.

It is hard to believe that a year has passed since our last report, but on reflection, much has happened in this time.

I would again like to thank the other members of the Management Committee for their great support and wise counsel during the year. Their vast wealth of experience and wisdom and long standing commitment to St. John's Hospital continues to be very significant for the hospital.

The annual financial challenge of running the hospital continued in 2014. St. John's started the year with a deficit of €0.258m (brought forward from 2013) and ended the year with an under spend of €88,000. This breakeven performance was reflective of committed financial management across all areas of the hospital and a realistic final level of funding to allow us to achieve our service delivery targets in 2014.

There was a great focus nationally in 2014 on payments to staff in voluntary hospitals and St. John's Hospital was able to confirm to the HSE that we were fully compliant with the national consolidated pay scales and that no staff received any payments outside these approved rates. An Annual Compliance Statement confirming compliance with the consolidated pay scales and board governance arrangements was approved by the Management Committee and submitted to the HSE in May 2014. The Management Committee also set up an Audit Committee in 2014 to report to the Board as required under the Annual Compliance Statement.

In June 2014, HIQA looked at the governance arrangements across the University of Limerick Hospital Group. Their subsequent report was critical of parallel governance arrangements in place and recommended enabling legislation to address this matter. There have been no concrete developments at national level in the area of health service governance and St. John's Hospital continues to have our own governance arrangements in line with our High Court approved Scheme of Management.

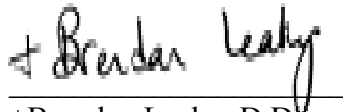
A welcome development that has grown out of this emphasis on governance, is that several of the acute Voluntary Hospitals boards have come together to form a new body the Voluntary Healthcare Forum (VHF). The purpose of the Forum is to ensure that the Voluntary status of the hospitals is maintained and developed in the Irish Healthcare system and already in 2014, the VHF, has been accepted by the HSE and the Department of Health as a significant and relevant body. St John's has been an active participant in the Forum and looks forward to the continued development of the group.

The major development on the operational front during 2014 was the partial refurbishment of the First Floor during the summer. The upgrading of patient rooms, bathrooms, floors and corridors has greatly improved the area and made it more amenable to the delivery of modern day medicine.

On a strategic perspective the Management Committee and the executive team developed the 2015-2018 Strategic Plan, following consultation with all our key stakeholders. The document was launched in February 2015, giving the hospital a clear blueprint for the immediate future.

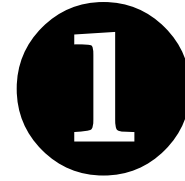
The Management Committee also agreed the transfer of the remaining hospital pathology services to University Hospital Limerick, as part of the overall group re-configuration of laboratory services with a planned date of the service transfer in April 2015.

Finally, I would like to thank the management and staff of the Hospital for their continued dedication and commitment in 2014. I would also like to thank our Patient Partnership Forum for their on-going support and assistance to the hospital. I look forward to continue working with the hospital Governors, Management Committee and staff to ensure that St. John's Hospital continues to provide high quality health care to our patients in keeping with our tradition and long history.



+Brendan Leahy, D.D.,
Bishop of Limerick

Executive Summary



INTRODUCTION

This Annual Report for the year ending 31 December 2014 gives details of activity levels and financial performance for both 2014 and 2013. The Annual Report for Infection Prevention and Control is reproduced in Chapter 3. Activity statistics are shown in Chapter 4. The financial details are taken from the Audited Accounts and a copy of the Audited Accounts is reproduced in Chapter 5.

THE YEAR IN REVIEW

Service Delivery

(a) National Integrated Medical Imaging System (NIMIS)

St. John's was finally successful in 2014, after many years endeavour, in getting onto the list for the installation of NIMIS and work officially commenced on the programme in July 2014. The system is expected to "go live" in February 2015 when finally, St. John's radiology department images will be capable of being viewed externally across the group and nationwide. The capital costs associated with this project have been covered by the national project and St. John's is responsible for the in-house implementation.

(b) Consultant Appointments

There have been no further developments during 2014 with the appointments of replacements for the general surgeon and the two consultant radiologists. It is expected that interviews for the surgeon post will take place early in the New Year. There is still no agreement between St. John's and the UHL Department of Radiology on the split of the Radiologist posts and our radiology service continues to be provided under a Service Level Agreement with Global Diagnostics

(c) Staffing/Retirements

During 2014 we had nine staff members retire, some of which had many years service in the hospital. I would like to thank them for their dedicated and committed service to the hospital and to wish them every happiness in the future.

(d) Urgent Care Centre

September 2014 saw the 1st anniversary of the opening of the Urgent Care Centre (UCC). While the staffing difficulties, at Registrar grade, that previously affected the A&E continued during the year in the Medical Assessment Unit and the Local Injuries Unit, by and large it has been a smooth transition from an A&E to a UCC.

The Medical Assessment Unit has been further strengthened by the appointments of Prof. Paul Finnucane and Dr Heather Holloway to the unit to enhance the senior clinical decision-maker presence previously dependent on Drs Cronin and Mulloy in addition to all their other duties. GP satisfaction with the new appointments and increasing patients numbers compared to the unit as an A&E indicate that the UCC is providing a much needed service to the community.

(e) Transfer of Remaining Laboratory Service

The Management Committee formally agreed to the transfer of the remaining pathology service from St. John's to UHL at the May Board meeting, following representations from the UHL Pathology Department and support from St. John's Medical Board. The decision was taken on the grounds of improved efficiencies relating to staff, consumables and on-call, and the difficulties with achieving laboratory accreditation for a small lab such as St. John's.

The service, staff and funding will transfer in April 2015 and UHL will be obliged to continue to provide an on-site service here in St John's that will meet the requirements of the patients and the hospital consultants. The operational details of the transfer of this service are currently being worked through by a cross-site multi-disciplinary team.

(f) First Floor Refurbishment

During July and August this year the hospital took advantage of the decreased patient occupancy to refurbish the First Floor of the hospital. Flooring, walls and bathrooms were upgraded and the resultant patient care area is now bright, clean and more amenable to the demands of modern day medicine. It is hoped that a similar upgrade will take place on the Ground Floor in 2015.

Much praise must go to all the staff and patients who were discommoded during the renovations and the workmen who were professional from start to finish.

(g) Delayed Discharges

The full effects of the roll-out of the Acute Medicine Programme and the re-designation of St. John's as a Model 2S hospital have had a very definite impact on the profile of patients in St. John's. In 2014 the medical Length of Stay has continued to increase to 10.7 days (Nov 2014) compared with 7.65 in Oct 2013. Additionally, the hospital in December 2014 had 23 delayed discharges (patients who are medically fit for discharge but who do not have a place to go to) compared to 3 patients in December 2013.

The Chief Executive had raised the fact that St. John's houses a dis-proportionate amount of delayed discharges across the hospital group with the Medical Clinical Director and several meetings took place. It is hoped that a national initiative in the spring of 2015 to free up "Fair Deal" beds will alleviate the problem.

(h) Minor Capital Funding 2014

St. John's Hospital received further funding under the HSE's national equipment replacement programme in 2014. An amount of €0.205m was spent in 2014 on a laparoscopic stack system for the Day Care Unit, Diathermy Units, Physiotherapy equipment and two laparoscopic stack systems approved for the Main Theatre in 2013 as part of a national tendering process.

Quality and Safety

(a) HIQA

The annual HIQA Hygiene Standards visit took place in November 2014. The subsequent report highlighted problems associated with hand hygiene compliance and with patient surrounds on the Ground Floor. A Quality Improvement plan was formulated to address these issues and the planned refurbishment of the Ground Floor in 2015 should address many of the infrastructure items.

