



St. John's Hospital

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2017 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 2017.

I want to acknowledge first the great work and commitment on the part of so many in St. John's Hospital. It is impressive and I often hear positive feedback from those who have been patients in the hospital. I want particularly in this Report to acknowledge with gratitude the commitment and support of my fellow Committee members, all of whom continue to give of their time and expertise so generously on a voluntary basis. The Committee met on 10 occasions during 2017. The Audit Sub-Committee met on 4 occasions and their work greatly enhanced the overall work of the Committee. I sincerely thank the Committee members for their continuing commitment to St. John's Hospital and for providing their vast wealth of experience and wisdom which is a great support to me.

St. John's Hospital continued to work on the delivery of our three-year Strategic Plan 2015-2018 in 2017. The plan sets out the five key focus areas for St John's and there have already been a number of achievements to date:

1. Sustain and expand the delivery of high quality safe services

St. John's did not have the same level of audits by external bodies in 2017 as in 2016 but we continue to work on the HIQA Safer Better Healthcare programme.

2. Demonstrate that our corporate governance framework is effective and robust

The work on reviewing our governance structures continued in 2017 and we are hopeful that this matter will be brought to a conclusion in 2018. There was further engagement with Deloitte Consultants on the HSE-commissioned Governance Review in 2017 and the final report was imminent at year end. We also agreed to meet the Independent Review Group set up by the Minister for Health in July 2017 to examine the role and status of voluntary organisations involved in healthcare provision but this did not take place before year end.

3. Upgrade information and communication technology systems to national standards

We now have both the new National Patient Administration System (iPMS) and the National Integrated Medical Imaging System (NIMIS) installed in St. John's

4. Continue to develop the hospital infrastructure to underpin the quality of service we provide and to provide a positive patient experience

The HSE approved funding for a major Fire Safety Upgrade Project in 2017 and this work was largely completed during the summer months with the installation of new Fire Detection Alarm System and Emergency Escape Lighting System and new fire doors, fire stopping measures, etc. The Minister for Health was briefed on our proposed 90 replacement bed block during his visit to St. John's on 12th June and he supported expansion of our development to a 120 bed block which would add 30 new beds to our proposal. There is on-going engagement with the HSE to progress this essential development

5. Build on our reputation as a patient centred care provider

St. John's continues to be held in very high regard by the public and this was confirmed by the first National Patient Experience Survey which took place in May 2017. The hospital's results were above the ULHG average in all twelve categories surveyed and above the national average in eleven of the twelve categories.

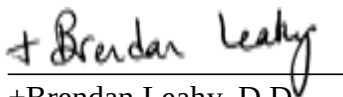
2017 was yet another challenging year for St. John's Hospital on the financial front and we finished the year with a deficit of €0.650m incl. the deficit of €0.319m brought forward from 2016. We had only managed to function in 2016 due to the surplus of €1.170m brought forward from 2015 and faced on-going financial challenges throughout 2017. We had no option but to close the twenty beds on the Ground Floor in March for financial reasons but we did manage to re-open these beds for the last two months of the year. St. John's Hospital has on-going struggles to obtain the appropriate level of resources to allow the hospital operate to its maximum capacity

We were pleased to welcome the Minister for Health to St. John's on 12th June and to have the opportunity to demonstrate our services and outline our capital development proposals and the resource issues mentioned above to him. I was also glad to see the re-activation of the Voluntary Healthcare Forum in 2017 and look forward to it playing an active role in advocating for the voluntary hospitals in the coming years.

I would like to extend best wishes to our Laboratory staff who transferred to the University of Limerick Hospital Group payroll from 9th October, 2017 and to thank them for their service to St. John's Hospital. I would also like to pay tribute to Mr. Fearghal Grimes who resigned as Chief Executive in August to take up a position nearer his home. Fearghal was Chief Executive for six years and was a great support to me when I became Chairman in 2013 and in the intervening years and I thank him and wish him well in his new career.

I also wish to acknowledge the excellent work of the other members of the Senior Management Team in 2017. Once again, I would like to thank all the staff for their continuing dedication and commitment to the provision of first class patient care. Finally, I would like to thank our Patient Partnership Forum for their on-going support and assistance to the hospital.

I look forward to continue working with you all over the coming years 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

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INTRODUCTION

This Annual Report for the year ending 31 December 2017 gives details of activity levels and financial performance for both 2017 and 2016. Annual Reports for the Drugs & Therapeutics Committee is reproduced in Chapter 3, for the Infection Prevention & Control Committee in Chapter 4 and for the Nutrition & Hydration Committee in Chapter 5. Activity statistics are shown in Chapter 6. The financial details are taken from the Audited Accounts and a copy of the Audited Accounts is reproduced in Chapter 7.

THE YEAR IN REVIEW

Service Delivery

(a) National Reviews

The cross party Oireachtas Committee on the Future of Healthcare published the Slaintecare Report on 30th May 2017. While the Association of Hospital Chief Executives (AHCE) had made a detailed submission to the Committee there was little reference to the Voluntary Hospitals in the published report. Under the heading "Governance of Section 38 Agencies" the report stated:

"The Committee is of the view that it is not appropriate that so much of the Irish public health service is in private ownership. The Committee therefore welcomes the recent proposal from the Minister for Health to establish a Forum to examine this matter. It urges the drawing up of a detailed phased plan to provide for the divestment of these facilities over a reasonable period. At the start of this process, it will be necessary to compile a detailed audit of all publicly funded properties which are currently in private ownership. In the interim, the Committee believes that it is essential that strict Service Level Agreements apply to the allocation of all public monies, combined with the proposed activity-based funding system."

On 21st July 2017, the Minister for Health set up an Independent Review Group to "examine and inquire into the current role and status of voluntary organisations in the operation of health and personal social services in Ireland, including religious and faith-based organisations, the strengths and weaknesses of this mode of service provision, the issues which arise in connection with the provision of services to the public, through such organisations and to make recommendations on how the relationship between the State and voluntary organisations in that area of health and personal social services should evolve in the future".

St. John's Hospital accepted a request from the Review Group (Dr Catherine Day, Prof Jane Grimson and Prof Deirdre Madden) for a meeting but it was not possible to fix a mutually acceptable date before the end of the year and it was deferred until 2018.

(b) Transfer of Remaining Laboratory Service

Work on the transfer of the major part of the pathology service from St. John's to University Hospital Limerick (UHL) resumed in 2017. Our Laboratory staff transferred to the ULHG payroll from 9th October but remain in situ in St. John's for the moment. It is anticipated that there will be a reduced Laboratory staff presence on site when the Blood Sciences project for the ULHG has been finalised and there will be new, common laboratory equipment installed across the Group, incl. St. John's Hospital.

(c) Visit by Minister for Health

Mr. Simon Harris the Minister for Health visited St. John's Hospital on 12th June 2017 following the opening of the new ED in University Hospital Limerick. The main focus of the visit was the hospital's long standing proposed Capital Development and the Minister was accompanied by Senators Maria Byrne and Kieran O'Donnell who strongly supported St John's case for the new 90 replacement bed block. Minister Harris toured the hospital and viewed our current patient accommodation and recognised that our key issue of concern was the outdated physical infrastructure. He suggested that St. John's consider increasing our proposal to 120 beds to provide additional capacity to the hospital group. He met with patients on the First and Top Floors and received very favourable comments from the patients on the service they were receiving from the hospital. He had a lively, engaging and meaningful interaction with St John's management and was eager to listen to and understand our role in the provision of healthcare in this region and the challenges we face. The Minister's visit to our wards and discussions with our patients and staff allowed him to hear and see at first hand the challenging environment in which we deliver high quality healthcare. His simple walk-about meant a huge amount to patients and staff as it is approximately 20 years since a Minister for Health has visited our hospital.

The Minister was concerned with the closed beds on the Ground Floor and subsequently requested St. John's to work with the ULHG CEO to address this issue. St John's confirmed that we would do so and also outlined that we had raised the issue of resourcing these beds with ULHG on many occasions. The Ground Floor beds were re-opened at the end of October 2017. Minister Harris subsequently confirmed that St. John's Hospital's capital development was among a number of projects which ULHG was including in their capital submission.

(d) Minor Capital Funding 2017

St. John's Hospital submitted an extensive application under the HSE's national equipment replacement programme for 2017. However, we only received approval for one item, a laboratory microscope, in amount €15,000.00 this year. Following engagement with HSE procurement specialists a refurbishment of the existing microscope in amount €4,223.61 was agreed.

Quality and Safety

(a) Health Information and Quality Authority (HIQA)

Work continued in 2017 in respect of the following HIQA monitoring programmes:

- Antimicrobial Stewardship
- Medication Safety
- Nutrition and Hydration
- Prevention and Control of Healthcare Associated Infections

New national standards for the prevention and control of healthcare associated infections in acute healthcare services were launched in May 2017. These new standards were a revision of the 2009 National Standards for the Prevention and Control of Healthcare Associated Infections and incorporated the learning from HIQA's programmes of inspection against these standards across Irish hospitals. HIQA revised its monitoring programme and published updated inspection guidance.

HIQA are due to commence inspections on decontamination and reprocessing of reusable medical devices in 2018.

HIQA is also preparing for the transfer of regulatory powers from the Department of Health to HIQA for regulating medical exposure to ionising radiation, in line with an EU directive. It is intended that HIQA will start monitoring in this area in 2018. The programme of work is driven by Council Directive 2013/59/EURATOM with transposition and enactment of the legislation into Irish law being required by February 2018. St. John's Hospital has a very active Radiation Safety Committee which continues to oversee the use of irradiating apparatus in the hospital in line with our licence.

(b) National Patient Experience Survey

The first National Patient Experience Survey took place in May 2017. The survey is a partnership between the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health and will run on an annual basis. 26,635 patients from 40 hospitals across Ireland were invited to participate. In total, 13,706 people took part. 111 participants from St. John's Hospital took part in the survey.

The results outlined in St. John's Hospital report reflect the experiences of patients who were discharged from the hospital during the month of May 2017. The full report is available on the National Patient Experience Survey website www.patientexperience.ie.

Overall, patients' ratings of their experiences at St. John's Hospital were above the national average. 92% of patients at St. John's Hospital said they had a 'very good' or 'good' experience, compared with 84% nationally.

Patients had positive experiences in several areas, particularly as regards the food provided in the hospital, which scored above the national average, and also being treated with respect and dignity by hospital staff. Positive experiences were also reported as regards patient involvement in decisions relating to their discharge and information to help support themselves at home, while pain management also featured positively in the survey.

Patients highlighted areas needing improvement, for example, discharge arrangements, privacy while discussing their condition or treatment and also the numbers of staff who do not wear their name badge. Patients were also less positive in terms of the answers provided by staff members in response to questions regarding operations and procedures and test results, with many patients reporting that the answers were not always easy to understand.

St. John's developed and implemented a plan setting out how they will improve patient experience based on patients' feedback to the National Patient Experience Survey 2017.

Sincere thanks to all our patients who took the time to participate in the survey. Finally, a very special work of thanks and to our dedicated, hard-working staff who continue to deliver high quality, safe and effective healthcare to our patients and their families on a daily basis.

(c) Fire Safety Upgrade Works

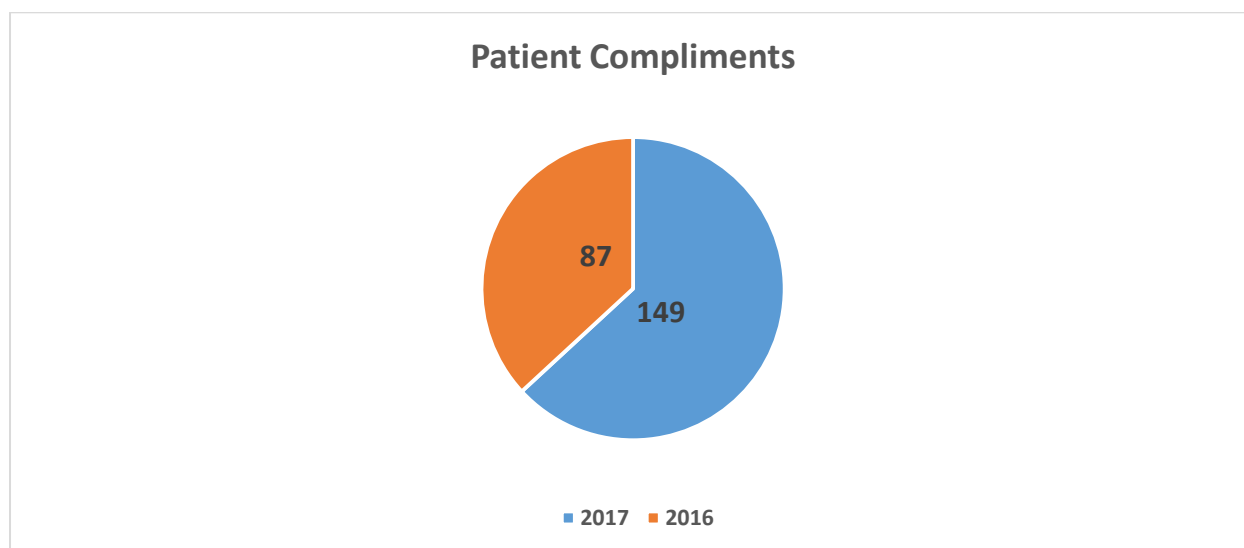
Survey reports by Fire and Safety Consultants were received in early 2017 following our insurer's Risk Improvement Survey carried out in September 2016. We engaged with the HSE's Corporate Estates Manager for Fire Safety and the local HSE Estates Manager and Fire Safety Officer to action these reports. The HSE approved a capital grant of €0.880m for Fire Safety Upgrades on 2nd June, 2017. Following a tender process, contracts were awarded to Allied Fire Protection for the Fire Detection Alarm System and Emergency Escape Lighting System works and to PBC Ltd. for the "passive" works, i.e. new fire doors, fire stopping, etc. The bulk of the work was completed over the summer months and there was great co-operation between the contractors and hospital staff during the project which ensured that disruption to patients and services was kept to the lowest possible level.

