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2018 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 to provide this Foreword to the Annual Report and Accounts for the year 2018.

I wish to again acknowledge first the great work and commitment on the part of so many in St. John's Hospital. Their efforts and their achievements continue to be impressive and I often hear positive feedback from those who have been patients in the hospital. I would also like to acknowledge, with gratitude, the commitment and support of my fellow Board members, all of whom continued to give of their time and expertise so generously on a voluntary basis. The Board met on 11 occasions during 2018. The Audit Sub-Committee met on 4 occasions and their work greatly enhanced the overall work of the Board. 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.

I wish to thank the members of the Management Committee, the Board of Governors, the Executive Team and the hospital's legal advisors for the great work done on updating of the hospital's governance structures in 2018. A draft Hospital Constitution was presented to the Board of Governors for their consideration at an E.G.M. on 12th April 2018. The Governors reviewed the draft Hospital Constitution in great detail and reconvened for a further E.G.M. on 24th May whereat, following more intense discussion and some minor amendments, the new Hospital Constitution was unanimously approved by the Board of Governors. The hospital's legal advisors, Dundon Callan Solicitors, subsequently submitted the draft Hospital Constitution to the Charities Regulatory Authority who confirmed that the Constitution was approved at their meeting on 27th September 2018 and that it was sealed by the Charities Regulatory Authority as required under the Charities Act at their meeting on 25th October 2018. The Charities section of the Revenue Commissioners confirmed on 28th January 2019 that as the Charities Regulatory Authority had approved the new Hospital Constitution no further approval was required from them.

The Board of Governors has been disbanded under the new Hospital Constitution and I wish to thank all the Governors for their great interest and contribution to the hospital over the years. The governance review has occupied a large amount of our attention for the last number of years and we now have a new governance structure which should serve St. John's Hospital well in to the future. We will update our Trustees in 2019 and introduce the new structures (Board, and Board sub-committees) as specified in the new Hospital Constitution.

I was pleased to lead a delegation from St. John's including representatives of the Management Committee and the executive team to meet the members of the Independent Review Group set up by the Minister for Health in the Department of Health offices in Dublin on 28th June. We had a wide ranging discussion on issues such as hospital governance, St. John's ethos including in relation to clinical practice, the hospital's assets and liabilities in the event of a 'wind-up' and the hospital's relationship with the HSE. The report was not published before the end of the year. I would also like to acknowledge the great work done by the Voluntary Healthcare Forum (VHF) on behalf of the Voluntary Hospitals in connection with the Independent Review Group and other issues in 2018 and to re-iterate St. John's Hospital's commitment to continue to participate in the VHF.

The high regard in which St. John's is held by the public was again confirmed by the results of the second National Patient Experience Survey which took place in May 2018.

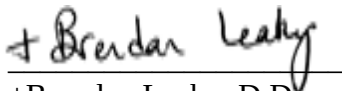
It was a great boost to note that the majority of respondents reported a positive experience overall in St. John's Hospital. 91% of our patients said that they had a "good" or "very good" overall experience, compared with 84% nationally. The feedback we receive from our patients is very important in deciding how and where the hospital makes changes to the way it delivers its services.

The hospital's financial situation continued to be challenging and we finished the year with a deficit of €0.500m but this incl. the deficit of €0.650m brought forward from 2017 which essentially means that the hospital operated within budget in 2018.

We were disappointed with the lack of progress on the proposed capital development of the hospital in 2018 but the Board will continue to advocate for this very necessary development.

I also wish to acknowledge the excellent work of the members of the Senior Management Team in 2018. 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.

A handwritten signature in dark ink, reading "+Brendan Leahy". The signature is written in a cursive style with a horizontal line underneath.