(b) Safer Better Healthcare Committee

The hospital's Safer Better Healthcare Committee (formally the Quality committee) is currently implementing its quality improvement plan for 2014 which was signed off by the Hospital Management Committee in January. The Committee approved three Patient Safety Goals for 2014, namely:

1. Decreasing Falls
2. Decreasing Pressure Sores &
3. Improving Patient Nutrition

The Committee has also successfully co-ordinated the roll out of the national Open Disclosure Policy and 143 St. John's staff have received training on it.

Finally, the Committee also organised a day's training involving 87 clinical and administrative staff on the importance of proper documentation in the patient healthcare record. This training was very successful and a further session will be arranged in 2015.

(c) Patient Feedback

While St. John's prides itself in high quality healthcare and it receives many very positive compliments from patients, it also receives negative feedback and it takes these comments very seriously, investigating each thoroughly, trying to address short fallings where they occur. Complaints showed an overall decrease of 12.5% in 2014. It is hoped that the proposed upgrading of patient accommodation in 2015 will result in an improved patient experience.

Classification of Complaint	No. received 2014	No. received 2013
Access /Waiting	4	6
Accommodation	2	0
Clinical Judgement	1	0
Communication & Information	5	6
Dignity & Respect	2	3
Noise	0	2
Privacy	3	2
Property	2	2
Safe & Effective Care	9	11
Total	28	32

Patient feedback is reviewed monthly by the Management Committee. While ensuring that issued identified are addressed, the Management Committee acknowledges the high level of positive comment received in respect of delivery of high quality care to our patients by all staff. The Committee appreciates the continued commitment and dedication of staff to keep the patient at the centre of their work in the face of the current challenging times.

Hospital Governance

(a) Annual Compliance Statement

The HSE introduced a new “Annual Compliance Statement” (ACS) in 2014 to tighten control on Section 38 & 39 Agency senior management pay and impose significant governance oversight on how voluntary hospitals are run. Each Section 38 & 39 Agency Chairman was required to sign a compliance statement confirming that all employees were paid in line with the national consolidated pay scales and that the Board of the agencies operated sound governance practices. Bishop Leahy on behalf of St John's signed the statement in April confirming that we were fully compliant with the consolidated pay scales for all senior managers. As part of this process, the Management Committee also put in place an Audit Committee which will provide further financial oversight to the Board. The hospital considers itself to be fully compliant with the ACS and does not see a problem signing it in 2015.

(b) Service Level Arrangement 2014

St. John's provides services under Section 38 of the Health Act 2004 to the HSE by way of a Service Level Arrangement (SLA). The annual SLA with the HSE should ideally be signed in December of the preceding year, but unfortunately this process has in 2014 once again failed. Despite re-assurances from the HSE suggesting an early signing at the start of 2014, the SLA was eventually only signed at the end of November and even then only with a few caveats. It has been accepted that the SLA process is in need of serious reworking and thankfully discussions between the HSE and Voluntary Hospital Chairmen regarding this are currently underway.

(c) HIQA Review of the Governance Arrangements as Reflected in the Safety, Quality and Standards of Service at UL Hospitals, June 2014

St. John's Hospital partook in a formal review of the governance arrangements within the University of Limerick Hospital Group carried out by HIQA in early 2014. As part of that process, HIQA examined in detail how St. John's existing legislative backed governance arrangements co-existed with the new board and directorate structure set up in the other 5 HSE hospitals in the group. The subsequent report published in June 2014 was critical of the parallel governance arrangements and recommended a push for enabling legislation to address this matter. The report was also critical of the UL Hospitals Strategic Plan 2014-2016 – which had minimal reference to St. John's or its future role. HIQA proposed that a Memorandum of Understanding be developed with St. John's to define more precisely the group's relationship with St. John's Hospital as a Model 2S hospital, having cognisance of the ethos and separate governance of St. John's as a voluntary hospital. To date there has been no communication on this matter, but this may change with the recent appointment of a new CEO to ULHG.

(d) Voluntary Healthcare Forum

In April 2014, St. John's was invited to join the Voluntary Healthcare Forum, an emerging body of acute Voluntary Hospitals Chairmen working together to discuss, develop and action the necessary steps to ensure that the Voluntary status of service providers be maintained and developed in the Irish healthcare system. The Forum is continuing to expand and now incorporates CEO's as well as the Chairman of boards and has quickly been seen by the HSE and the Department of Health as a significant and relevant body with which to engage strategically in the future. St. John's has contributed to the Forum so far and anticipates that this Forum will play a very significant role in the immediate future as all voluntary hospitals face sustained pressure on their governance structures with the introduction of “Hospital Groups” and talk of proposed legislation in the years ahead.

FINANCIAL

The comparable figures for 2014 and 2013, under the headings of overall expenditure and income, are shown hereunder. The accumulated deficit at 31 December 2013 was €258,000 which was brought forward to 2014. There was a surplus of €88,000 at year-end, mainly due to a decrease in wages.

There was an increase of €2.322m in the allocation received from the HSE during 2014. This was mainly due to the opening of beds on the ground floor for a full year and due to the reduction in the accommodation rates being charged to patients.

	2014	2013	% Increase/ (Decrease)
(SURPLUS)/DEFICIT B/F FROM PREVIOUS YEAR	258	8	
SALARIES/WAGES	18,935	19,299	(1.9) %
GOODS/SERVICES	7,484	7,045	6.2 %
TOTAL EXPENDITURE	26,677	26,352	1.2 %
INCOME	6,718	8,369	(19.7) %
NET EXPENDITURE	19,959	17,983	11.0 %
ALLOCATION FROM HEALTH SERVICE EXECUTIVE	20,047	17,725	13.1 %
(SURPLUS) DEFICIT	(88)	258	

Salaries and Wages

Salaries and wages decreased by €0.364m (1.9%) compared to 2013, mainly due to a national pay agreement and due to the non-replacement of staff who retired / resigned.

Goods and Services

The cost of goods and services increased by €0.439m (6.2%) compared to 2013, mainly due to an 8.6% increase in the number of bed days, following the re-opening of ground floor beds in April 2013. Areas where significant changes occurred were:-

	2014 €000	2013 €000	% Increase/ (Decrease)
X-RAY COSTS	685	618	11 %
LAUNDRY, CLEANING & WASHING	640	541	18 %
MAINTENANCE	417	344	21 %
COMPUTER SUPPLIES	398	310	28 %

- X-Ray Costs includes the purchase of a replacement tube for the CT scanner
- Cleaning Costs increased mainly due to additional cleaning required for infection control
- Maintenance Costs increased due to the refurbishment of the first floor
- Computer Supplies increased mainly due to the replacement of old computer equipment

Income

Income decreased by €1.651m (19.7%) in 2014. The main areas where significant changes occurred were:-

	2014 €000	2013 €000	% Increase/ (Decrease)
In-Patient Income	5,067	6,573	(23) %
Superannuation	642	729	(12) %

- In-Patient Income decreased by €1.5m due to a 44% decrease in the price charged for a dayward bed, a 10% decrease in the price charged for a semi-private bed and an 11% decrease in the number of patients opting for private accommodation.
- Superannuation Income decreased mainly due to the number of staff who retired / resigned in 2014.

Prompt Payment of Accounts Act – Statement

Payments to suppliers are made within thirty days of receipt of the invoice or delivery of the goods or services, whichever is the later, unless an alternative payment period is specified in an agreed contract.