(d) Public Sector Energy Performance

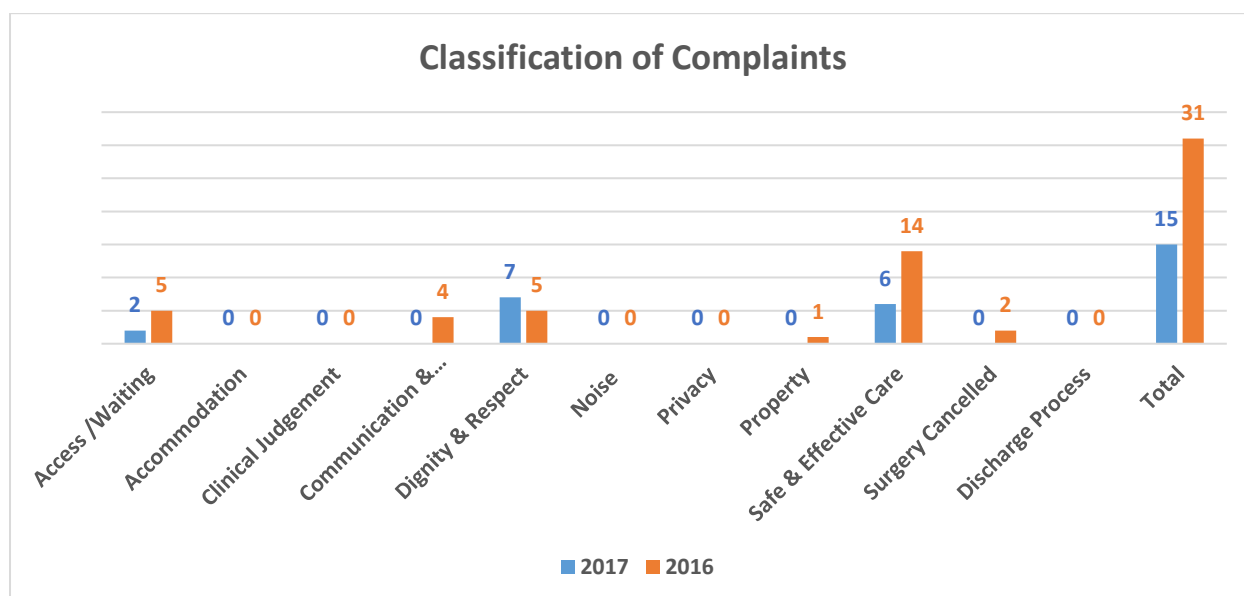
St. John's Hospital continues to work towards the government's objective to improve public sector energy efficiency by 33% by 2020. We have achieved energy savings of 26.6% from our baseline of 2009 to the end of 2017 and are on target for 2020. Energy conservation/efficiency improvement will continue to be a major consideration in all future works.

(e) Patient Feedback

St. John's Hospital continues to strive to provide high quality healthcare to the best of our ability and we receive many very positive compliments from patients and their relatives but we also receive some negative feedback. All complaints are taken very seriously and are thoroughly investigated and we try to address any shortcomings identified. Compliments increased by 71% and complaints showed an overall decrease of 52% in 2017.



Compliments showed an increase of 71% in 2017



Complaints showed a decrease of 52% in 2017.

Hospital Governance

(a) Review of Scheme of Management

The Management Committee again devoted a huge amount of time and energy reviewing the hospital's governance structures in 2017 as in 2016. The "Governance Review" day held on 28th November 2016 formed the back drop to on-going work on updating the hospital's Scheme of Management. There were a number of meetings with the hospital's Legal Advisor, meetings with Prof Gary O'Brien who was deeply involved in the review of the governance structure of Mary Immaculate College and engagement with Mr. Tim Kennelly, Berrylane Consultants, who has completed governance review projects for several other voluntary hospitals. The Management Committee worked towards finalising an updated draft Scheme of Management and it is anticipated that this will be available to present to the Governors for their consideration early in 2018.

(b) Annual Compliance Statement (ACS) 2017

St. John's Hospital signed our fifth Annual Compliance Statement in 2017. This involved the hospital, as a Section 38 Service Provider under the Health Acts, reviewing our governance arrangements and confirming that we are in compliance with "good governance standards" and that payment of all senior staff was also in accordance with the national consolidated pay scales.

(c) Service Level Arrangement (SLA) 2017

The Service Level Arrangement (SLA) for 2017, our annual contract of services with the HSE, was signed by St. John's CEO on 28th February and by the ULHG CEO on 15th March. St. John's had to qualify the 2017 SLA as follows "St. John's Hospital will only be in a position to provide 69 in-patient beds from the funding provided in 2017. We will no longer be in a position to continue provision of the Geriatric Service for which the funding was initially provided in 2016 but was then withdrawn. Routine annual summer theatre & bed closures may also be necessary in 2017 as in all previous years."

(d) Voluntary Healthcare Forum (VHF)

The VHF re-activated in 2017 and has been supported by the Board of St. John's Hospital. The Forum is a valuable resource for the voluntary hospitals as it provides a unified voice to the many national strategic challenges they face. The Chairman and the Acting Chief Executive met the Forum's Director, Ms Patricia Doherty, in St. John's Hospital on 9th November 2017 as part of a national consultation process to establish:

1. A purpose/vision for the VHF
2. Governance and strategic issues and challenges facing individual organisations
3. The work the VHF should undertake on behalf of its members in relation to the Review Group on the role of voluntary organisations and the Slaintecare report and
4. How the VHF and the Association of Hospital Chief Executives can work closely together to progress issues of mutual concern.

(e) HSE Review of Governance

St. John's Hospital was part of the HSE-commissioned Governance Reviews of all Section 38 Health Care Providers in 2016 by Deloitte. A draft report was agreed between Deloitte and St. John's for submission to the HSE on 15th August 2016. The HSE subsequently added to the scope of the review nationally and there were a number of re-drafts of our report to meet these changing requirements during 2017. A final report had not been issued at year end.

(f) UHLG Performance Meetings

St John's management team continued to meet with the ULHG executive team on a monthly basis to review performance against the 2017 SLA. The review meetings in 2017 was largely dominated by financial matters but, nevertheless, these meetings were useful and provided a forum to discuss issues affecting both bodies.

(g) Audit Committee Annual Report 2017

The hospital's Audit Committee produced its fourth annual report to the Management Committee in June 2017. It outlined the Committee's activities and included a performance review and evaluation. The Management Committee was satisfied with the activities of the Audit Committee and approved its Annual Report. A copy of the report is reproduced on pages 19-21.

(h) Chief Executive Appointment

Mr Fearghal Grimes resigned as Chief Executive in August to take up a position in Tralee General Hospital. This decision was for family reasons and Mr. Grimes was very sad to leave St. John's as we were to lose him. Kerry General Hospital's gain is St. John's loss and we wish him the very best of luck in his new post and thank him for his great contribution to St. John's since he joined the hospital in 2011.

The salary scales for future Voluntary Hospital CEOs was reduced by the Department of Health in 2015. St. John's Hospital advertised the post at the new CEO salary scale (€77,183, €78,479, €79,783, €81,087, €82,392) and despite a number of queries from very suitable candidates there were a very limited number of applicants for the post. None of the candidates interviewed were deemed suitable and at present our Deputy CEO is acting as CEO. The Board are keeping the situation under review but it is doubtful that re-advertising the post at the new salary scale will attract candidates of the required calibre.

FINANCIAL

The comparable figures for 2017 and 2016, under the headings of overall expenditure and income, are shown hereunder. The accumulated deficit at 31 December 2016 was €319,000 which was brought forward to 2017. There was a deficit of €650,000 at year-end, mainly due to the decrease of €1,567,000 in the allocation received from the Health Service Executive in 2016. This underfunding in 2016 carried forward into 2017.

	2017 €'000	2016 €'000	% Increase/ (Decrease)
(SURPLUS)/DEFICIT B/F FROM PREVIOUS YEAR	319	(1,170)	
SALARIES/WAGES	19,472	19,293	0.9%
GOODS/SERVICES	7,086	7,134	(0.7)%
TOTAL EXPENDITURE	26,877	25,257	6.4%
INCOME	5,857	6,939	(15.6)%
NET EXPENDITURE	21,020	18,318	14.8%
ALLOCATION FROM HEALTH SERVICE EXECUTIVE	20,370	17,999	13.2%
(SURPLUS) DEFICIT	650	319	

Salaries and Wages

Salaries and Wages increased by €179,000 (0.9%) compared to 2016, mainly due to national pay agreements and due to an increase in the number of our pensioners.

Goods and Services

The cost of goods and services decreased by €48,000 (0.7%) compared to 2016, mainly due to a reduction in the expenditure on hospital refurbishment. Areas where significant changes occurred were:-

	2017 €'000	2016 €'000	% Increase/ (Decrease)
MEDICAL & SURGICAL SUPPLIES	1,730	1,576	9.8%
MAINTENANCE MATERIALS SUPPLIES	273	575	(52.5)%
ADJUSTMENT TO DOUBTFUL DEBTS PROVISION	31	(90)	134.4%

- Medical & Surgical Supplies increased due to the cost of expensive theatre procedures
- Maintenance costs decreased because 2016 included the refurbishment of the day care unit
- Adjustment to Doubtful Debts Provision increased because the amount of patient debt exceeding one year increased by €201,000. Total patient debt actually reduced by €352,000 in 2017

Income

Income decreased by €1.082m (15.6%) in 2017. The main area where significant change occurred was:-

	2017 €'000	2016 €'000	% Increase/ (Decrease)
In-Patient Income	4,515	5,486	(17.7)%

- In-Patient Income decreased by €0.971m due to a decrease in the number of patients opting for private accommodation

Allocation from Health Service Executive

The allocation from the Health Service Executive increased by €2.371m (13.2%) in 2017 due to the following :-

€1.290m : Compensation for reduction in patient income
 €0.500m : Funding for 2016 geriatric service
 €0.454m : Approved national pay increases
 €0.161m : Increase in pensions & retirement lump sums

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 2017 there were 37 late payments totalling €126,670 which constituted 1.6% of total non-pay expenditure during 2017. These late payments attracted interest payments of €447.

LEGAL & BANKING 2017

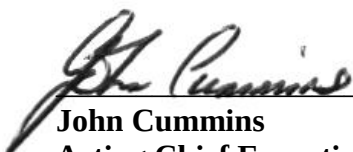
Auditors:	Grant Thornton, Chartered Accountants & Statutory Audit Firm, Mill House, Henry Street, Limerick.
Bank:	Bank of Ireland, 125 O'Connell Street, Limerick.
Legal Advisors:	Dundon Callanan Solicitors, 17 The Crescent, Limerick.
Insurance Brokers:	AON Ireland, Metropolitan Building, James Joyce Street, Dublin 1.

PATIENT PARTNERSHIP

I would like to thank our Patient Partnership Forum for their continued activities in 2017 to assist us to further improve the quality of service that we provide to our patients. The Patient Partnership Forum are a valuable resource to highlight issues that we may not notice and to advocate for our patients and we greatly value and appreciate their involvement with the hospital.

STAFF

I would finally like to thank each member of staff for their contribution throughout 2017. Their support during the Fire Safety works helped greatly to minimise disruption to our patients and services. Our staff also had to deal with the closure of the Ground Floor beds for a 10-month period in 2017 due to a lack of resources which made service delivery very difficult at times but all these challenges were faced in a positive manner. Our staff are the face of St John's Hospital and they carry on living out our Mission Statement in their daily work and in their interactions with patients, families and other staff.



John Cummins
Acting Chief Executive

Governance

- Vision
- Alignment
- Assurance

Management

Resources

- People
- Technology
- Finance

Services

- Systems
- Projects
- Service Delivery

Organisation

- Structures
- Policies
- Decision-making

BOARD OF GOVERNORS

Chairman:

Most Rev. Brendan Leahy, D.D.

Members (Ex-Officio)

Mayor of Limerick (1 Jan–23 June 2017)

His Worship Cllr. Michael Hourigan

Mayor of Limerick (23 June–31 Dec 2017)

His Worship Cllr. Seán Lynch

Administrator St. John's Parish

Very Rev. N. Kirwan

St. Mary's Parish

Very Rev. D. Leonard, P.P.