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

Executive Summary

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INTRODUCTION

This Annual Report for the year ending 31 December 2018 gives details of activity levels and financial performance for both 2018 and 2017. Annual Reports for the Drugs & Therapeutics Committee is reproduced in Chapter 3, the Infection Prevention & Control Committee in Chapter 4 and 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) Independent Review Group (IRG)

The Minister for Health set up an Independent Review Group in 2017 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, Professor Jane Grimson and Professor Deirdre Madden) for a meeting but it had not been possible to fix a mutually acceptable date during 2017. The Chairman and other members of the Management Committee and executive team met with the IRG on 28 June 2018 in the Department of Health offices in Dublin. There was a wide-ranging discussion on issues such as hospital governance, St. John's ethos and its relation to clinical practice, the hospital's assets and liabilities in the event of a 'wind-up' and the hospital's relationship with the HSE. Publication of the report at 2018 year end was still awaited. St. John's Hospital also contributed to a detailed submission by the Voluntary Healthcare Forum to the IRG on behalf of eighteen voluntary organisations which are among the leading providers of health services in Ireland and operate many of the country's largest hospitals.

(b) Health Service Capacity Review

The National Health Service Capacity Review report was published on 23rd January 2018. This involved assessing current levels of activity/utilisation of services, and drivers of demand in order to identify future demand and capacity requirements across these health services until 2031.

The report stated "The analysis has established two extremes that define the range of potential capacity needs and the level of reforms involved. Further work would be needed to assess the optimum reform strategy that takes account of workforce, the whole life cost of services, eligibility arrangements and their impact on implementing reforms, the feasibility of delivering infrastructure and impact on operational services in the timeframe. It would also need to take account of the wider implications arising from major reconfigurations of services across hospitals." The Review identified a range of additional acute hospital bed numbers required but did not identify the areas/regions where the bed shortages existed.

(c) National Development Plan/Capital Development

The National Development Plan was published in February 2018 and referenced major investment in care delivery and high quality modern facilities to overhaul our health system. A large amount of money was allocated to the building of new hospitals, as well as the creation of additional capacity in existing facilities. There was, however, no reference to St. John's Hospital in the National Development Plan.

The Management Committee vigorously pursued St. John's Capital Development during 2018. The hospital engaged with the Minister for Health, IBEC, local senators/councillors and UHLG to enlist their support for St. John's project. The ULHG CEO confirmed that it was working with the University of Limerick on developing the concept of a Health Campus to include a scheduled care hospital for Limerick and confirmed that the UL Hospital Group supported St. John's Hospital as the Model 2S scheduled care hospital in the region noting that, unlike Cork and Galway, St. John's was "shovel ready" as it had a completed feasibility study and the site to progress. However, there has been no progress to date on St. John's Hospital's Capital Development Plan.

(d) Condition Survey

The HSE commenced a process nationally of taking "stock of the physical condition of the existing acute hospitals health buildings on a phased basis" in 2018/2019. Capita Property Management has been engaged to carry out the survey. A pre-start meeting was held in St. John's on 13th December 2018 and it was anticipated that St. John's Hospital would be surveyed in February 2019.

(e) Succession Planning for Consultant Staff

Succession planning commenced in 2018 in respect of Consultant staff. The hospital's two full time Consultant Physicians were due to retire in 2019. The hospital's Medical Board considered the matter and advised the Management Committee of their views and a meeting with UHL took place in October 2018.

Dr Colm Henry, National Clinical Advisor and Programme Lead for Acute Hospitals in the HSE visited ULHG in late 2018 and was appraised of the difficulties in recruiting consultants to the region, especially in the Model 2 hospitals. Dr Henry recommended to Ms. Collette Cowan, CEO ULHG that an external facilitator should be appointed to review the staffing and roles of the Model 2 hospitals in ULHG but this review had not commenced at year end.

St. John's Hospital had emphasised at all times that it was essential that the 70 medical in-patient beds in St. John's Hospital were adequately resourced. St. John's preference was for the appointment of Consultant Physicians with Special Interests in Respiratory Medicine, Endocrinology, Nephrology and Geriatrics, in that order. Permanent replacement posts could take a significant amount of time to fill. The initial priority for St. John's was to source a locum/temporary Consultant Physician to replace Dr Cronin from 1st March 2019 and then a replacement for Dr Mulloy from 1st July 2019.

It is accepted by all parties that the 70 medical beds in St. John's is a valuable resource for the region. However, in the event that the beds cannot be fully utilised going forward by Consultant Physicians, St. John's Medical Board has suggested that there may be an opportunity to expand surgical services, subject to resources being in place, as UHL Consultant Surgeons/Gynaecologists have expressed a keen interest in availing of additional theatre sessions in St. John's.