In 2014 there were 13 late payments totalling €78,987, attracting interest on late payments of €131. The late payments constituted 1% of total non-pay expenditure during 2014.

PATIENT PARTNERSHIP

I would like to thank our Patient Partnership Forum for their continued activities in 2014 to assist us to further improve the quality of service that we provide to our patients.

STAFFING

Thanks

I would also like to thank all our staff for their continued commitment to the delivery of a high quality service to our patients in spite of the difficult and challenging times that we are faced with.



Fearghal Grimes
Chief Executive

Governance & **2** Management



BOARD OF GOVERNORS

Chairman:

Most Rev. Brendan Leahy, D.D.

Members (Ex-Officio)

Mayor of Limerick (Jan. – June 2014)

Her Worship Cllr. Kathleen Leddin

Mayor of Limerick (July – Dec. 2014)

His Worship Cllr. Michael Sheahan

Administrator:

St. John's Parish

Very Rev. N. Kirwan (Oct. – Dec. 2014)

Very Rev. A. McNamara (Jan. – Sept. 2014)

St. Mary's Parish

Very Rev. D. O'Malley, P.P.

St. Michael's Parish

Very Rev. N. Kirwan, P.P.

St. Munchin's Parish

Very Rev. D. McNamara, P.P.

St. Patrick's Parish

Very Rev. D. Gibson, P.P.

L.C.M. Nominees:

No nominees 2014

Limerick City Council Nominees:

Cllr. Maria Byrne (1 July – 31 Dec. 2014)

Cllr. John Gilligan (1 Jan. – 30 June 2014)

Cllr. Gerald Mitchell (1 July – 31 Dec. 2014)

Cllr. Jim Long (1 Jan. – 30 June 2014)

Cllr. Jerry O'Dea (1 July – 31 Dec. 2014)

Cllr. Denis McCarthy (1 Jan. – 30 June 2014)

Cllr. Cian Prendiville (1 July – 31 Dec. 2014)

Cllr. Kieran O'Hanlon (1 Jan. – 30 June 2014)

Life Governors:

P.E. Burke, BSc., M.D., F.R.C.S., F.R.C.S.I.

G.L. Cantillon, M.Ch.

Brendan Conroy, M.D., F.F.A.R.C.S.I.

Morgan Costelloe, M.B., B.Ch., B.A.O.

Cornelius J. Cronin, M.B., B.Ch., F.R.C.P.I.

Peter N. Faul, MB, MRCPI, FRCPath, FFPPath(RCPI)

Joseph G. Geary, F.C.A., A.I.T.I.

Sr. Mary Hassett

Josephine Hennessy

Patricia Humphreys, M.B., F.F.A.R.C.S.I.

Raphael Keane, B.A., M.Ch., F.R.C.S.I.

Fasih Khan, M.B., B.S., F.F.A.R.C.S.I.

Joseph Lee, M.B., M.S., F.F.A.R.C.S.I.

Mary McCarthy

Dermot Molony, M.B., M.A.O., F.R.C.O.G.

Eithne Mulloy, M.B., F.R.C.P.I.

J.P. Roche Esq.

MANAGEMENT COMMITTEE

Chairman:

Most Rev. Brendan Leahy, D.D.

Members:

Mayor of Limerick (Jan. – June 2014)

Her Worship Cllr. Kathleen Leddin

Mayor of Limerick (July – Dec. 2014)

His Worship Cllr. Michael Sheahan

Administrator:

St. John's Parish

Very Rev. N. Kirwan (Oct. – Dec. 2014)

Very Rev. A. McNamara (Jan. – Sept. 2014)

Little Company of Mary:

No nominees 2014

Medical Board Nominee:

Dr. Eithne Mulloy

Medical Board Elected Representative:

Dr. Una Fahy

Lay Member:

Dr. Dermot Molony

Chief Executive:

Fearghal Grimes

Deputy Chief Executive:

John Cummins

Director of Nursing:

Kay Hogan

Management Services Co-ordinator:

Patricia Keeshan

SENIOR MEDICAL STAFF

ANAESTHETISTS:	Joseph G. Lee, MB, MS, FFARCSI Brendan Conroy, MB, FFARCSI Fasih Khan, MB, BS, FFARCSI *John Kennedy, MB, FFARCSI *P.J. Breen, MB, FFARCSI *Richard McEllistrem, MB, FFARCSI
CONSULTANT IN EMERGENCY MEDICINE:	*Gareth Quin, MRCPI, FRCS(Ed), FFAEM
E.N.T./HEAD & NECK SURGEON:	*Neville Shine, FRCS(ORL-HNS) MB BCh BAO
GASTROENTEROLOGIST:	*Maeve Skelly, PhD, FRCPI
GYNAECOLOGISTS:	Catherine M. Casey, MRCOG, MRCPI, Dip.PST, DCH *Una Fahy, MD, MRCOG
PATHOLOGISTS:	Peter N. Faul, MB, MRCPI, FRCPath., FFPPath.(RCPI) *Maeve Leahy, MD, FRCP, FRCPath. *Nuala O'Connell, MB, BCh, BAO, MSc, MRCPath.MD. *Denis O'Keefe, MB, MRCPath.
PHYSICIANS:	Cornelius J. Cronin, MB, BCh, FRCPI Eithne M.T. Mulloy, FRCPI *Liam Casserly, MB, MRCPI Heather Holloway, FRCPI (sessional)
SURGEONS:	Paul E. Burke, BSc, MD, FRCS, FRCSI *Anne Merrigan, FRCSI

* Denotes sessional commitments from Consultants holding their contracts with the HSE Mid-Western Regional Hospital

Additional Consultants are also now providing sessions in St. John's Hospital as part of the on-going reconfiguration of services in the region.

Infection Prevention and Control

3



INTRODUCTION

The implementation of appropriate infection prevention and control practices has an integral role in the delivery of safe patient care. St. John's Hospital is committed to the provision and maintenance of an effective and efficient infection prevention and control programme throughout the organisation. The Infection Prevention and Control Committee oversee all aspects of infection prevention and control, surveillance of alert organisms and delivery of education to all grades of staff.

The Committee meets on a regular basis and Infection Prevention and Control is also a standing item on the agenda for meetings of the hospital's Management Committee.

Our Patient Partnership Forum plays an active part in promoting best practice, by actively participating in audits and making very practical recommendations. St John's Hospital also has a strong link with the Consultant Microbiologist in University Hospital Limerick. She liaises regularly with our Infection Prevention & Control Clinical Nurse Specialist and is a valued member of the Infection Prevention and Control Committee.

SURVEILLANCE OF INFECTIONS

Surveillance forms a major part of the control of infection in St. John's Hospital. Surveillance Data is collected and collated in the Microbiology Department in University Hospital Limerick. We acknowledge the great assistance of the Consultant Microbiologists and the Surveillance Scientists in providing this valuable information.