St. Michael's Parish

Very Rev. L. McDonnell, 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 2017

**Limerick City & County
Council Nominees:**

Cllr. Gerald Mitchell

Cllr. Jerry O'Dea

Cllr. Cian Prendiville

Cllr. Michael Sheahan

Life Governors:

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

Catherine M. Casey, FRCOG.MRCPI, DipPST, DCH

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.

Una Fahy, M.D., M.R.C.O.G.

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 (RIP 20/12/2017)

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. (RIP 11/01/2017)

MANAGEMENT COMMITTEE

Member	Role	Appointment Period
Most Rev. B. Leahy, D.D.	Chairperson	On holding office
Cllr. Michael Hourigan*	Deputy Chairperson	1 January – 23 June 2017
Cllr. Seán Lynch**	Deputy Chairperson	24 June – 31 December 2017
Very Rev. N. Kirwan	Member	On holding office
Dr Dermot Molony	Member	1 January – 31 December 2017
Dr Brendan Conroy	Member	1 January – 28 February 2017
Dr Joseph Lee	Member	1 March – 31 December 2017
Dr Fasih Khan	Member	1 January – 31 December 2017
Little Company of Mary	Member	No nominee 2017
Little Company of Mary	Member	No nominee 2017

* Tenure expired 23 June 2017 ** Appointed to the Committee 23 June 2017

Attendance at Meetings

<i>For the period 01/01/2017 to 31/12/2017</i>	
<u>Management Committee</u>	<u>Attendance</u>
Most Rev. Brendan Leahy (Chairperson)	10/10
Cllr. Michael Hourigan (tenure expired 23/06/2017)	5/5
Cllr. Sean Lynch (appointed 23/06/2017)	3/5
Very Rev. Noel Kirwan	7/10
Dr Dermot Molony	10/10
Dr Brendan Conroy (1/1/2017 – 28/2/2017)	2/2
Dr Joseph Lee (1/3/2017 – 31/12/2017)	6/8
Dr Fasih Khan	8/10

In Attendance

Name	Role
Fearghal Grimes	Chief Executive / Secretary (1/1/17 – 17/9/17)
John Cummins	Deputy Chief Executive (1/1/17 – 17/9/17) Acting Chief Executive / Secretary (18/9/18- 31/12/17)
Emer Martin	Director of Nursing (1/1/17 – 24/9/17) Acting Deputy Chief Executive (25/9/17 – 31/12/17)
Margaret Finn	Acting Director of Nursing (27/11/17 – 31/12/17)
Patricia Keeshan	Management Services Co-ordinator

SUB-COMMITTEE: AUDIT COMMITTEE

The Committee met on 4 occasions during the year.

Attendance at Meetings

<i>For the period 01/01/2017 to 31/12/2017</i>	
<u>Audit Committee</u>	<u>attendance</u>
Mr. Brendan Lane (Chairperson)	4/4
Mr. Ralph Keane	4/4
Ms. Catherine Sheehan (appointed 03/04/2017)	4/4

The hospital's Audit Committee produced its Annual Report to the Management Committee in June 2017. It outlined the Committee's activities and included a performance review and evaluation.

The Management Committee was satisfied with the activities of the Audit Committee and approved its Annual Report.

A copy of the Audit Committee Annual Report is reproduced on the following pages.

AUDIT COMMITTEE

Annual Report 2017

Introduction

In accordance with our Terms of Reference, I now submit the fourth Annual Report of St John's Hospital Audit Committee to St John's Hospital Management Committee for your attention.

As Chair of the Audit Committee, I reported to the Annual General Meeting of the Board of Governors of the hospital. I reported to the Board the activities of the Committee during the year and gave assurances in accordance with the Terms of Reference.

Activity

Since the 2016 report to this Committee, further Audit Committee meetings were held in November 2016, April and May 2017.

At the November meeting, the Committee noted the €600,000 decrease in Debtors and the focus by administration on collection of debtors 1 to 2 years outstanding, and suggested 2 to 3 year old might receive some focus. The very tight cash flow situation was also noted and the amount of funding being withheld by the HSE. The Claimsure System was discussed and noted that this is how all claims are managed now.

Deloitte Review

The Chair reported a discussion he had with the Partner in Charge of the review. Noted a final report is awaited.

Tenure of Office

It was agreed management be asked to note that the Audit Committee's term of office ended at 31 December 2016.

Committee Reports

It was approved that the Chair would prepare reports for presentation to the Management Committee and Board of Governors.

Recommendations for Future Work

Agreed to request Auditors to review particularly the following during audit:

- i. Formal procedures for staff appointments
- ii. Valuation methods for stock - ageing and obsolescence

Membership

Ms. Josephine Hennessy confirmed that she would retire from the Committee at the end of its present three year term.

At the second meeting, the Committee welcomed Ms. Catherine Sheehan as a new member replacing Ms Josephine Hennessy.

The Committee met with the auditors for a pre-audit discussion relating to 2016. It was agreed that within their audit, the auditors would make the following points a focus of their examination and report back to the Committee at a post audit meeting:

- i. All remuneration (including perquisites) paid to executives is in accordance with public health sector pay policy including Circular 11/2013 *Compliance with Health Sector Pay Policy*, Circular 11/2015 *Salary rates for future CEO appointments to Section 38 agencies* and the Department of Health Consolidated Payscale and pension arrangements
- ii. Validation of financial spot checks by the Chief Executive
- iii. Review of staff appointment procedures
- iv. Review of stock ageing and valuation methods

The auditors undertook to contact the Secretary when the audit was complete and circulate their Key Issues Memorandum for discussion with the Committee. The Chair undertook to prepare the Annual Report for the Management Committee in advance of its June meeting.

The draft Terms of Reference for the new term of the Audit Committee were read and discussed. The following amendments were recommended:

Heading	Bullet point No.	Agreed
4. Induction	1	Audit Committee induction training to be arranged for Ms. C. Sheehan in the first instance Further training to be arranged for current members
1. Membership	3	replace wording 'recent and relevant financial experience' with ' strong financial expertise and qualifications ' in line with ACS requirement New sentence to read ' <i>All members of the Audit Committee shall be non-executive members, at least one of whom shall have strong financial expertise and qualifications</i> '
12. External Audit	1	Ensure key partners are rotated at appropriate intervals in line with best practice.

The Committee agreed that following approval of the reviewed Terms of Reference by the Management Committee, these should be circulated together with the re-appointment letters for the Chairman and Mr. Keane

The Committee noted:

- i. Information on debtors
- ii. That FRS 102 would not apply to accounts
- iii. The financial situation of the Hospital and amounts outstanding from HSE.

At the May 23rd 2017 meeting the Committee discussed the recent audit and the Key Issues Memorandum and Management Letter. In particular, the Committee noted Auditors' Statement that "the controls and management of the accounting system and processes appear appropriate for the current business operations"

The Committee also concurs with the recommendations of the Auditors contained in the Management Letter.

The meeting was joined by Mr. John Neville, Audit Partner with Grant Thornton and received assurances from him as follows:

- I. Executive Pay Compliance**
Mr. Neville confirmed that all remuneration paid to executives is in compliance with public pay policy.
- II. Validation of Spot Checks by Chief Executive**
Mr. Neville confirmed that this procedure was carried out. However, there was no documented evidence to support the procedure and this had been identified as a key issue in the Management letter.
- III. Review of Staff Appointment Procedures**
Mr. Neville confirmed that there was a Recruitment and Selection Policy in place.
- IV. Review of Stock Ageing and Valuation Methods**
Mr. Neville confirmed that no issues were noted.

The Audit Committee would make the following recommendations to Management Committee:

- Pursue outstanding medical insurance claims
- Seek written IS Department assurance regarding up to date anti-virus and security systems in place
- Review AIB deposit accounts
- Implement paper trail of journal review procedures

It appears that all audit matters have been satisfactorily addressed and that the level of fees charged by the auditors is appropriate to work carried out. We recommend reappointment.

Performance Review and Evaluation

The Audit Committee has agreed to meet again before the Governors' Annual Meeting to discuss the report to be made to them.

Meanwhile, we are satisfied that our activities have fulfilled the requirements set out in our Terms of Reference and we look forward to completion of the new Terms in early course.

We suggest that a suitable induction course be arranged for Ms. Catherine Sheehan and a suitable relevant update course for the Secretary and other Members.

We are pleased to place this report before the Management Committee for its information and consideration.

Signed: 
Brendan G. Lane
Chairman,
St John's Hospital Audit Committee

Date: 1 June 2017

SENIOR MEDICAL STAFF

ANAESTHETISTS: Joseph G. Lee, MB, MS, FFARCSI
Brendan Conroy, MB, FFARCSI (1/1/17 – 28/2/17)
Wei Lan, MBBS, MSC, DIPM, FCARCSI (2/5/17- 31/12/17)
Fasih Khan, MB, BS, FFARCSI
*John Kennedy, MB, FFARCSI

**CONSULTANT IN
EMERGENCY MEDICINE:** *Gareth Quin, MRCPI, FRCS(Ed), FFAEM

**E.N.T./HEAD & NECK
SURGEON:** *Neville Shine, FRCS(ORL-HNS) MB. B. Ch., BAO

GASTROENTEROLOGIST: *Maeve Skelly, PhD, FRCPI

GYNAECOLOGISTS: Catherine M. Casey, MRCOG, MRCPI, Dip.PST, DCH
*Una Fahy, MD, MRCOG (1/1/17 – 30/4/17)

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'Keeffe, 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/University of Limerick Hospital Group.

Many other Consultants are also now providing sessions in St. John's Hospital as part of the ongoing reconfiguration of services in the region. All new Consultants appointment will be appointed to Hospital Groups in the future and St. John's Hospital will not hold the contracts of any of these appointees.

Drugs & Therapeutics

3

Committee



INTRODUCTION

The Hospital's Drugs & Therapeutics Committee is among the longest established committees in the hospital. The Committee is responsible for expert governance oversight and review of the service to ensure safe and effective medication usage in the hospital. It is multidisciplinary in structure, with representation from medical staff; Hospital Consultants in Medicine, Anaesthesiology and Microbiology, and where possible NCHD at Registrar Grade; Nursing Staff at management and clinical grades; Risk Management; Hospital Administration and Hospital Pharmacy at Chief Pharmacist and Clinical Pharmacists grades. Where the committee is functioning as the Resuscitation Committee, the Health Promotion Officer is also present.

The focus of the committee is on all aspects of medication governance. It works to promote, support, monitor and make recommendations regarding the safe, effective and economic use of medicines so as to provide optimal care for patients.

The Drugs & Therapeutics Committee has oversight of the hospital's Antimicrobial Stewardship and Medication Safety Programmes.

Overview of activities:

- Advises medical staff and hospital management on all matters pertaining to the use of drugs and medicines
- Reviews and approves hospital policies, procedures or guidelines that pertain to medicines
- Reviews and endorses policies and procedures generated by UHL D&T Committee for group-wide use
- Evaluates clinical data concerning drugs and medicines requested for use in the hospital and monitors their use
- Reviews high risk medicines
- Reviews and monitors trended analysis of adverse drug reactions and medicines incidents
- Reviews and monitors medication usage data and drug expenditure
- Makes recommendations to the Chief Pharmacist in relation to high cost medicines
- Approves policies concerning drugs and medicines to be stocked on the various wards, units and departments
- Arranges for appropriate educational programmes for the hospital's professional staff on related matters
- Support and approves Nurse Prescribers Collaborative Practice Agreements
- Designs, approves and monitors patient drug information for patients

Highlights 2017:

- Approval of the annual Antimicrobial Stewardship Programme
- Approval of the Terms of Reference of the Medication Safety Working Group and annual Medication Safety Programme
- Reviewed and updated Committee's Terms of Reference
- Participation in the National Venous Thromboembolism (VTE) Collaborative; introduction of 5-step VTE Risk Assessment and Dosing Tool with audit, feedback and training
- Policy approvals
 - Drug Allergy & Anaphylaxis Policy and training
 - IV Policy update

- Supported region-wide policy and standardisation of cardiac arrest trollies, and promotion of user-friendly checklist
- Effectively reached out to NHS Lothian with regard to adopting/adapting its Safe Use of Medicine policy
- Sound-alike Look-alike Drugs List updated and approved for circulation and education
- High Risk Drugs list approved – to include antibiotics vancomycin and gentamicin; anticoagulants, insulin, methadone, methotrexate & oral chemotherapy; potassium IV; neuromuscular blocking agents
- Approved new pharmacy and ward management of Controlled Drugs Schedule 4 following legislation changes and promoted staff education
- Achieved effective management and use of Piperacillin – Tazobactam shortage - doctor, nurse and clinical pharmacist vigilance meant no out of stock issues
- Drug charts updated
 - Insulin Chart to proactively managed High Strength Insulin:
 - Surgical Chart: allergy documentation section enhanced to match policy recommendations
- Medication Safety Education themes for staff
- Medication Safety Indicators (3) approved;
 - Allergy documentation
 - VTE prophylaxis within 24 hours of admission
 - Anaphylaxis training (doctors, nurses and pharmacists)
- Recommended action towards the development of an electronic drugs formulary

ANTIMICROBIAL STEWARDSHIP PROGRAMME

The Antimicrobial Stewardship Programme is under the auspices of the Drugs & Therapeutics Committee, who approve and review the programme and annual plan. It is led by the Antimicrobial Pharmacist, with input from Clinical Microbiologists, Clinical Pharmacists, as well as Medical and Nursing Staff. The Antimicrobial Pharmacist also attends the Antimicrobial Stewardship Subcommittee (ASSC) meetings in University Hospital Limerick. This subcommittee reports into UHL Drugs and Therapeutics Committee.