(f) Minor Capital Funding 2018

St. John's Hospital submitted an extensive application under the HSE's national equipment replacement programme for 2018. We received grant approval for €88,000.00 to purchase two replacement theatre ultrasound units and also infusion pump sets for our theatre department.

Quality and Safety

(a) Health Information and Quality Authority (HIQA)

An announced HIQA Medication Safety Inspection took place on 17 April 2018. The report was issued in July 2018. Recommendations as outlined in the report were implemented immediately, where possible, and the remainder were included in the Hospital's Medication Safety Programme and Education Plan, with time bound action plans.

Work also continued in 2018 in respect of the other HIQA monitoring programmes, namely:

- Antimicrobial Stewardship
- Nutrition and Hydration
- Prevention and Control of Healthcare Associated Infections with a particular focus on
 - 1) Prevention and control of multidrug-resistant organisms
 - 2) Decontamination and reprocessing of reusable medical devices

HIQA is also preparing for the transfer of regulatory powers from the Department of Health/EPA to HIQA for regulating medical exposure to ionising radiation, in line with an EU Directive. It is intended that HIQA would start monitoring in this area in 2019. 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 2019. 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 second National Patient Experience Survey took place in May 2018. 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. 26,752 patients from 40 hospitals across Ireland were invited to participate. In total, 13,404 people took part. 131 patients 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 2018. The full report is available on the National Patient Experience Survey website www.patientexperience.ie.

The majority of participants from St John's Hospital reported positive experiences in the hospital. 91% of participants said they had 'good' or 'very good' overall experiences, compared with 84% nationally. The hospital achieved similar scores to the national average across every stage of care.

Several areas of good experience were identified. These were areas that were related to participants' overall experiences and where participants gave above-average ratings. For example, most patients said they were given clear answers to their questions about operations or procedures. In addition, most patients said they were given enough information on how to manage their condition after discharge. Furthermore, the majority of patients said they were treated with respect and dignity.

There were also several areas requiring improvement. A number of patients said that they did not always get enough help from staff to eat their meals. In addition, some patients said they didn't have enough time to discuss their care with a doctor and were not as involved as they wanted to be in decisions about their care.

Patient experience ratings were generally similar to those in the 2017 survey.

St. John's developed and implemented a plan setting out how they would improve patient experience based on patients' feedback to the National Patient Experience Survey 2018.

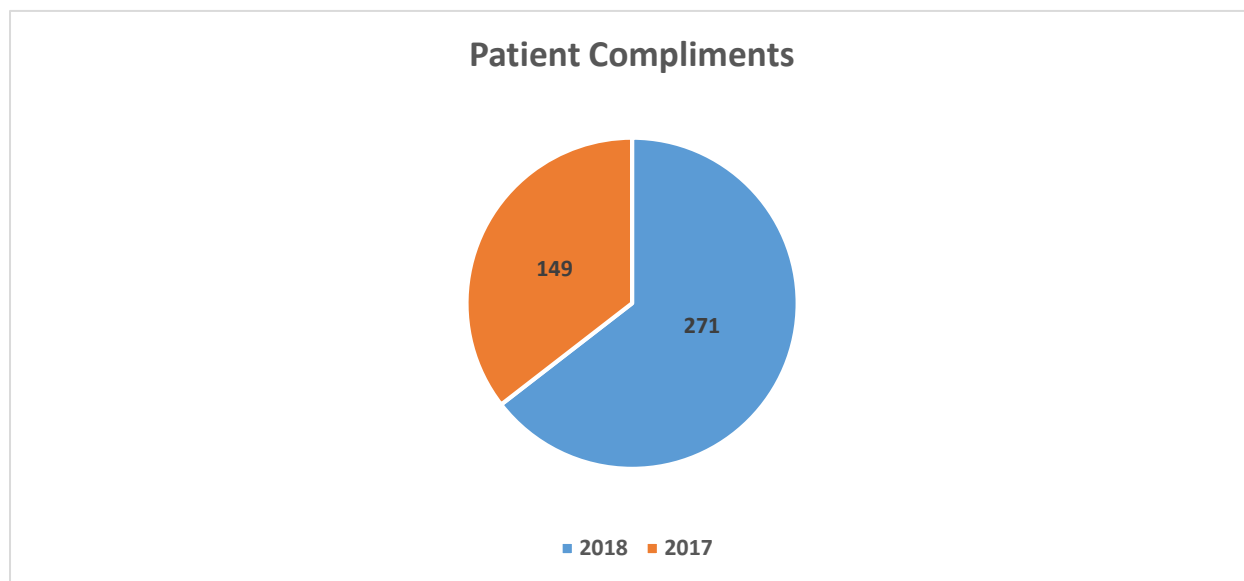
Sincere thanks to all our patients who took the time to participate in the survey. Finally, a very special work of thanks to our dedicated, hard-working staff who continue to deliver high quality, safe and effective healthcare to our patients and their families on a daily basis.