The following Table compares the Surveillance Reports for 2012, 2013 and 2014:

	Item	2014	2013	2012
1	CPE	0	0	0
2	CDI	5	5	6
3	Norovirus	7	9	10
4	All cases of bacteraemia caused by EARS-Net pathogens.	11	22	31
4	"Hospital acquired" bacteraemia caused by EARS-Net pathogens.	6	6	6
5	MRSA	56	75	47
6	VRE	4	0	0
7	ESBLs	18	16	17

1. CPE = Infection with Carbapenemase Producing Enterobacteriaceae
2. CDI = Clostridium Difficile Infection, a common cause of mortality and morbidity in hospital patients
3. Norovirus (known as "the Winter Vomiting Bug" or Small Round Structured Virus – SRSV)

4. The European Antimicrobial Resistance Surveillance Network (EARS-Net) provides comparable and validated data on the prevalence and spread of major invasive bacteria with clinically and epidemiologically relevant antimicrobial resistance in Europe
5. MRSA = Meticillin Resistant Staphylococcus Aureus
6. VRE = Vancomycin Resistant Enterococcus
7. ESBLs = Extended-Spectrum β -Lactamases and enzymes produced by some types of bacteria that make these bacteria resistant to most antibiotics

The enhanced surveillance includes information such as patient risk factors, sources of infection and patient outcomes and allows the 'hospital/community acquired' status of the bacteraemia to be determined. Enhanced surveillance is conducted by the Infection Prevention and Control Clinical Nurse Specialist. This surveillance is conducted on all bacteraemia cases associated with the EARS-Net pathogens. The national form is completed and submitted to the Surveillance Scientist for national reporting. The same surveillance applies to all cases of *Clostridium difficile* associated diarrhoea. Cases of phlebitis associated with peripheral lines are also investigated. St. John's Hospital has an intensive admission screening protocol which continued during the year and expanded to screen patients transferred from other hospitals for CRE species.

Education and Training was a key component in combatting avoidable infection in St. John's Hospital in 2014. Monthly training sessions were held in the classroom and there was also ward/department based training. There is a mandatory training programme for Hand Hygiene and Standard Precautions. Clinical staff receive regular education sessions which focus on specific infection prevention and control related topics, Training may be on a new product, updated changes to a policy, feedback on clinical audit, etc. There was a continued focus on hand hygiene education and awareness throughout the hospital in 2014. All staff in patient areas are required to attend hand hygiene training every year and attendance for all other staff is mandatory every two years.

St. John's Hospital took part in the National Hand hygiene audits during 2014. There were two such audits in May/June and October/November 2014. The overall compliance rate for May/June 2014 was 85.6% and the rate of compliance was 87.2% in October/November 2014.

WASTE MANAGEMENT ACTIVITIES

Dangerous Goods Safety Audit

Two dangerous goods safety audits took place at St. John's Hospital in 2014. The audits were completed by the Dangerous Goods Safety Adviser (DGSA) on 2nd May 2014 and 28th October 2014. The DGSA also completed an Annual Report for 2014 on the activities of the hospital concerning the transport of dangerous goods.

The Audit Reports stated that:

"The level of compliance with the guidelines and regulations associated with the segregation, handling, storage and transport of dangerous goods in the Hospital was found to be very good" on the days of both audits.

Areas commended from the audits included:

- Maintenance of healthcare risk waste consignment documentation
- Use of absorbent pads in rigid healthcare risk waste bins located in wards and theatre departments
- Tag traceability system maintained by the Supplies Department
- Safe storage of chemicals in the Catering and Household departments
- Controlled access to ward sluice rooms
- Signing of sharps bins in use
- Segregation practices for the safe disposal of healthcare risk waste
- Transport of patient specimens packaging in the Pathology department
- Disposal of waste medicines in the Pharmacy department
- Healthcare risk waste training programme in place

There are procedures in place relevant to each individual department within the hospital relating to the activities associated with the segregation, storage, handling and transport of dangerous goods. These procedures are reviewed on an ongoing basis by staff within the hospital and during the audits completed by the designated DGSA.

Training sessions on the segregation, packaging and storage of healthcare waste continued in 2014. A total of 132 staff members attended 32 training sessions on the segregation, handling, storage and transport of clinical waste within the hospital. The waste segregation training was held on a monthly basis.

Chemical Safety Awareness training was provided to relevant personnel by DCM Compliance on the 24th October 2014 and 3rd November 2014.

The **DECONTAMINATION AND HYGIENE TEAMS** continued their great work in 2014 and reported to each meeting of the Infection Prevention and Control Committee. The Hygiene Team met on a fortnightly basis to oversee hygiene standards and the delivery of the hospital cleaning service. The Decontamination Team continued to ensure that reusable invasive medical devices (RIMDs) were safe for use on patients and handling by staff.

HIQA AUDIT

The Health Information and Quality Authority (HIQA) carried out an unannounced monitoring assessment (Hygiene Audit) of St. John's Hospital on 6th November 2014. The clinical area of the hospital inspected was the Ground Floor which had re-opened for patients in April 2013 after being closed for a number of years due to financial constraints. The results of the audit was less positive than in previous years. The Hospital was required to develop a quality improvement plan (QIP) to address the issues identified in the Audit and this was done and uploaded on to St. John's Hospital's website by 30th January 2015.

St. John's Hospital is an old hospital and as noted by HIQA "the condition of the building impacts on the ability of staff to maintain a clean physical environment". The challenges posed by the hospital's infrastructure will hopefully be addressed by a complete replacement of all our in-patient accommodation by a new building in the near future under a major capital development. In the interim the issues will be addressed under an on-going refurbishment programme as resources permit.

The First Floor of the hospital was upgraded in July and August of 2014 with a replacement of all floorcovering, installation of white-rock panelling in all the wards, a complete upgrade of all bathrooms, etc. The newly re-furbished ward makes it much more attainable to meet HIQA's Environmental and Facilities Management standards. A major refurbishment programme of the Ground Floor is scheduled for the summer of 2015 and this should address many of the Environment and Facilities Management issues raised in the November 2014 Hygiene Audit.

Activity Statistics



Patient Statistics for Year End 31st December 2014

IN-PATIENTS AND BED DAYS BY MEDICAL CATEGORY

CATEGORY	PATIENTS		BED DAYS		Average Duration of Stay (Days)	
	2014	2013	2014	2013	2014	2013
MEDICINE	2,111	2,600	23,020	20,799	10.90	8.00
SURGERY	1,170	1,125	1,411	1,560	1.21	1.39
GYNAECOLOGY	669	563	630	712	0.94	1.26
TOTAL	3,950	4,288	25,061	23,071	6.34	5.38

	2014	2013
TOTAL NUMBER OF IN-PATIENTS TREATED	3,950	4,288
TOTAL NUMBER OF BED DAYS	25,061	23,071
PERCENTAGE OCCUPANCY	83.3	77.1
AVERAGE DURATION OF STAY (DAYS)	6.34	5.38

THEATRE PATIENTS	2014	2013
MAIN THEATRES	1,844	1,690
DAY THEATRES	2,243	2,278
TOTAL	4,087	3,968

ACCIDENT & EMERGENCY/ URGENT CARE CENTRE*	2014			2013		
	New	Review	Total	New	Review	Total
ACCIDENT & EMERGENCY				9,280	1,024	10,304
URGENT CARE CENTRE						
LIU	8,542	1,026	9,568	1,928	294	2,222
MAU	2,228	1,475	3,703	741	403	1,144
TOTAL	10,770	2,501	13,271	11,949	1,721	13,670

* A&E reconfigured into Urgent Care Centre - Local Injuries Unit (LIU) and Medical Assessment Unit (MAU) with effect from 23/9/2013

DAY CARE PATIENTS	2014	2013
GASTROENTEROLOGY	942	959
GYNAECOLOGY	592	545
MAXILLO-FACIAL	65	21
MEDICINE INCLUDING CARDIAC ASSESSMENT	1,734	1,808
MEDICAL ASSESSMENT UNIT	3,591	3,214
PAIN MANAGEMENT	827	868
SURGERY	1,586	1,712
TOTAL	9,337	9,127