Overview of activities

- In 2017, Antimicrobial Consumption showed a decrease of 2% when compared with 2016
 - Carbapenem consumption decreased by 5% but was still above the hospital category median
 - Quinolone use decreased by 16% but was still above the hospital category median
 - However, clindamycin consumption increased by 66% in 2017 albeit from a low base. Consumption has been consistently below the hospital category median since 2012
- Expenditure for inpatient antimicrobials decreased by approximately €13,000

- KPI measures

Key Performance Indicator		Methodology	Target	2017
Compliance of choice of agent with antimicrobial policy		PPS Annual study	90%	89%
Documentation of indication		PPS Annual study	90%	91%
Compliance reserve agent guidance – Meropenem		Meropenem audit	80%	62%
Surgical prophylaxis	Choice agent	Targeted audit annually	90%	100%
	Duration		90%	100%

Highlights 2017

- Reserve antibiotics focus:
 - Meropenem alert sticker added to patients notes to encourage consultation with microbiologist
 - Ongoing audit and focused follow-up by Clinical Pharmacists
- Education sessions in MAU, in addition to education delivered at NCHD induction and NCHD weekly meetings
- Access to Antimicrobial Guidelines was enhanced by development of Antimicrobials Guidelines App by UHLG ASSC, as well as a desktop version. Staff education was provided on access to both
- Additional Audit activity in 2017
 - 'Start Smart then Focus' Antibiotic Care Bundle MAU (MAU Consultant & team with Antimicrobial Pharmacist)
 - Appropriateness of Diagnosis and Antibiotic use in Lower Respiratory Tract Infections (Respiratory Consultant & Registrar)

MEDICATION SAFETY PROGRAMME

The Medication Safety Working Group is a sub-committee of the Drugs & Therapeutics Committee and reports directly to it.

Overview of activities:

- Reduces avoidable harm to patients and increases patient safety by the promotion and advancement of a culture of medication safety
- Monitors the progress of the medication safety programme and makes recommendations for further development to the Drugs & Therapeutics Committee
- Acts as a resource on all issues relating to medication safety within the organisation
- Reviews medication incidents, identifies and monitors trends and makes recommendations to prevent recurrence in identified areas of risk
- Supports the dissemination of recommendations and shared learning from medication incidents for the purpose of service improvement
- Advises on design and implementation of medication safety initiatives and medication safety best practice

- Advises on medication-related audits where indicated and on resultant recommended changes in practice
- Ensures regular review of medication-related policies, procedures, protocols and guidelines to ensure they meet best practice and legislative requirement
- Identifies and addresses education and training opportunities for clinical staff in relation to safe medication practices
- Provides quarterly progress reports to the Drugs & Therapeutics Committee against the hospital's medication safety programme and medication safety action plan
- Champions implementation of HIQA's Medication Safety Monitoring Programme and participates in its inspections, as required

Highlights 2017

- Designed working group meeting formation so that medication incident review meetings alternate with medication safety programme development
- Identified medication-related audits that took place in the organisation, and proposals for new audit
- Development of electronic formulary proposal and presentation to Drugs & Therapeutics Committee for funding approval
- Drug Allergy Policy roll-out and training
- High risk medicine focus:
 - Expand Direct Oral Anticoagulant support to include out-patients through Warfarin/ Anticoagulation Clinic Pharmacist role
- Discharge prescription design improvements actioned: allergy documentation and section to document drug treatment changes: added to Doctor induction
- Reviewed current training; education themes for structured Medication Safety Education Programme developed
- Promoted eLearning Anaphylaxis training to medical, pharmacy and nursing staff
- Review of NHS Lothian Safe Use of Medicine for suitability for adoption or adaption, and made recommendations to Drugs & Therapeutics Committee
- Designed and developed Medication Safety Information Leaflet for patients
- Proposed Medication Safety Indicators to Drugs & Therapeutics Committee
- Provided information and education on the HIQA Medication Safety Programme
- Developed criteria for prioritisation of patients for medication reconciliation

Infection Prevention & Control Committee



INTRODUCTION

Infection Prevention and Control (IPC) remains a high priority for St John's Hospital. Throughout 2016/17 there has been a considerable amount of work and activity carried out in relation to IPC and this report documents the activity undertaken.

St. John's Hospital undertook to provide and maintain an effective and efficient infection prevention and control programme in 2017 in recognition of the integral role it plays in the delivery of safe patient care. 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 Chief Executive holds ultimate responsibility for providing effective IPC arrangements within the hospital. This duty of care is supported by the Infection Prevention and Control Committee. The Chair of the committee has responsibility for overseeing the day to day operational arrangements to ensure compliance with HIQA's National Standards for the Prevention and Control of Hospital Acquired Infections. This report from the Chair is the annual report to the Chief Executive including the progress of the annual Infection Control work plan. This report serves to provide assurance of the activities and mitigation of risks related to the prevention and control of infections and outlines how St John's Hospital continues to provide excellent performance for IPC within the hospital.

The Committee meets on a quarterly basis and Infection Prevention and Control also features as a standing item on the standard meeting agenda 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 has a strong link with the Consultant Microbiologist in University Hospital Limerick who regularly liaises with our Infection Prevention & Control Clinical Nurse Specialist and is a 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 assistance of the Consultant Microbiologists and the Surveillance Scientists in providing this valuable information.

The following Table compares the Surveillance Reports for 2015, 2016 and 2017:

	Item	2015	2016	2017
1	CPE	4	0	0
2	CDI	5	6	5
3	Norovirus	2	10	26
4	All cases of bacteraemia caused by EARS-Net pathogens.	15	13	12
4	"Hospital acquired" bacteraemia caused by EARS-Net pathogens	6	3	12
5	MRSA	62	47	35
6	VRE	4	5	2
7	ESBLs	15	20	8

1. CPE = Infection with Carbapenemase Producing Enterobacteriaceae
2. CDI = Clostridium Difficile Infection, a common cause of mortality and morbidity in hospital patients.
3. Norovirus (previously 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 2017 and expanded to screen patients transferred from other hospitals for CPE species.

Education and training continued to be a key component in combatting avoidable infection in St. John's Hospital in 2017. There is a mandatory training programme on Hand Hygiene in place for all staff and Standard Precautions training in place for all clinical staff. Monthly training sessions are held in addition to ward/department based training. Training is also provided as a standard item on the induction programme for doctors, nurses and other clinical healthcare staff.

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 2017.

A total of 187 staff attended at 30 hand hygiene training sessions held in 2017, with 138 staff attending 20 Blood Borne Virus training sessions and a further 120 staff attended at 29 Standard Precautions training sessions. All staff in patient areas were required to attend hand hygiene training every year and attendance for all other staff was on a mandatory basis of every two years.

St. John's Hospital took part in the National Hand hygiene audits during 2017. There were two such audits in May and October 2017. The overall compliance rate for May was 86.4% (up 1.6% from the previous year) and for October was 90% (up 1 % from the previous year). Work is ongoing to continue to maintain and improve these compliance rates.

In addition to the hand hygiene audits above, there was also an extensive infection prevention and control audit programme completed in 2017 including clinical rooms, utility rooms, linen, sharps disposal and peripheral vascular and urinary catheter care.

A number of infection prevention control policy documents, were also reviewed and updated in 2017.

SEPSIS MANAGEMENT

Introduction of the national sepsis screening tool

The aim of the National Clinical Programme for Sepsis is to ensure awareness of sepsis and to implement the clinical decision support tools that have been created to support compliance with National Clinical Guideline No. 6: Sepsis Management (NCG) (DOH 2015).

St John's hospital has made measurable progress in meeting the national guideline through the setting up of its own hospital sepsis committee including an antibiotic stewardship component, identifying a medical and nurse lead for championing sepsis awareness and management, delivering an in-hospital education programme for staff and the roll-out of the sepsis screening forms to all clinical areas. St John's hospital also took part in the national sepsis audits in 2017. Key findings from the 2017 audits showed that there were very good examples of early recognition and management of sepsis by clinical staff, with a need to focus on improving documentation around the recording of a clinical diagnosis of sepsis.

Further work is ongoing to sustain progress already made in sepsis screening and management, and to ensure the hospital achieves delivery of all aspects of the National Clinical Guideline.

ANTIMICROBIAL STEWARDSHIP

Antimicrobial stewardship is a systematic approach to optimising antimicrobial therapy, through a variety of structures and interventions; it includes not only limiting inappropriate use but also optimising antimicrobial selection, dosing, route, and duration of therapy to maximise clinical cure or prevention of infection, while limiting the unintended consequences, such as the emergence of resistance, adverse drug events and cost. (SARI 2009)

St John's Hospital is a member of University of Limerick Hospitals Group (ULHG). St John's Hospital actively collaborates with other hospitals within the group to progress a shared working approach to improving antimicrobial stewardship. Standardised Adult Antimicrobial Guidelines have been developed and implemented across the group.

St John's Hospital has a standalone Drugs and Therapeutics Committee, which operates independently from the remainder of the University Of Limerick Hospitals Group. A report from our Committee is also contained in this Annual Report. Antimicrobial stewardship has been a standing item on the Drugs and Therapeutics Committee's agenda since 2012. There is positive and supportive engagement from senior management staff with respect to antimicrobial stewardship activity.

The Antimicrobial Pharmacist at St John's Hospital is a member of the UHLG Antimicrobial Stewardship Subcommittee (ASSC). This is a multi-disciplinary committee comprising the Clinical Microbiology Team, Antimicrobial Pharmacists, representatives from the Nurse Prescribers Group, Medical and Surgical Consultants and, when in post, an Infectious Diseases Consultant. The ASSC is a subcommittee of the Drugs and Therapeutics Committee for UL Hospitals, which is chaired by the Chief Clinical Director.

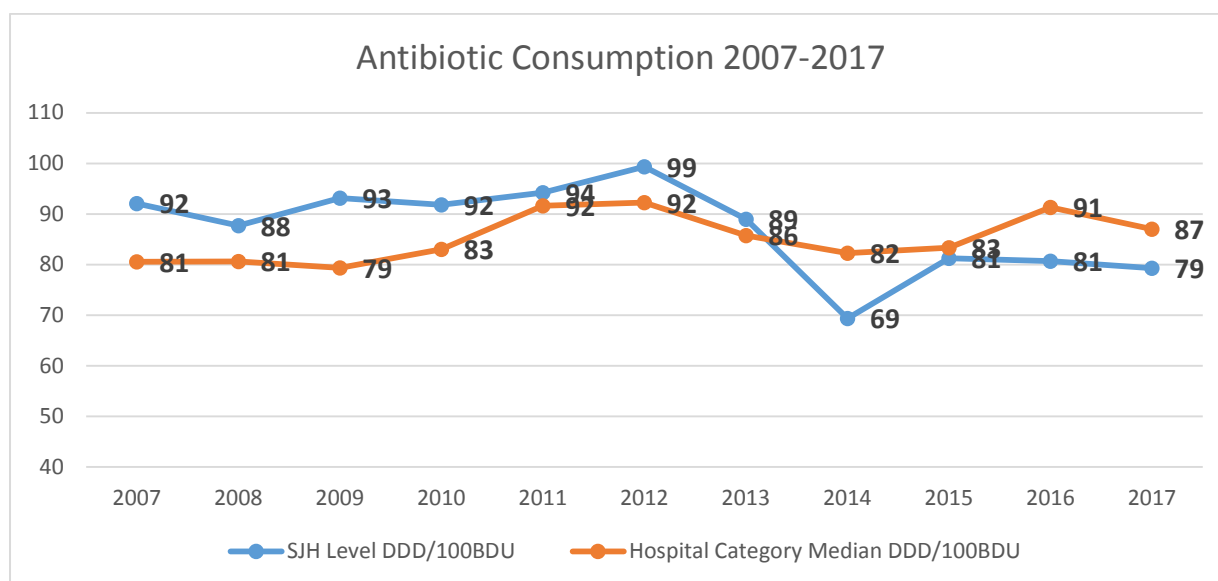
Goals of Antimicrobial Stewardship Programme

Specifically, the goals of antimicrobial stewardship programmes are:

1. To ensure the best clinical outcome, for treatment or prevention of infection
2. To minimise unintended consequences of antimicrobial use including
 - a. Adverse drug reactions
 - b. Selection of pathogenic organisms e.g. *Clostridium difficile*
 - c. Emergence of antimicrobial resistance
3. To minimise healthcare costs without compromising quality of care.