(c) Public Sector Energy Performance

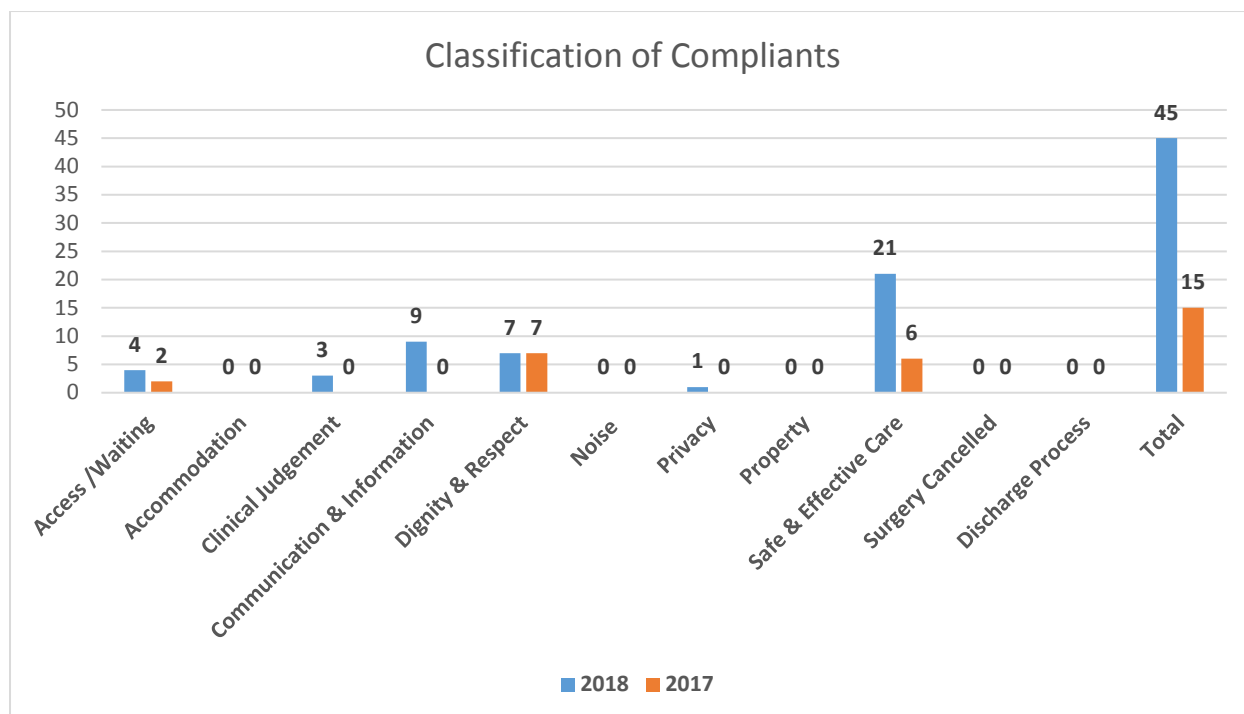
St. John's Hospital continues to work towards the government's objective to improve public sector energy efficiency by 33% by 2020. We achieved energy savings of 26.6% from our baseline of 2009 to the end of 2017 and provisional savings of 42.2% in 2018 and we are on target for 2020. Energy conservation/efficiency improvement will continue to be a major consideration in all future works.

(d) 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 from 149 to 271 (82%) while complaints increased from 15 to 45 (153%) between 2017 and 2018.



Compliments showed an increase of 82% in 2018



Complaints showed an increase of 153% in 2018.