OUT-PATIENT CLINICS	2014			2013		
	New	Return	Total	New	Return	Total
MEDICAL AND CARDIAC	471	3,029	3,500	448	3,387	3,835
GYNAECOLOGICAL	768	1,453	2,221	745	1,469	2,214
SURGICAL	879	1,193	2,072	872	1,280	2,152
E.N.T.	526	139	665	478	206	684
PAIN MANAGEMENT	219	522	741	301	526	827
TOTAL	2,863	6,336	9,199	2,844	6,868	9,712

PATHOLOGY/PHLEBOTOMY	2014			2013		
	In-Pt	Out-Pt	Total	In-Pt	Out-Pt	Total
Requests						
HAEMATOLOGY	12,223	17,781	30,001	12,615	22,547	35,162
BIOCHEMISTRY	24,661	26,207	50,864	25,401	34,808	60,209
MICROBIOLOGY	6,593	1,813	8,406	6,292	2,644	8,936
HISTOLOGY/CYTOLOGY	2,814	241	3,058	2,619	214	2,833
EXTERNAL TEST	7,826	6,162	13,988	8,573	9,346	17,919
TOTAL TESTS	54,117	52,204	106,317	55,500	69,559	125,059
TOTAL NO. OF VENEPUNCTURES	11,791	15,383	27,174	12,922	20,469	33,391

PHYSIOTHERAPY	2014	2013
IN-PATIENT REFERRALS	971	924
IN-PATIENT TREATMENTS	8,736	9,243
TOTAL OUT-PATIENT REFERRALS	580	599
A&E Department	165	211
MWRH OPD (Pts. initially seen in St. John's A&E)	43	58
O.P.D.	226	199
Consultants Rooms	76	37
Day Ward and Medical Assessment Unit	8	14
Others	62	70
OUT-PATIENT TREATMENTS	8,261	9,480
OUT-PATIENT ATTENDANCES – WOMEN'S HEALTH	463	428
OUT-PATIENT ATTENDANCES – CHRONIC PAIN	468	312
TOTAL ATTENDANCES	5,157	5,573
TOTAL TREATMENTS	16,997	18,723

Note: Increased in-patient referrals with increased presenting complexity has increased the treatment time per patient but reduced the patient attendance potential for in-patient and out-patient services

RADIOLOGY	2014	2013
ULTRASOUNDS	1,569	1,662
GENERAL RADIOGRAPHS	20,189	21,663
CT	1,616	1,807
PORTABLES/THEATRE	157	131
TOTAL EXAMINATIONS	23,531	25,263

CLINICAL NURSE SPECIALISTS	2014	2013
CONTINENCE CARE		
In Patients New	110	91
Review	103	101
Out Patients New	187	157
Review	544	292
DIABETES CARE		
In Patients New	162	74
Review	516	433
Out Patients New	72	62
Review	1,269	1,204
Telephone Reviews	893	755
PAIN MANAGEMENT		
Post-Operative – Patient Controlled Analgesia	99	153
Post Operative – I.M./Oral Analgesia	412	445
In-Patients New	131	117
In-Patients Review	187	203
Day Care Unit	827	868
Out-Patients New	201	291
Review	490	482
Helpline Calls	1,297	1,343
RESPIRATORY CARE		
In Patients New	202	192
Review	401	443
Out Patients New	355	376
Review	1,241	826
Telephone Reviews	427	397
Sleep Telephone Clinic (commenced 2014)	60	-

DIETETICS	2014			2013		
	New	Review	Total	New	Review	Total
IN-PATIENT VISITS	277	376	653	256	389	645
OUT-PATIENT VISITS	88	73	161	92	114	206

Audited Report

5

& Accounts



Audited Report and Accounts

St. John's Hospital

Financial Statements

The following is a full and true copy of the Audited Financial Statements for the year ended 31 December, 2014.

Hospital Auditors: **Grant Thornton**
Chartered Accountants & Registered Auditors

St. John's Hospital

Financial Statements
31 December 2014

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St. John's Hospital

General Information

Address: Saint John's Square
Limerick

Main Bankers: Bank of Ireland
125 O'Connell Street
Limerick

Auditors: Grant Thornton
Chartered Accountants
& Registered Auditors
Mill House
Henry Street
Limerick

Solicitors: Dundon Callanan
17 The Crescent
Limerick

St. John's Hospital

Responsibilities of the Trustees and the Management Committee

Year ended 31 December 2014

The Trustees are required by the Scheme of Management as approved by the High Court on 26 November 1989, to keep accurate account of all receipts and payments on behalf of the hospital. This function is in practice devolved by the Trustees to the Management Committee. The Management Committee is required, in accordance with the guidelines and accounting standards issued by the Department of Health & Children, to:

- (1) Prepare financial statements which give a true and fair view of the results and state of affairs of the hospital,
- (2) Select suitable accounting policies which are consistently applied, identify and explain any departure from accounting standards,
- (3) Make judgements and estimates which are reasonable and prudent,
- (4) Safeguard the assets of the hospital and take reasonable steps for the prevention and detection of fraud.

On behalf of the Management Committee:

+ Brendan Leahy, D.D.

Chairperson

Fearghal Grimes

Chief Executive

Date: 19 May 2015

Report of the Auditors to the Board of St. John's Hospital

We have audited the financial statements of St. John's Hospital for the year ended 31 December 2014 which comprise the Income & Expenditure Account, the Balance Sheet and related notes. The financial reporting framework that has been applied in their preparation is Standard Accounting Policy Guidelines for Voluntary Agencies set by the Department of Health and Children, ("the Guidelines"), and the accounting policies as set out on pages 42 and 43.

Respective Responsibilities of the Trustees, the Management Committee and the Auditors

As explained more fully in the Responsibilities Statement set out on page 35, the Trustees and the Management Committee are responsible for the preparation of the financial statements giving a true and fair view. Our responsibility is to audit and express an opinion on the financial statements.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of whether the accounting policies are appropriate to the organisation's circumstances and have been consistently applied and adequately disclosed, the reasonableness of significant accounting estimates made by the hospital and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Management Committee Members report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements give a true and fair view of the Hospital's affairs as at 31 December 2014 and of its surplus and cash flows for the year then ended and have been properly prepared in accordance with the Department of Health & Children Guidelines.

In our opinion St. John's Hospital has complied with the regulations of the Prompt Payment of Accounts Act 1997.

Matters on which we are required to report

- We have obtained all the information and explanations which we consider necessary for the purposes of the audit.
- In our opinion proper books of account have been kept by the organisation.
- The financial statements are in agreement with the books of account.
- In our opinion the information given in the Management Committee Members report is consistent with the financial statements.

Mill House
Henry Street
Limerick
19 May 2015

MR. JOHN NEVILLE FCA
(For and on behalf of)
GRANT THORNTON
Chartered Accountants
& Registered Auditor

St. John's Hospital

**Certification of Chief Executive Officer and Chairperson
for the year ended 31 December 2014**

We certify that the financial statements of Saint John's Hospital for the year ended 31 December 2014 as set out herein are in agreement with the books of account and have been drawn up in accordance with generally accepted accounting practices and with the accounting standards as laid down by the Minister for Health & Children.

These financial statements, which comprise pages 38 to 52 and the statement of accounting policies, on pages 42 and 43, give the true and fair view of the state of affairs of the hospital at 31 December 2014 and of its income and expenditure and cash flow for the year then ended.

On behalf of the Management Committee:

+ Brendan Leahy, D.D.