Summary of 2017 antimicrobial stewardship audit results

Total Antimicrobial Consumption 2017



Between 2015 and 2016, there was a 1% decrease in antimicrobial consumption for St. John's Hospital. In 2017, antimicrobial consumption at St. John's Hospital was 2% lower than for 2016. Antibiotic Consumption at St. John's Hospital has been lower than the hospital category median since 2014.

Point Prevalence Study May 2017

A point prevalence study of antimicrobial use is conducted annually by the Antimicrobial Stewardship Team followed by data analysis, and dissemination of the results. Data is also provided to the HPSC for inclusion in the national report. A European wide point prevalence study of Healthcare Associated Infectious and Antimicrobial use was completed in May 2017, the data from this report was published in Q1 2018. Some of the data relating to antimicrobial use is captured in this report.

Antimicrobial prescribing prevalence	SJH 2017 (n=67)	SJH 2012 (n=37)	PPS 2017 Hospital category median (n=577)
% of patients on antimicrobials	57%	57%	39%
No. of therapies per patient	1.18	1.42	1.25
% by intravenous route	40%	30%	46%

Indicators for quality of prescribing	PPS 2017 SJH	PPS 2012 SJH	PPS 2017 Hospital category median
Total antimicrobials prescribed	45	30	279
% with documented indication	91%	80%	88%
% guideline compliant	90%	96%	74%

Surgical	PPS 2017 SJH	PPS 2012 SJH	PPS 2017 Hospital category median
No. of patients on Surgical Prophylaxis (%)	6 (13%)	0 (0%)	15(5.4%)
% Compliant with guidelines	100%	NA	87%

Start Smart Quality Improvement Initiative Medical Assessment Unit

Over a 12 week period in the Medical Assessment Unit, all patients commenced on antibiotics had their prescription and documentation reviewed against the START SMART criteria. Out of 51 patients in the 12 week-period there was an 80% compliance with the local prescribing guidelines in 8 of the 12 weeks. In 6 of the 12 weeks there was 100% compliance in treatment duration or review date documentation. Weekly meetings with the pharmacist and prescribers in MAU and brain storming helped to improve our compliance and documentation. The introduction of the laminated cards with summaries of the antibiotic prescribing guidelines to each department and to each member of the medical team helped to improve compliance.

CONCLUSION: While there was an overall improvement in relation to prescribing in accordance with local guidelines it did not reach 100% for the duration of the study. Further work in this area was planned for 2018

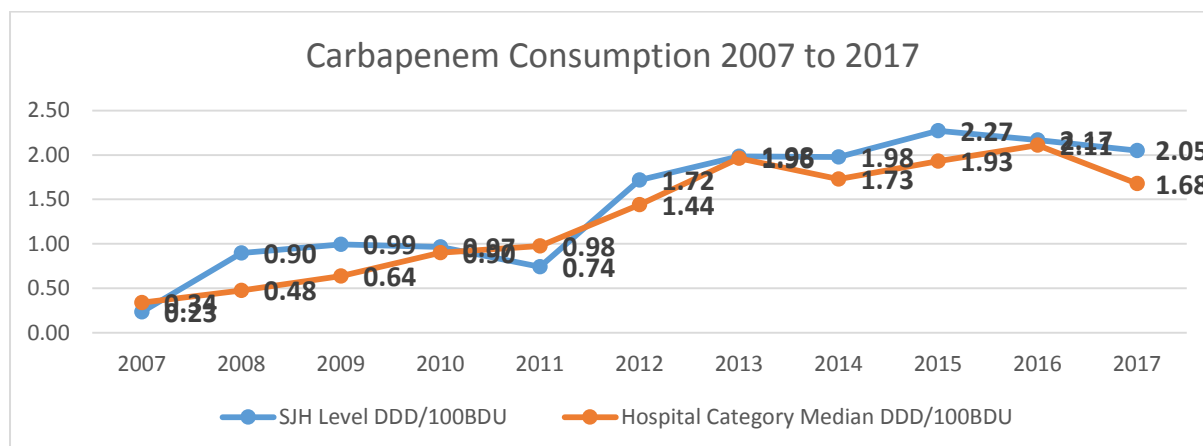
Appropriateness of Diagnosis and Antibiotic use in Lower Respiratory Tract Infections-

111 patients with LRTI with minimum of 24 hour stay in January 2017 were audited:

- 30% received antibiotic inappropriately
 - ▶ 10% received levofloxacin without documentation of penicillin allergy
 - ▶ 10% received piperacillin-tazobactam with no clear indication
 - ▶ 8% received dual antibiotics (co-amoxiclav and clarithromycin) for infective exacerbation of COPD

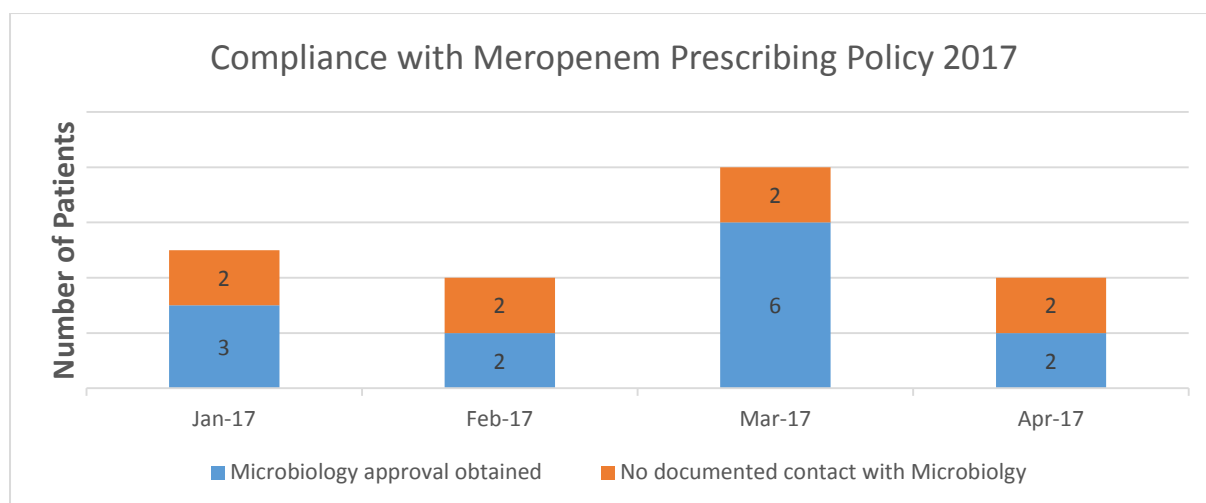
Meropenem prescribing

The Carbapenem group of antimicrobials (meropenem, ertapenem) are broad spectrum "reserve agents" whose use is being safeguarded to prevent emergence of resistance. There was a 5% reduction in Carbapenem consumption between 2016 and 2017.



Appropriateness of Meropenem Prescribing

Regional and national policy states that approval should be obtained from Microbiology or Infectious Diseases if prescribing Meropenem. In 2016 when there was 58% compliance with this policy. A Reserve Antimicrobial sticker was introduced in January 2017 and a presentation on Meropenem prescribing was given to Medical teams on the 10th of April 2017. In the first four months of 2017, there was an improvement to an average of 62% compliance with this policy.



Antimicrobial Stewardship Programme Plan and Activities in 2017

I. Education Programme

Formal education on antimicrobial prescribing and antimicrobial stewardship was provided by members of the Antimicrobial Stewardship Team and also by other medical, nursing and pharmacy staff with expertise in this area.

II. Audit Schedule

An audit schedule was in place for 2017. Audit areas included Meropenem Audit and Start Smart Antibiotic Audit in the Medical Assessment Unit. Results from the biannual antimicrobial consumption data HPSC update and the yearly point prevalence study inform of opportunities for improvement and direct the audit schedule.

There was continued focus on education and monitoring of antimicrobial usage throughout 2017.

III. Annual Point Prevalence Study

A point prevalence study of antimicrobial use is conducted annually by the Antimicrobial Stewardship Team and is followed by data analysis and dissemination of the results. Data is also provided by the HPSC for inclusion in the national report. Some of the key findings from the 2017 report are included above. In 2017, St John's Hospital participated in the European Centre for Disease Control point prevalence survey of healthcare-associated infections and antimicrobial use in acute care hospitals.

IV. Other Activities

European Antibiotic Awareness Week is an annual event in November. In November 2017, this was marked by an information stand for the public in the front hall and one for staff beside the canteen. The stand for healthcare staff was also used to display key audit results from 2016. Three antibiotic quizzes were organised; - one for doctors, one for nurses and one for other healthcare staff. Participation in the quiz led to an increase in antimicrobial awareness amongst staff. A similar initiative will be planned in 2018.

An annual newsletter is publicised by the ULH Group Antimicrobial Stewardship Team to which St. John's Hospital contributes. In July 2017 St John's Hospital submitted relevant audit results to this newsletter and it is planned to do likewise in 2018.

WASTE MANAGEMENT ACTIVITIES

Dangerous Goods Safety Audit

Two dangerous goods safety audits took place at St. John's Hospital in 2017. The audits were completed by the Dangerous Goods Safety Adviser (DGSA) on 22nd May 2017 and 9th October 2017.

The DGSA completed an Annual Report for 2017 on the activities of the hospital concerning the transport of dangerous goods and the storage of clinical and chemical waste.

The audit report 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 good” on the days of both audits. Areas commended from the audits included:

- Sharps bins are maintained in the temporary closed position when not in immediate use.
- Security of the clinical waste compounds.
- Management of staff training records.
- Security of the sluice and treatment rooms on the wards.
- Availability of updated safety data sheets in all areas of the hospital
- Chemical agent risk assessments have been completed throughout the hospital departments.

Work relating to dangerous goods completed includes the following:

- The waste management policy has been updated and signed off at the hospital by key personnel.
- The hospital is beginning the introduction of routine medical gas cylinder checks throughout the hospital.
- Ward staff have been reminded to ensure that traceability tags are attached to healthcare risk waste packages on disposal.
- A waste disposal route for the safe disposal of waste aerosols has been implemented at the hospital.
- Biohazardous signage has been erected on the healthcare risk waste metal pedal bins on the hospital wards.
- Medical gas safety data sheets (SDS) are now provided in the medical gas storage compounds.
- Chemical storage units in CSSD and Histology laboratory have been labelled with chemical hazard signage.
- Staff attended Chemical Safety Awareness incl. Spill Control training on three training days in 2017.

Training sessions on the segregation, packaging and storage of healthcare waste continued in 2017. A total of 113 staff members attended 20 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.

13 Chemical Safety Awareness Training sessions were held in 2017 with 91 participants in attendance.

DECONTAMINATION AND HYGIENE

The Decontamination and Hygiene teams continued their great work in 2017 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 electronic MEG audit tool was purchased by St John's Hospital in 2017 to assist nurse managers in conducting the monthly Environmental Hygiene audits with greater speed and efficiently.

The MEG Audit tool is a Quality Improvement System aimed at reducing Healthcare Associated (HAI) Infections through Audit, Feedback and Reporting. The audit tool measures compliance against the national HIQA standards on Infection Prevention and Control. The tool is a handheld electronic device which requires less administrative time than standard audits as it is paperless, can be used at the point of care, and generates electronic reports and quality improvement plans that can be made accessible to a wide range of clinical and managerial staff. The tool has proved very helpful to staff in that it can provide information which is readily available and which clearly indicates levels of compliance with infection control and hygiene standards.

The Decontamination Team met monthly and continued to ensure that reusable invasive medical devices (RIMDs) were safe for use on patients and in handling by staff. A Track and Trace Endoscopy system was introduced in St. John's Hospital in 2015 as part of a national project. Tracking instrumentation through the decontamination lifecycle and linking this information to the individual patient, on whom the RIMD has been used, provides key quality assurance data, with patient safety as the core objective for project implementation. A further Track and Trace Project for CSSD and Theatres commenced in 2016 and was completed in 2017. A training programme for all staff was implemented. In 2017, the interim CNM2 Service Lead completed the Higher Certificate in Science: Contamination Control and Asepsis for the Healthcare Sector. CSSD operatives were supported to undertake Level 6 Minor award in Endoscopy Decontamination through Tallaght Institute of Technology. This was in response to a requirement highlighted in The Quality Improvement Division's Review of Endoscope Decontamination Services in Acute Hospitals (2015).

HIQA AUDIT

HIQA last carried out an unannounced inspection of the hospital on 19th May 2016.

St. John's Hospital developed a quality improvement plan (QIP) to address the issues identified in the HIQA Audit on 19th May 2016. Most of the actions were completed by 2017, however due to the limitations imposed by the age and configuration of the original hospital building, it was not possible to carry out some aspects of remedial work such as installation of hand-wash basins in all single rooms. The dimension of the rooms does not permit additional items to be installed without imposing restrictions on the movements of patients and beds to and from the rooms. In response to this, a risk assessment was carried out and mitigating actions were implemented to address this risk.

A sincere thank you is due to all the staff who contributed to infection prevention and control management in St. John's Hospital in 2017.

Nutrition & Hydration **5** Committee



Nutrition and Hydration Committee

Following HIQA's unannounced inspection of Nutrition and Hydration on 11th October 2016, St John's Hospital developed the following Quality Improvement Plan which was delivered throughout 2017. The Improvement Plan was based on findings noted in the HIQA report and implementation of the Plan was overseen by the hospital's Nutrition and Hydration Committee.

1. The hospital reviewed its arrangements for referring patients to the Speech and Language Therapist. The referral process was revised including follow-up services and information on how to contact the SALT therapist was made clearer and more accessible to staff.

The hospital also assessed whether a permanent SALT therapist should be appointed. Due to the low number of patient referrals, it was felt that this was not required at the present time but the need would be reassessed again in the future.

2. St John's hospital undertook further work in analysing menu portions and nutritional content of food provided to patients.

Nutrient analysis of all 3 weeks of the regular menu cycle was completed in 2017 for standard food portions.

Menu work was undertaken by the dietitian and catering manager on improving food variety and choices for patients on special diets, such as renal, diabetic, gluten free and modified textured diets.

3. A formal nutrition and hydration training programme was devised for catering and medical staff.

This training programme was delivered to all staff in 2017 and availability is ongoing whenever new catering staff are appointed. It is also delivered to medical staff on induction to St John's hospital.

The hospital audited patients' experience of the food service. Overall the feedback showed that patients were very happy with the food service at St John's hospital.

All feedback is discussed with the catering department and nursing staff to guide where improvements are developed in the Food Service.

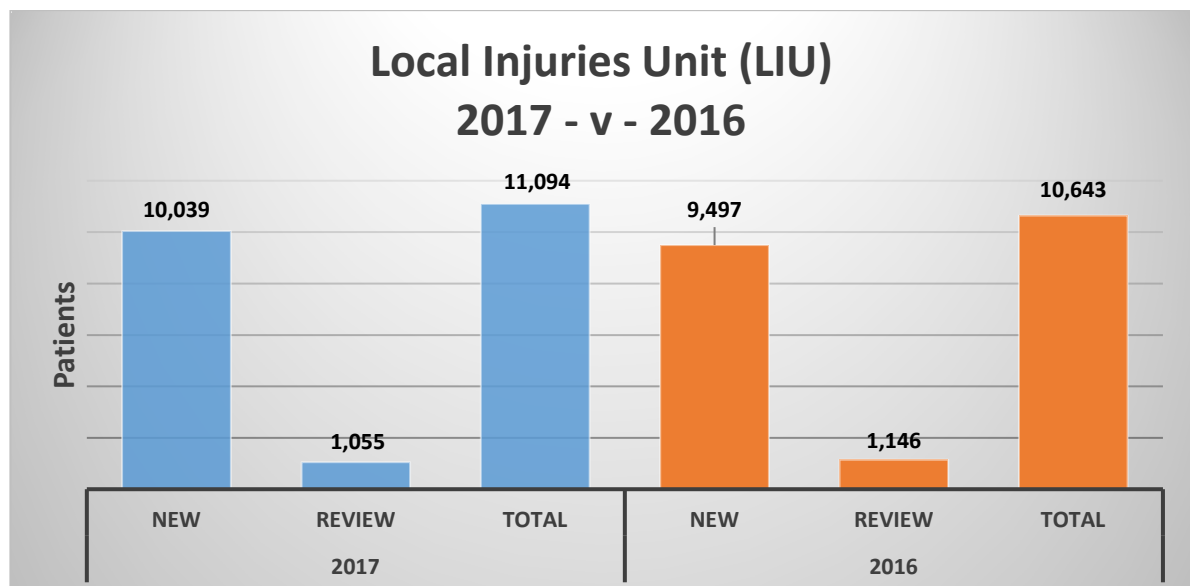
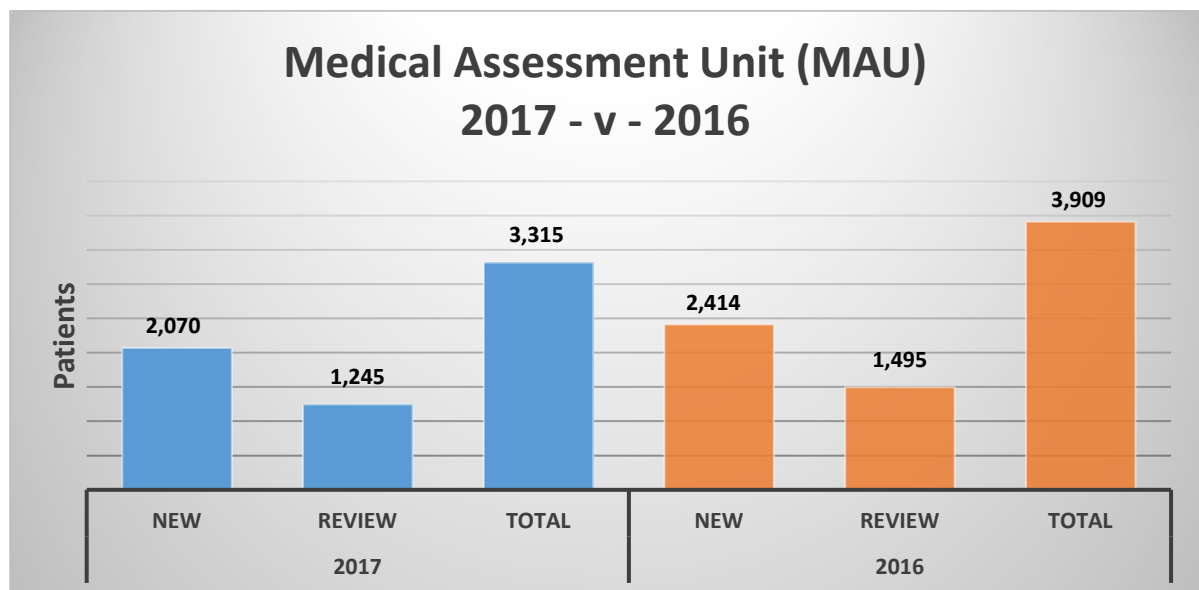
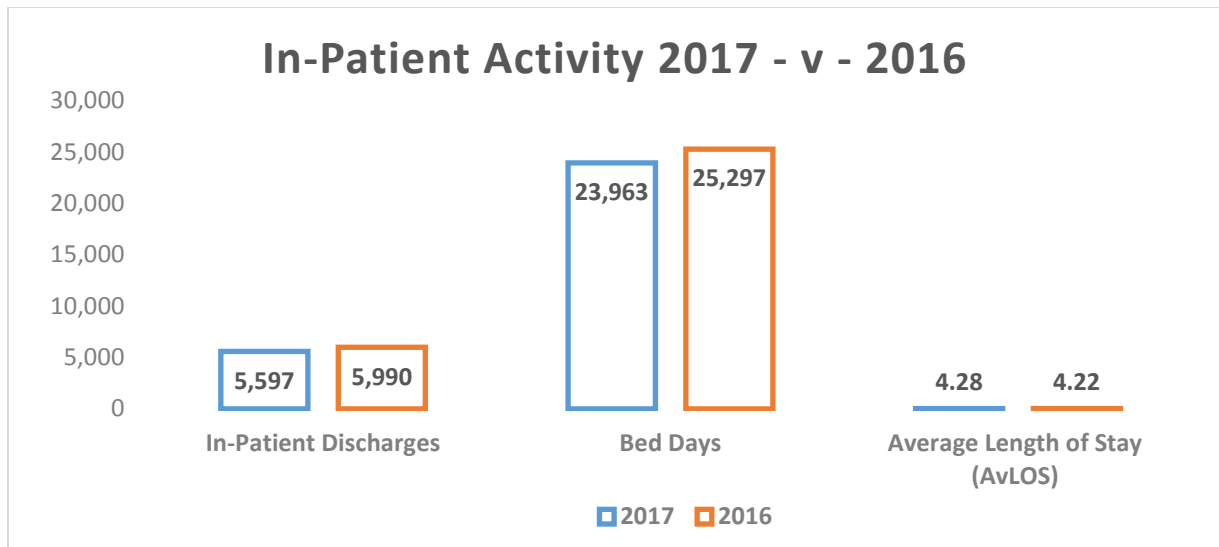
A protected mealtimes audit was carried out which showed improvements to patients mealtimes. Although there was improvement noted in interruptions to mealtimes, ongoing work continues in this area to ensure that patients can enjoy their meals without unnecessary interruptions.

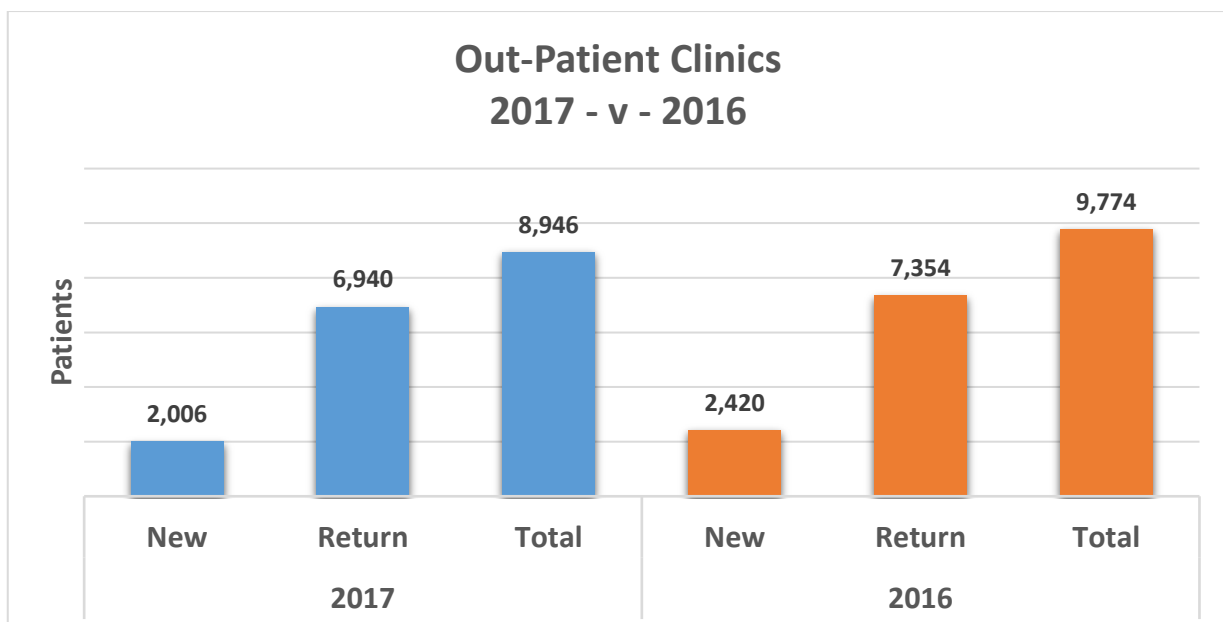
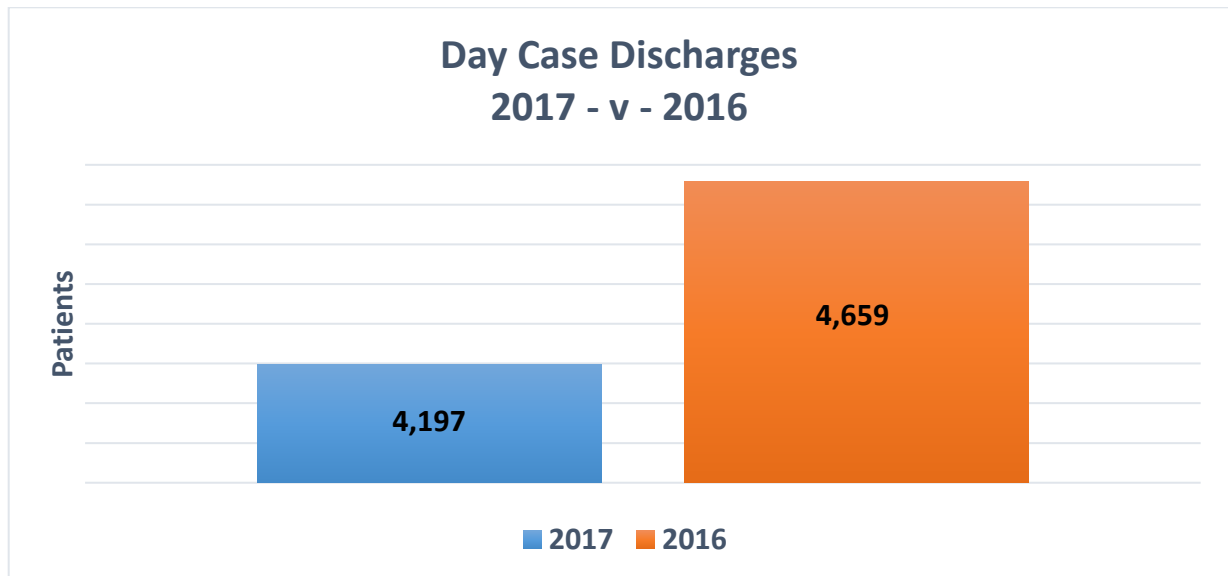
Activity

6

Statistics









Audited Report & 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, 2017.