Chairperson

Fearghal Grimes

Chief Executive

Date: 19 May 2015

St. John's Hospital
Non - Capital Income and Expenditure Account for the year ended 31 December 2014

	2014	2013
	€000	€000
Cumulative Non-Capital Deficit B/F From Previous Year	258	8
Pay		
Salaries	16,501	17,060
Superannuation and Gratuities	2,434	2,239
	18,935	19,299
Non-Pay		
Direct Patient Care	3,083	3,123
Support Services	2,758	2,645
Financial & Administrative	1,643	1, 277
	7,484	7, 045
Gross Expenditure for the Year	26,677	26,352
Includes (deficit) from previous year		
Income	6,718	8,369
Net Expenditure for the Year	19,959	17,983
Determination from H.S.E.	20,047	17,725
(Surplus)/Deficit C/F to Following Year	(88)	258

On behalf of the Management Committee:

+ Brendan Leahy, D.D.

Chairperson

Fearghal Grimes

Chief Executive

Date: 19 May 2015

Note: All figures are rounded to the nearest €000

St. John's Hospital
Capital Income and Expenditure Account for the year ended 31 December 2014

	2014	2013
	€000	
Capital Income Sources		
HSE- Capital Grant	170	162
HSE - Charge on non-capital Income & Expenditure	-	-
HSE - Non-Capital Repayment of Loan Capital	-	-
Fund-raising - Capital only	-	-
EU Grants	-	-
Disposal, Net Proceeds of	-	15
Other	-	-
Total Capital Income	170	177

Capital Expenditure		
Land	-	-
Buildings	-	13
Work-In-Progress	-	-
Equipment	170	162
Vehicles	-	-
Other	-	-
Capital Expenditure - Capitalised	170	175
Capital Expenditure - Not Capitalised	-	-
Total Capital Expenditure	170	175

Opening Surplus from previous year	308	306
Closing Surplus to following year	308	308

On behalf of the Management Committee:

+ **Brendan Leahy, D.D.**

Chairperson

Fearghal Grimes

Chief Executive

Date: 19 May 2015

Note: All figures are rounded to the nearest €000

St. John's Hospital
Balance Sheet as at 31 December 2014

	Note	2014 €000	2013 €000
<u>Fixed Assets</u>			
Tangible Assets	12	11,617	11,874
Financial Assets			
		11,617	11,874
<u>Current Assets</u>			
Debtors	13	4,398	3,285
Stocks	14	229	268
Investments		0	0
Cash in hand and bank balances		30	35
		4,657	3,588
<u>Creditors-Amounts Falling Due Within One Year</u>			
Creditors	15	3,403	2,840
Bank loans and overdraft		858	698
Obligations under Finance Leases		-	-
		4,261	3,538
Net Current Assets		396	50
Total Assets Less Current Liabilities		12,013	11,924
<u>Creditors-Amounts Falling Due After One Year</u>			
Bank Loans		-	-
Obligations under Finance Leases		-	-
		-	-
<u>Capital & Reserves</u>			
Non-Capital Income & Expenditure Surplus/(Deficit)		88	(258)
Capital Income & Expenditure Surplus		308	308
Capitalisation Account	17	11,617	11,874
		12,013	11,924

+ Brendan Leahy, D.D.

Chairperson

Fearghal Grimes

Chief Executive

Date: 19 May 2015

Note: All figures are rounded to the nearest €000

St. John's Hospital
Cash Flow Statement as at 31 December 2014

	Note	2014 €000	2013 €000
Net Cash Inflow from Operating Activities	18	(99)	149
<u>Returns on Investments and Servicing of Finance</u>			
Interest Paid on Loans and Overdraft		(7)	(4)
Interest Paid re Finance Leases			-
Equity Dividends Received			-
Interest Received			-
Net Cash (Outflow) from servicing of Finance		(7)	(4)
<u>Capital Expenditure</u>			
Expenditure from HSE Capital		(170)	(175)
Add back unpaid Capital Expenditure		-	-
Add back movements in finance lease obligations		-	-
		(170)	(175)
Capital Expenditure - Not Capitalised		-	-
Payments from non-capital, re acquisition of fixed assets		(30)	-
Receipts on sale of fixed assets		-	-
Net Cash (Outflow) from Capital Expenditure		(200)	(175)
Net Cash (Outflow) before Financing		(306)	(30)
<u>Financing</u>			
HSE Capital grant received		141	-
Receipts from other sources -acquisition of fixed assets		-	15
		141	15
Increase in investments		-	-
Capital element of finance lease rental repayments		-	-
Cash Inflow from movement in Debt and Lease Financing		-	-
Net Cash Inflow from Financing		141	15
Net Cash Flow		(165)	(15)
Increase/(Decrease) in Cash and Bank	19	(5)	7
(Increase) in Bank Loans < 1 Year & O/D	19	(160)	(22)
Increase in Bank Loans > 1 Year	19	-	-
Changes in Net Debt		(165)	15

St. John's Hospital
Accounting Policies

1. Basis of Accounting

- (i) These accounts were prepared on an accruals basis under the historical cost convention, as modified for the valuation of fixed assets, in accordance with the accounting standards laid down by the Minister for Health & Children. Those standards also provide that the following, should be treated on a receipts and payment basis:- EU Funds, Road Traffic Accident Income, Out-Patients Charges and minor miscellaneous incomes.
- (ii) Grants from the Health Service Executive are the amounts for the year allocated by the Executive up to the date of certification of these accounts by the Chief Executive Officer.
- (iii) The currency used in these financial statements is the Euro denoted by the symbol €.

2. Fixed Assets

- (i) The fixed assets are also included in the balance sheet at cost or valuation, where the cost of each individual asset is at least €3,809 (computer equipment at least €1,270) and an equivalent credit is included in the balance sheet capitalisation account.
- (ii) The basis of valuation of the hospital's fixed assets is as follows:

Land: As advised by the Department of Health and Children.

Buildings: Valuation or cost, less accumulated depreciation.

WIP: Cost.

Equipment: Cost, less accumulated depreciation.

St. John's Hospital
Accounting Policies

3. Fixed Assets and Related Capital Account

Buildings were revalued at 30 June 2005 by Bruce Shaw and are stated in the accounts at the revalued amount.

Land is stated at 1 April 1981 valuation.

Plant and Equipment are stated at 31 December 1982 valuation and subsequent additions at cost.

In accordance with the guidelines, it is not policy of the hospital to charge depreciation on fixed assets to the income and expenditure account. Instead, depreciation, which is calculated on fixed assets is matched by an equivalent write down in the Capitalisation Account. The following bases and rates apply:

Land	No Depreciation
Buildings	2.5% Straight Line
WIP	No Depreciation
Equipment	20% Straight Line

4. Stocks

Stocks are valued at cost. Provision is made, where necessary, for obsolete, slow moving and defective stocks.

5. Pension Scheme

Contributions from employees who are members of the Voluntary Hospitals Superannuation Scheme are treated as income in accordance with the requirements of the Department of Health & Children. Pension payments under the scheme are charged to the Income and Expenditure Account when paid.

6. Bad Debts

Known bad debts are written off and appropriate provision is made for any debts that appear doubtful.