Hospital Auditors:

Grant Thornton

Chartered Accountants & Registered Auditors

St. John's Hospital

**Financial Statements
31 December 2017**

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St. John's Hospital

General Information

Address:	John's Square Limerick
Main Bankers:	Bank of Ireland 125 O'Connell Street Limerick
Auditors:	Grant Thornton Chartered Accountants & Statutory Audit Firm 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 2017

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.

As a publically funded body, the Hospital is required to comply with Public Pay Policy and is in full compliance with Public Pay Policy.

On behalf of the Management Committee:

+ Brendan Leahy D.D.

) Chairperson

John Cummins

) A/Chief Executive

Date: 12 July 2018

St. John's Hospital

Statement of the Board Members' Responsibilities in respect of the Annual Financial Statements

Year ended 31 December 2017

The members of the Board are responsible for preparing the annual financial statements in accordance with applicable law.

Section 36 of the Health Act 2004 requires St. John's Hospital to prepare the annual financial statements in such form as the Minister for Health and Children may direct and in accordance with accounting standards specified by the Minister.

In preparing the annual financial statements, Board members are required to:

- select suitable accounting policies and then apply them consistently
- make judgements and estimates that are reasonable and prudent;
- disclose and explain any material departures from applicable accounting standards; and
- prepare the financial statements on a going concern basis unless it is inappropriate to presume that St. John's Hospital will continue in business.

The Board members are responsible for ensuring that accounting records are maintained which disclose, with reasonable accuracy at any time, the financial position of St. John's Hospital. The Board members are also responsible for safeguarding the assets of St. John's Hospital and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

On behalf of the Board:

+ Brendan Leahy D.D.

) Chairperson

John Cummins

) A/Chief Executive

Date: 12 July 2018

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

Opinion

We have audited the financial statements of St. John's Hospital, which comprise the Non Capital Income and Expenditure Account, Capital Income and Expenditure Account, Balance Sheet and Cash Flow Statement for the financial year ended 31 December 2017, and the related notes to the financial statements, including the summary of significant accounting policies.

The financial reporting framework that has been applied in the preparation of the financial statements is accounting standards issued by the Financial Reporting Council including FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" (Generally Accepted Accounting Practice in Ireland) and the Accounting Standards for Voluntary Hospitals issued by the Department of Health, ("the Guidelines"), and the accounting policies as set out on pages 57 to 61.

In our opinion, St. John's Hospital financial statements:

- give a true and fair view in accordance with Generally Accepted Accounting Practice in Ireland of the assets, liabilities and financial position of the Hospital as at 31 December 2017 and of its financial performance and cash flows for the financial year then ended; and
- have been properly prepared in accordance with the requirements of the Accounting Standards for Voluntary Hospitals issued by the Department of Health.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (Ireland) ('ISAs (Ireland)'). Our responsibilities under those standards are further described in the 'Responsibilities of the auditor for the audit of the financial statements' section of our report. We are independent of the Hospital in accordance with the ethical requirements that are relevant to our audit of the financial statements in Ireland, namely the Irish Auditing and Accounting Supervisory Authority (IAASA) Ethical Standard concerning the integrity, objectivity and independence of the auditor, and the ethical pronouncements established by Chartered Accountants Ireland, applied as determined to be appropriate in the circumstances for the Hospital. We have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (Ireland) require us to report to you where:

- the Board's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Board has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Hospitals' ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

Other information comprises information included in the annual report, other than the financial statements and our auditor's report thereon. The Board is responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies in the financial statements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Matters on which we were requested to report

- We have obtained all the information and explanations which we consider necessary for the purposes of our audit.
- In our opinion the accounting records of the Hospital were sufficient to permit the financial statements to be readily and properly audited.
- The financial statements are in agreement with the accounting records.

Responsibilities of management and those charged with governance for the financial statements

As explained more fully in the "Responsibilities of the Trustees and the Management Committee" and the "Statement of the Board Members Responsibilities", management is responsible for the preparation of the financial statements which give a true and fair view in accordance with Generally Accepted Accounting Practice in Ireland and the Accounting Standards for Voluntary Hospitals issued by the Department of Health, and for such internal control as they determine necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Hospital's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Hospital or to cease operations, or has no realistic alternative but to do so. Those charged with governance are responsible for overseeing the Hospital's financial reporting process.

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

Responsibilities of the auditor for the audit of the financial statements

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

As part of an audit in accordance with ISAs (Ireland), the auditor will exercise professional judgment and maintain professional scepticism throughout the audit. The auditor will also:

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

The auditor communicates with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that may be identified during the audit.

The purpose of our audit work and to whom we owe our responsibilities

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

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

MR. JOHN NEVILLE FCA

For and on behalf of

Grant Thornton

Chartered Accountants & Statutory Audit Firm

Limerick

Date 12 July 2018

St. John's Hospital

**Certification of Chief Executive Officer and Chairperson
for the year ended 31 December 2017**

We certify that the financial statements of Saint John's Hospital for the financial year ended 31 December 2017 as set out herein are in agreement with the books of account and have been drawn up in accordance with the accounting standards as laid down by the Minister for Health.

These financial statements, which comprise pages 53 to 70 and the statement of accounting policies, on pages 57 to 61, give the true and fair view of the state of affairs of the hospital at 31 December 2017 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

John Cummins

) A/Chief Executive

Date: 12 July 2018

St. John's Hospital
Non-Capital Expenditure for year ended 31 December 2017

	2017 €'000	2016 €'000
Cumulative Non-Capital (Surplus)/ Deficit B/F From Previous Year	319	(1,170)
Pay		
Salaries	16,867	16,774
Superannuation and Gratuities	2,605	2,519
	19,472	19,293
Non-Pay		
Direct Patient Care	3,507	3,284
Support Services	2,476	2,801
Financial & Administrative	1,103	1,049
	7,086	7,134
Gross Expenditure for the Year	26,877	25,257
Includes Surplus from previous year		
Income	5,857	6,939
Net Expenditure for the Year	21,020	18,318
Determination from HSE	20,370	17,999
Deficit C/F to Following Year	650	319

On behalf of the Management Committee:

+ Brendan Leahy, D.D.) **Chairperson**

John Cummins) **A/Chief Executive**

Date: 12 July 2018

Note: All figures are rounded to the nearest €'000

St. John's Hospital
Capital Expenditure for year ended 31 December 2017

Capital Income Sources

HSE- Capital Grant
HSE - Charge on non-capital Income & Expenditure
HSE - Non-Capital Repayment of Loan Capital
Fund-raising - Capital only
EU Grants
Disposal, Net Proceeds of
Other

Total Capital Income

2017 €'000	2016 €,000
676	113
-	-
-	-
-	-
-	-
-	-
676	113

Capital Expenditure

Land
Buildings
Work-In-Progress
Equipment
Vehicles
Other

Capital Expenditure - Capitalised

Capital Expenditure - Not Capitalised

Total Capital Expenditure

-	-
-	-
-	-
4	113
-	-
-	-
4	113
672	-
676	113

Opening (Surplus) from previous year

Closing (Surplus) to following year

(1,032)	(1,032)
(1,032)	(1,032)

On behalf of the Management Committee:

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

) **Chairperson**

John Cummins

) **A/Chief Executive**

Date: 12 July 2018

Note: All figures are rounded to the nearest €'000

St. John's Hospital
Balance Sheet as at 31 December 2017

Fixed Assets

Tangible Assets

Financial Assets

Note	2017 €'000	2016 €'000
12	10,645	11,182
	10,645	11,182

Current Assets

Debtors

Stocks

Investments

Cash in hand and bank balances

13	4,398	4,377
14	258	239
	-	-
	3	670
	4,659	5,286

Creditors-Amounts Falling Due Within One Year

Creditors

Bank loans and overdraft

Obligations under Finance Leases

15	3,845	3,623
	432	950
	4,277	4,573
	382	713

Net Current Assets

Total Assets Less Current Liabilities

11,027	11,895
--------	--------

Creditors-Amounts Falling Due After One Year

Bank Loans

Obligations under Finance Leases

-	-
-	-
-	-

Capital & Reserves

Non-Capital Income & Expenditure Surplus

Capital Income & Expenditure Surplus

Capitalisation Account

17	(650)	(319)
	1,032	1,032
	10,645	11,182
	11,027	11,895

+ Brendan Leahy, D.D.

) Chairperson

John Cummins

) A/Chief Executive

Date: 12 July 2018

Note: All figures are rounded to the nearest €'000

St. John's Hospital
Cash Flow Statement as at 31 December 2017

	Note	2017 €'000	2016 €'000
Net Cash Inflow/(Outflow) from Operating Activities	18	79	(1,962)
<u>Returns on Investments and Servicing of Finance</u>			
Interest Paid on Loans and Overdraft		(6)	(8)
Interest Paid re Finance Leases		-	-
Equity Dividends Received		-	-
Interest Received		-	-
Net Cash (Outflow) from servicing of Finance		(6)	(8)
<u>Capital Expenditure</u>			
Expenditure from HSE Capital		(4)	(113)
Add back unpaid Capital Expenditure		-	-
Add back movements in finance lease obligations		-	-
Capital Expenditure - Not Capitalised		(4)	(113)
Payments from non-capital, re acquisition of fixed assets		(672)	-
Receipts on sale of fixed assets		(44)	(69)
		-	-
Net Cash (Outflow) from Capital Expenditure		(720)	(182)
Net Cash (Outflow) /Inflow before Financing		(647)	(2,152)
<u>Financing</u>			
HSE Capital grant received		498	113
Receipts from other sources -acquisition of fixed assets		-	-
		498	113
Increase in investments		-	-
Capital element of finance lease rental repayments		-	-
Cash Inflow from movement in Debt and Lease Financing		-	-
Net Cash Inflow from Financing		498	113
Net Cash Flow		(149)	(2039)
(Decrease) in Cash and Bank	19	(667)	(1,089)
Increase/(Decrease) in Bank Loans < 1 Year & O/D	19	518	(950)
Increase in Bank Loans > 1 Year	19	-	-
Changes in Net Debt		(149)	(2,039)

St. John's Hospital

Accounting Policies

1. Basis of Accounting

- (i) The preparation of financial statements in compliance with Irish Generally Accepted Accounting Practice and the Accounting Standards for Statutory Hospitals requires the use of certain critical accounting estimates. It also requires management to exercise judgment in applying the Hospital's accounting policies (see note 1 (iv)).

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. 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 €.
- (iv) The preparation of the financial statements requires management to make estimates and judgements that affect the reported amounts of assets and liabilities at the date of financial statements and the reported amount of income and expenses during the reporting period. Management evaluates its estimates and judgements on an ongoing basis. Management bases its estimates and judgements on historical experience on various other factors that are believed to be reasonable under the circumstances. Actual results may differ from these estimates under different assumption or conditions. The following estimate / judgement is considered important to the portrayal of the Hospital's financial condition:

Going concern:

After reviewing the Hospital's forecasts and projections of HSE financial support, the Board have a reasonable expectation that the Hospital has adequate resources to continue in operational existence for the foreseeable future. The Board therefore continue to adopt the going concern basis in preparing its financial statements.

- (v) The level of rounding used in presenting amounts in the financial statements is €'000.

St. John's Hospital

Accounting Policies

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. Historical cost includes expenditure that is directly attributable to bringing the asset to the location and condition necessary for it to be capable of operating in the manner intended by management

(ii) The basis of valuation of the hospital's fixed assets is as follows:

Land:	As advised by the Department of Health.
Buildings:	Valuation or cost, less accumulated depreciation.
WIP:	Cost.
Equipment:	Cost, less accumulated depreciation.

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

St. John's Hospital

Accounting Policies

4. Stocks

Stocks are stated at the lower of cost and net realisable value, being the estimated selling price less costs to complete and sell. Cost is based on the cost of purchase on a first in, first out basis.

At each reporting date, stocks are assessed for impairment. If stock is impaired, the carrying amount is reduced to its selling price less costs to complete and sell. The impairment loss is recognised immediately in profit or loss.

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. 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.

7. Debtors

Short term debtors are measured at transaction price including transaction costs, less any impairment.

8. Cash and cash equivalents

Cash is represented by cash in hand and deposits with financial institutions repayable without penalty on notice of not more than 24 hours. Cash equivalents are highly liquid investments that mature in no more than three months from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of cash flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and form an integral part of the Hospital's cash management.

9. Creditors

Short term creditors are measured at transaction price including transaction costs, less any impairment.

10. Financial instruments

The Hospital only enters into basic financial instruments transactions that result in the recognition of financial assets and liabilities like trade and other debtors and creditors, loans from banks and other third parties.