St. John's Hospital
Notes to the Financial Statements – 31 December 2014

Insurance : Note 1

Medical Defence

(a) Consultants
(b) NCHDs

Other

Public Liability
Employers Liability
Property
Other

	2014	2013
	€000	€000
	-	-
	-	-
	-	-
	5	13
	5	20
	18	16
	17	23
	45	72

Misc. Non-Capital Expenditure
On Capital Projects : Note 2

Land
Buildings
Work-In-Progress
Equipment
Vehicles
Other

	2014	2013
	€000	€000
	-	-
	-	-
	-	-
	-	-
	-	-
	-	-
	-	-

Miscellaneous Expenses : Note 3

Security
Publications Etc.
Membership / Subscriptions etc.
Interest on Late Payments
Education / Training
Shop / Restaurant Purchases
Other

	2014	2013
	€000	€000
	257	248
	2	2
	-	-
	0	-
	18	51
	-	-
	55	50
	332	351

St. John's Hospital
Notes to the Financial Statements – 31 December 2014

Analysis of Patient Income : Note 4

In-Patients

Statutory In-Patient Charges
Private / Semi Private Charges
Long Stay Charges
Other In-Patient Charges

2014	2013
€000	€000
67	525
4,999	6,045
-	-
1	3
5,067	6,573

Out-Patients

Statutory Accident & Emergency Charges
Other Out-Patient Charges

54	50
-	-
54	50

Total Patient Income

5,121	6,623
--------------	--------------

Income From External Agencies : Note 5

Laboratory
Pathology
Radiology
Commissioning Services
Other

2014	2013
€000	€000
-	-
-	-
-	-
-	-
-	-
-	-

Other Income (Non-Capital) : Note 6

Shop / Restaurant Sales
Car Parking
Public Telephones
Pharmacy / stores sales - Staff & Patients
Recoverables
Insurance Claims
Fas Grants
Rents / Licences / Franchises
PP Admin. Charges
Fund Raising - Non-Capital only
Sundries
Equity Dividend Received
Interest received

2014	2013
€000	€000
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
1	6
-	-
-	-
99	73
-	-
-	-
100	79

St. John's Hospital
Notes to the Financial Statements – 31 December 2014

Summary Pay Analysis (Memorandum Only)

Note 7

Basic Pay

Overtime

Premium Pay

Shift Allowance

Holiday / Public Holiday Premiums

Higher Degree

Special Nursing

On call / Standby

PRSI Employer

Travel Allowance

Other

	2014	2013
	€000	€000
	12,349	12,947
	236	327
	772	775
	-	-
	97	104
	-	1
	89	96
	229	227
	1,152	1,169
	1	-
	4,010	3,653
	18,935	19,299

Reconciliation of Expenditure to Cost of Services (Memorandum Only) : Note 8

Net Expenditure - Current Year

Deduct

Purchase of Equipment from Non-Capital

Funding of Capital Projects from Non-Capital

Loan Repayments - Principal Only

Depreciation on Disposal

Total Deductions

Sub-Total

Add-Back

Depreciation charge for Year

Running Cost of Service

	2014	2013
	€000	€000
	19,959	17,983
	30	-
	-	-
	-	-
	-	-
	30	-
	19,929	17,983
	457	521
	20,386	18,504

Road Traffic Accident (Memorandum Only) : Note 9

Balance at 1 January

Bills Issued in Respect of the Year

Less Cash Received during the Year

Less Waivers and other Write-Offs

Balance at 31 December

	2014	2013
	€000	€000
	2	5
	-	-
	-	-
	-	(3)
	2	2

St. John's Hospital
Notes to the Financial Statements – 31 December 2014

**Statement of Advances & Balances Due From
HSE Non-Capital & Capital : Note 10**

Non-Capital

Total notified non-capital determination for the year
Less: Remittances from HSE Non-Capital in the year
Balance due from HSE in respect of the year

2014 €000	2013 €000
20,047	17,725
(18,170)	(16,902)
1,877	823
823	1,731
(823)	(1,731)
-	-

Balance due from HSE re previous year @ 1 Jan
Less: Remittances from HSE in year re: previous year
Balance due from HSE re previous year @ 31 Dec

**Total Balance of Approved Non-Capital
Determinations Due From HSE**

1,877	823
-------	-----

Capital

Total Capital Grants notified by HSE for the year
Less: Remittances from HSE Capital in the year
Balance due from HSE in respect of the year

170	162
-	-
170	162
162	-
(141)	-
21	162

Balance due from HSE re previous year @ 1 Jan
Less: Remittances from HSE in year re: previous year
Balance due from HSE re previous year @ 31 Dec

Total Balance of Capital Grants Due From HSE

191	162
-----	-----

Gross Total Due From HSE Capital & Non-Capital

2,068	985
-------	-----

**Purchase of Equipment and Vehicles From
Non-Capital Account (Capitalised) : Note 11**

Other Medical Equipment
X-Ray / Imaging Equipment
Laboratory Equipment
Catering Equipment
Laundry Equipment
Maintenance Equipment
Farm & Garden Equipment
Computer Equipment

2014 €000	2013 €000
30	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
30	-
-	-
30	-

Vehicles Purchased

St. John's Hospital
Notes to the Financial Statements – 31 December 2014

**Schedule of Fixed Assets
and
Depreciation : Note 12**

		Land	Buildings	Work-In Progress	Equipment	Total
		€000	€000	€000	€000	€000
Cost Or Valuation at	1-Jan-14	159	14,491	-	11,062	25,712
Transfers from Work-In-Progress		-	-	-	-	-
Sub-Total		159	14,491	-	11,062	25,712
Additions From Capital		-	-	-	170	170
Additions From Non-Capital		-	-	-	30	30
Disposals during the year		-	-	-	(696)	(696)
Revaluations		-	-	-	-	-
Cost / Valuation at	31-Dec-14	159	14,491	-	10,566	25,216
Accumulated Depreciation at	1-Jan-14	-	2,953	-	10,885	13,838
Depreciation charge for year		-	362	-	95	457
Disposals - Accumulated Depreciation		-	-	-	(696)	(696)
Accumulated Depreciation at	31-Dec-14	-	3,315	-	10,284	13,599
Net Book Amount at	1-Jan-14	159	11,538	-	177	11,874
Net Book Amount at	31-Dec-14	159	11,176	-	282	11,617

Valuation of Fixed Assets

Messrs. Louis De Courcy Ltd., Auctioneers, completed Professional valuations of fixed assets as follows:

Land & Building	01/04/1981	4,114,581
Plant & Equipment	31/12/1982	808,620

Bruce Shaw completed an Insurance Reinstatement valuation of buildings at 30 June 2005 as follows:

Building	30/06/2005	29,322,569
Valuation based on remaining useful life		12,007,464

The revision of the amounts stated was made to comply with the requirements of the Department of Health and Children. Subsequent additions under the various headings are stated at cost. In accordance with Department of Health and Children instructions. Land has been valued at the rate per acre advised by the Department.

St. John's Hospital
Notes to the Financial Statements – 31 December 2014

Debtors : Note 13

HSE - Revenue Grants Due	
HSE - Capital Grants Due	
HSE Debtors	
HSE Mid-West	
Patients (Closing Ledger Balance)	
Less: Provision for bad and doubtful debts	
Other	
Prepayments	
Non-HSE & Non-HSE Mid-West Debtors	

2014	2013
€000	€000
1,877	823
-	-
1,877	823
191	162
3,304	2,767
(1,109)	(631)
38	21
97	143
2,330	2,300
4,398	3,285

Total Debtors

Stocks - Note 14

Drugs & Medicines	
Blood & Blood Products	
Medical Gases	
Medical & Surgical Supplies	
Sterile Supplies	
Pathology Supplies	
X-Ray / Imaging	
Provisions	
Laundry / Cleaning	
Bedding / Clothing	
Furniture / Crockery	
Heat / Power / Light Supplies	
Maintenance Supplies	
Office Supplies	
Computer Supplies	
Shop	

2014	2013
€000	€000
74	72
-	-
-	-
133	172
-	-
-	-
11	11
-	-
5	6
-	-
-	-
-	-
0	1
6	6
-	-
-	-
229	268

St. John's Hospital
Notes to the Financial Statements – 31 December 2014

Creditors - Note 15

Creditors - Capital

Creditors - Non-Capital

PAYE and PRSI

Wages and Salaries

Other

2014	2013
€000	€000
-	-
1,094	676
433	410
1,215	1,216
661	538
3,403	2,840

Bank Loans - Greater Than One Year : Note 16

Bank Loans

Deficit Bank Loan Account

Deficit Financing Account

2014	2013
€000	€000
-	-
-	-
-	-
-	-

Capitalisation Account : Note 17

Balance at beginning of year

Additions

Capital Expenditure

Non-Capital Expenditure

Sub-Total Additions

Less

Disposals

Depreciation for the year

Sub-Total Deductions

Balance at year-end

2014	2013
€000	€000
11,874	12,220
170	175
30	-
200	175
-	-
457	521
457	521
11,617	11,874

St. John's Hospital
Notes to the Financial Statements – 31 December 2014

Note To The Cash Flow Statement : Note 18

	2014	2013
	€000	€000
Surplus/(Deficit) Non-Capital	88	(258)
Add back Deficit brought forward	258	8
Surplus/(Deficit) for current year	346	(250)
Deduct repayment of loan (Capital element) charged against non-capital	-	-
Deduct Interest and Dividend Income	-	-
Add back purchase of equipment from non-capital	30	-
Add back Interest charged against non-capital	7	3
Decrease in Stocks	39	27
Decrease/(Increase) in HSE Debtors (Non-Capital)	(1,055)	909
Decrease in HSE Mid-West Debtors	-	-
(Increase)/Decrease in Non-HSE and Non-HSE Mid-West Debtors	(29)	(972)
Increase/(Decrease) in Creditors	563	432
Net Cash Inflow from Operating Activities	(99)	149

Analysis of Changes in Net Debt : Note 19

	At 1	Cash	Non Cash	At 31
	Jan '14	Flow	Changes	Dec '14
	€000	€000	€000	€000
Cash in Hand and Bank Balances	35	(5)	-	30
Bank Overdraft	(698)	(160)	-	(858)
	(663)	(165)	-	(828)
<u>Bank Loans</u>				
Debt Due within one year	-	-	-	-
Debt Due after one year	-	-	-	-
	-	-	-	-
Finance Leases : within one year	-	-	-	-
Finance Leases : from 2 to 5 years	-	-	-	-
	-	-	-	-
	(663)	(165)	-	(828)

St. John's Hospital
Notes to the Financial Statements – 31 December 2014

**Reconciliation of Net Cash inflow to
Movement in Net Debt : Note 20**

(Decrease)/Increase in cash in the year
Cash Inflow/(Outflow) from increase/(decrease) in
debt and lease financing
Changes in net debt resulting from cash flow
New Finance Leases taken out in the year
Changes in Net Debt
Net Debt at beginning of year
Net Debt at end of year

2014	2013
€000	€000
(165)	(15)
-	-
(165)	(15)
-	-
(165)	(15)
(663)	(648)
(828)	(663)

Bank Security : Note 21

There is a Letter of Understanding dated 14 May 2014 from the Commissioners of Charitable Donations and Bequests for Ireland in which they sanctioned the Hospital's borrowing requirements for the year ended 31 December 2014.

**The following pages do not form part of the Audited Financial Statements.
The details provided are for information purposes only.**

Non-Capital Income & Expenditure - Details

Pay

Management / Administration
 Medical / Dental I (NCHDs)
 Medical / Dental II (Consultants)
 Nursing
 Paramedical
 Catering & Housekeeping / Support Services
 Maintenance / Technical

	2014 €000	2013 €000
	2,741	2,906
	1,835	2,172
	1,745	1,686
	6,188	6,431
	1,325	1,328
	2,571	2,443
	96	94
	16,501	17,060
Pensions & Refunds	2,132	2,171
Gratuities / Lump Sums	302	68
Others	-	-
	2,434	2,239
	18,935	19,299

Non-Pay

Direct Patient Care

Drugs & Medicines
 Blood & Blood Products
 Medical Gases
 Medical & Surgical Supplies
 Other Medical Equipment
 Other Medical Equipment Supplies / Contracts On

	873	865
	223	228
	43	46
	1,511	1,506
	30	-
	403	478
	3,083	3,123

Support Services

X-Ray / Imaging Equipment	-	-
X-Ray / Imaging supplies / Contracts On	685	618
Laboratory Equipment	-	-
Laboratory Supplies / Contracts On	390	482
Catering Equipment	-	-
Catering Provisions / Contracts On	195	185
Heat, Power & Light	302	308
Laundry, Cleaning & Washing Equipment	-	-
Laundry, Cleaning & Washing Supplies / Contracts On	640	541
Furniture, Crockery & Hardware	27	31
Bedding & Clothing	11	52
Maintenance Equipment	-	-
Maintenance Materials Supplies / Contracts On	417	344
Farm & Garden Equipment	-	-
Farm Supplies / Contracts On	6	2
Travel & Subsistence	85	82
Transport of Patients	-	-
Vehicles Purchases	-	-
Vehicles Supplies / Contracts On	-	-

2014	2013
€000	€000
-	-
685	618
-	-
390	482
-	-
195	185
302	308
-	-
640	541
27	31
11	52
-	-
417	344
-	-
6	2
85	82
-	-
-	-
-	-
2,758	2,645

St. John's Hospital
Notes to the Financial Statements – 31 December 2014

Financial And Administrative

Loan Repayment Principal

	2014 €000	2013 €000
Non-Capital	-	-
Capital	-	-
Finance Lease Repayment-Principal Element	-	-

Bank Interest

Overdraft	2	1
Non-Capital Loan	-	-
Capital Loan	-	-
Finance Lease Repayment-Interest Element	-	-
Bank Charges	5	4

Other

Insurance - Medical Defence	-	-
Insurance - Other	45	72
Audit	14	14
Legal	8	0
Office Expenses (Rent & Rates, Postage, Phone)	104	115
Office Supplies / Contracts On	281	282
Computer Equipment	-	-
Computer Supplies / Contracts On	398	310
Professional Services	18	19
Bad Debts written off	(41)	64
Adjustment to Doubtful Debts Provision	477	45
Misc. Non-Capital Exp. on Capital Projects	-	-
Miscellaneous Expenses	332	351

	2014 €000	2013 €000
	-	-
	-	-
	-	-
	2	1
	-	-
	-	-
	-	-
	5	4
	-	-
	45	72
	14	14
	8	0
	104	115
	281	282
	-	-
	398	310
	18	19
	(41)	64
	477	45
	-	-
	332	351
	1,643	1,277

Total Non-Pay

7,484	7,045
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Total Gross Expenditure

26,419	26,344
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St. John's Hospital
Notes to the Financial Statements – 31 December 2014

	2014	2013
	€000	€000
Income		
Patient Income		
In-Patient	5,067	6,573
Out-Patient	54	50
	5,121	6,623
Other Income		
Superannuation	642	729
Other Payroll Deductions	803	883
RTA Receipts	-	-
Income from External Agencies	-	-
Canteen Receipts	52	55
Other Income (Non-Capital)	100	79
Total Income	6,718	8,369
Net Expenditure	19,701	17,975