Debt instruments (other than those wholly repayable or receivable within one year), including loans and other accounts receivable and payable, are initially measured at present value of the future cash flows and subsequently at amortised cost using the effective interest method. Debt instruments that are payable or receivable within one year, typically trade payables or receivables, are measured, initially and subsequently, at the undiscounted amount of the cash or other consideration expected to be paid or received. However if the arrangements of a short-term instrument constitute a financing transaction, like the payment of a trade debt deferred beyond normal business terms or financed at a rate of interest that is not a market rate or in case of an out-right short-term loan not at market rate, the financial asset or liability is measured, initially, at the present value of the future cash flow discounted at a market rate of interest for a similar debt instrument and subsequently at amortised cost.

Financial assets that are measured at cost and amortised cost are assessed at the end of each reporting period for objective evidence of impairment. If objective evidence of impairment is found, an impairment loss is recognised in the Income and expenditure account.

Financial assets and liabilities are offset and the net amount reported in the Balance sheet when there is an enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

11. Income

Income is recognised to the extent that it is probable that the economic benefits will flow to the Hospital and the income can be reliably measured. Income is measured as the fair value of the consideration received or receivable, excluding discounts, rebates, value added tax and other sales taxes.

The following criteria must also be met before income is recognised:

Income from the rendering of services is recognised by reference to the stage of completion of the contract. The stage of completion of a contract is measured by comparing the costs incurred for work performed to date to the total estimated contract costs. Income is only recognised to the extent of recoverable expenses when the outcome of a contract cannot be estimated reliably.

St. John's Hospital

Accounting Policies

In line with the Accounting Standards for Voluntary Hospitals laid down by the Minister for Health the following income is recognised on a receipts and payments basis: Road Traffic Accident Income, Out-Patients Charges and minor miscellaneous income.

St. John's Hospital
Notes to the Financial Statements – 31 December 2016

Insurance : Note 1

Medical Defence

(a) Consultants

(b) NCHDs

Other

Public Liability

Employers Liability

Property

Other

2017 €'000	2016 €'000
-	-
-	-
-	-
2	2
-	1
27	16
16	21
45	40

Misc. Non-Capital Expenditure

On Capital Projects : Note 2

Land

Buildings

Work-In-Progress

Equipment

Vehicles

Other

2017 €'000	2016 €'000
-	-
-	-
-	-
-	-
-	-
-	-
-	-

Miscellaneous Expenses : Note 3

Security

Publications Etc.

Membership / Subscriptions etc.

Interest on Late Payments

Education / Training

Shop / Restaurant Purchases

Other

2017 €'000	2016 €'000
194	201
2	4
-	-
-	-
28	33
-	-
69	56
293	294

St. John's Hospital

Notes to the Financial Statements – 31 December 2017

Analysis of Patient Income : Note 4

In-Patients

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

2017	2016
€'000	€'000
92	83
4,423	5,398
-	-
-	5
4,515	5,486
116	83
-	-
116	83

Out-Patients

Statutory Accident & Emergency Charges
Other Out-Patient Charges

Total Patient Income

4,631	5,569
-------	-------

Income From External Agencies : Note 5

Laboratory
Pathology
Radiology
Commissioning Services
Other

2017	2016
€'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

2017	2016
€'000	€'000
-	-
-	-
-	-
-	-
-	-
-	-
-	-
1	1
-	-
-	-
-	-
35	112
-	-
-	-
36	113

St. John's Hospital

Notes to the Financial Statements – 31 December 2017

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

2017	2016
€'000	€'000
13,307	12,932
365	303
697	722
-	-
98	65
-	-
70	63
126	168
1,308	1,232
-	1
3,501	3,807
19,472	19,293

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

2017	2016
€'000	€'000
21,020	18,318
44	69
-	-
-	-
-	-
44	69
20,976	18,249
585	584
21,561	18,833

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

2017	2016
€'000	€'000
2	2
-	-
-	-
-	-
2	2

St. John's Hospital

Notes to the Financial Statements – 31 December 2017

**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

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

2017	2016
€'000	€'000
20,370	17,999
(18,233)	(16,152)
2,137	1,847
1,847	1,528
(1,847)	(1,528)
-	-

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

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

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

2,137	1,847
-------	-------

676	113
(498)	(113)
179	-
-	-
-	-
-	-

Total Balance of Capital Grants Due From HSE

Gross Total Due From HSE Capital & Non-Capital

179	-
-----	---

2,316	1,847
-------	-------

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

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

Vehicles Purchased

2017	2016
€'000	€'000
27	44
5	-
-	9
12	-
-	-
-	-
-	-
-	16
44	69
-	-
44	69

St. John's Hospital

Notes to the Financial Statements – 31 December 2017

**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-17	159	14,491	-	9,061	23,711
Transfers from Work-In-Progress		-	-	-	-	-
Sub-Total		159	14,491	-	9,061	23,711
Additions From Capital		-	-	-	4	4
Additions From Non-Capital		-	-	-	44	44
Disposals during the year		-	-	-	-	-
Cost / Valuation at	31-Dec-17	159	14,491	-	9,109	23,759
Accumulated Depreciation at	1-Jan-17	-	4,039	-	8,490	12,529
Depreciation charge for year		-	362	-	223	585
Disposals - Accumulated Depreciation		-	-	-	-	-
Accumulated Depreciation at	31-Dec-17	-	4,401	-	8,713	13,114
Net Book Amount at	1-Jan-17	159	10,452	-	571	11,182
Net Book Amount at	31-Dec-17	159	10,090	-	396	10,645

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

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.

Bruce Shaw completed an Insurance Reinstatement valuation of buildings at 20 October 2015 as follows:

Building	20/10/2015	30,677,956
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St. John's Hospital

Notes to the Financial Statements – 31 December 2017

Debtors : Note 13

	2017	2016
	€'000	€'000
HSE - Revenue Grants Due	2,137	1,847
HSE - Capital Grants Due	-	-
HSE Debtors	2,137	1,847
HSE Mid-West	179	141
Patients (Closing Ledger Balance)	3,416	3,768
Less: Provision for bad and doubtful debts	(1,528)	(1,497)
Other	51	-
Prepayments	143	118
Non-HSE & Non-HSE Mid-West Debtors	2,082	2,389

Total Debtors

4,398	4,377
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An impairment loss of €1,528,142 (2016: €1,497,082) was recognised against trade debtors

Stocks - Note 14

	2017	2016
	€'000	€'000
Drugs & Medicines	102	106
Blood & Blood Products	-	-
Medical Gases	-	-
Medical & Surgical Supplies	133	113
Sterile Supplies	-	-
Pathology Supplies	-	-
X-Ray / Imaging	11	8
Provisions	-	-
Laundry / Cleaning	6	6
Bedding / Clothing	-	-
Furniture / Crockery	-	-
Heat / Power / Light Supplies	-	-
Maintenance Supplies	-	-
Office Supplies	6	6
Computer Supplies	-	-
Shop	-	-
	258	239

Stock recognised in direct patient care during the year as an expense was €1,231,000 (2016: €1,219,000). An impairment loss of €12,766 (2016: €13,156) was recognised in direct patient care against stock during the year due to slow-moving and obsolete stock. In the opinion of the Board the replacement cost of the stock did not differ significantly from the figure shown.

St. John's Hospital

Notes to the Financial Statements – 31 December 2017

Creditors - Note 15

Creditors - Capital

Creditors - Non-Capital

PAYE and PRSI

Wages and Salaries

Other

2017 €'000	2016 €'000
-	-
1,142	557
411	432
984	958
1,308	1,676
3,845	3,623

Bank Loans - Greater Than One Year : Note 16

Bank Loans

Deficit Bank Loan Account

Deficit Financing Account

2017 €'000	2016 €'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

2017 €'000	2016 €'000
11,182	11,584
4	113
44	69
48	182
-	-
585	584
585	584
10,645	11,182

St. John's Hospital

Notes to the Financial Statements – 31 December 2017

Note To The Cash Flow Statement : Note 18

	2017	2016
	€'000	€'000
(Deficit) Non-Capital	(650)	(319)
Add back Deficit/(Surplus) brought forward	319	(1,170)
Surplus for current year	(331)	(1,489)
Deduct repayment of loan (Capital element) charged against non-capital	-	-
Deduct Interest and Dividend Income	-	-
Add back purchase of equipment from non-capital	44	69
Add back Interest charged against non-capital	6	8
(Increase) in Stocks	(19)	(2)
(Increase) in HSE Debtors (Non-Capital)	(290)	(319)
Decrease/(Increase) in HSE Mid-West Debtors	141	(141)
Decrease in Non-HSE and Non-HSE Mid-West Debtors	307	63
Increase/(Decrease) in Creditors	221	(151)
Net Cash Inflow from Operating Activities	79	(1,962)

Analysis of Changes in Net

Debt : Note 19

	At 1	Cash	Non Cash	At 31
	Jan '17	Flow	Changes	Dec '17
	€'000	€'000	€'000	€'000
Cash in Hand and Bank Balances	670	(667)	-	3
Bank Overdraft	(950)	518	-	(432)
	(280)	(149)	-	(429)
<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	-	-	-	-
	-	-	-	-
	(280)	(149)	-	(429)

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

(Decrease)/Increase in cash in the year	(149)	(2,039)
Cash Inflow/(Outflow) from increase/(decrease) in debt and lease financing	-	-
Changes in net debt resulting from cash flow	(149)	(2,039)
New Finance Leases taken out in the year	-	-
Changes in Net Debt	(149)	(2,039)
Net Debt at beginning of year	(280)	1,759
Net Debt at end of year	(429)	(280)

2017	2016
€'000	€'000
(149)	(2,039)
-	-
(149)	(2,039)
-	-
(149)	(2,039)
(280)	1,759
(429)	(280)

Note 21. Related Parties

No transactions with related parties occurred requiring financial statement disclosure.

Total key management personnel compensation was €103,495. Key management personnel compensation comprises the Chief Executive and Acting Chief Executive.

Note 22. Financial Instruments

Financial Assets	2017	2016
	€'000	€'000
Cash at bank	3	670
Financial assets measured at amortised cost	4,255	4,259

Financial assets comprise debtors, revenue grants due and other debtors.

Financial Liabilities	2017	2016
	€'000	€'000
Financial liabilities measured at amortised cost	2,807	2,352

Financial liabilities comprise creditors, wages and salaries accrual and other creditors.

St. John's Hospital

Notes to the Financial Statements – 31 December 2017

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

St. John's Hospital

Notes to the Financial Statements – 31 December 2017

Non-Capital Income & Expenditure - Details

Pay

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

2017	2016
€'000	€'000
2,909	2,907
1,630	1,903
1,753	1,731
6,377	6,080
1,454	1,453
2,620	2,578
124	122
16,867	16,774
2,394	2,300
211	219
	-
2,605	2,519

Pensions & Refunds
 Gratuities / Lump Sums
 Others

19,472	19,293
---------------	---------------

Non-Pay

Direct Patient Care

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

919	920
253	229
59	70
1,730	1,576
25	44
521	445
3,507	3,284

St. John's Hospital

Notes to the Financial Statements – 31 December 2017

	2017	2016
	€'000	€'000
<u>Support Services</u>		
X-Ray / Imaging Equipment	5	-
X-Ray / Imaging supplies / Contracts On	557	628
Laboratory Equipment	-	-
Laboratory Supplies / Contracts On	343	376
Catering Equipment	11	-
Catering Provisions / Contracts On	215	207
Heat, Power & Light	229	256
Laundry, Cleaning & Washing Equipment	-	-
Laundry, Cleaning & Washing Supplies / Contracts On	714	633
Furniture, Crockery & Hardware	15	24
Bedding & Clothing	20	10
Maintenance Equipment	-	-
Maintenance Materials Supplies / Contracts On	273	575
Farm & Garden Equipment	-	-
Farm Supplies / Contracts On	2	3
Travel & Subsistence	92	89
Transport of Patients	-	-
Vehicles Purchases	-	-
Vehicles Supplies / Contracts On	-	-
	2,476	2,801

St. John's Hospital

Notes to the Financial Statements – 31 December 2017

Financial And Administrative

Loan Repayment Principal

Non-Capital	-	-
Capital	-	-
Finance Lease Repayment-Principal Element	-	-

Bank Interest

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

Other

Insurance - Medical Defence	-	-
Insurance - Other	45	40
Audit	21	26
Legal	-	2
Office Expenses (Rent & Rates, Postage, Phone)	125	117
Office Supplies / Contracts On	256	258
Computer Equipment	-	16
Computer Supplies / Contracts On	263	289
Professional Services	28	38
Bad Debts written off	35	52
Adjustment to Doubtful Debts Provision	31	(90)
Misc. Non-Capital Exp. on Capital Projects	-	-
Miscellaneous Expenses	293	294

1,103

1,049

Total Non-Pay

7,086

7,134

Total Gross Expenditure

26,558

26,427

St. John's Hospital

Notes to the Financial Statements – 31 December 2017

Income

Patient Income

In-Patient

Out-Patient

Other Income

Superannuation

Other Payroll Deductions

RTA Receipts

Income from External Agencies

Canteen Receipts

Other Income (Non-Capital)

Total Income

Net Expenditure

2017 €'000	2016 €'000
4,515	5,486
116	83
4,631	5,569
588	612
550	595
-	-
-	-
52	50
36	113
5,857	6,939
20,701	19,488