As part of a quality improvement initiative led by the Executive Management team Dr Stephen McMahon, Director of the Irish Patients Association, was invited to St John's Hospital to lead a seminar on Patient-Centred care. This was very well attended by all staff disciplines and provided valuable insight into recognising what impacts positively and negatively on patient experience.

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 2018. An updated draft Constitution (heretofore called Scheme of Management) was presented to the Board of Governors for their consideration at an Extraordinary General Meeting (EGM) on 12th April. Following this meeting, the proposed amendments were made to the draft Hospital Constitution by the hospital's Legal Advisor. A further EGM of the Board of Governors was held in May whereat the revised Hospital Constitution was unanimously adopted. The Legal Advisor then lodged the new Constitution with the Charities Regulatory Authority (CRA) for approval. The CRA confirmed that the Constitution was approved at their meeting on 27th September 2018 and that it was sealed by the CRA as required under the Charities Act at their meeting on 25th October 2018. The Charities section of the Revenue Commissioners confirmed on 28th January 2019 that as the Charities Regulatory Authority had approved the new Hospital Constitution no further approval was required from them.

St. John's Hospital also commenced a process of appointing new trustees in 2018 but was awaiting approval from the Charities Regulatory Authority to the proposed appointees at year end. The appointment of new Board members under the new Hospital Constitution could not take place until the new trustees were appointed.

(b) Annual Compliance Statement (ACS) 2018

St. John's Hospital signed our sixth Annual Compliance Statement in 2018. 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) 2018

The Service Level Arrangement (SLA) for 2018, our annual contract of services with the HSE, was signed by St. John's Hospital Acting CEO and ULHG's CEO on 27th February 2018.

(d) Voluntary Healthcare Forum (VHF)

St. John's Hospital continued to participate in the Voluntary Healthcare Forum (VHF) in 2018. The VHF developed a new strategy in 2018 following a consultation process with its members. The Forum members, who represent the boards of leading Irish voluntary hospitals, felt that the VHF has a strong *raison d'être* and needed to focus its efforts on a new purpose, objectives and values. This would clearly:

- Contribute to Improving services to patients and the Irish public
- Position the VHF to play a strong leadership role in contributing to and influencing the future vision, policy, strategy and governance structures in Irish healthcare and
- Articulate the value and contribution that voluntary organisations can bring to that future

The VHF strategy agreed in 2018 sees a focus on six strategic objectives:

1. Developing a substantive dialogue with the Department of Health (DoH), and the Health Service Executive (HSE) and other stakeholders within the health service on key strategic matters with a view to ultimately negotiating and agreeing a memorandum of understanding entitled *Framework for partnership and collaboration* at the highest levels with the DoH and the HSE
2. Commencing formal engagement with the DoH and HSE on matters of policy, strategy, governance reform and funding.
3. Preparing a submission to the Independent Review Group.
4. Undertaking research on the value and contribution of voluntary organisations to the delivery of health services and effective governance models in other jurisdictions.
5. Engaging with the Implementation Office for Sláintecare which presents a ten-year vision to transform Ireland's health and social care services.
6. Developing a communications strategy to increase public and political awareness and understanding of the value and contribution of voluntary organisations to the delivery of health services

The VHF prepared a submission on behalf of its members to the Independent Review Group which had sought views on the issue of assets, ownership and sustainability.

The VHF also developed a website during 2018.

(e) HSE Review of Governance

The final Deloitte Report of the "Review of Governance at Board and Executive level within St. John's Hospital" was issued on 9th January 2018. There was no change in the substance of the Report from the various final versions previously received in the matters relating to St. John's but the sections dealing with the HSE had been finalised.

(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 2018 SLA. The review meetings were useful and provided a forum to discuss issues affecting both bodies.

(g) Audit Committee Annual Report 2018

The hospital's Audit Committee produced its fifth annual report to the Management Committee in July 2018. 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

The Board kept the CEO vacancy situation under review during 2018 and agreed to postpone re-advertising the post pending the outcome of issues relating to the salaries of Chief Executives at national level.

FINANCIAL

The comparable figures for 2018 and 2017, under the headings of overall expenditure and income, are shown hereunder. The accumulated deficit at 31 December 2017 was €650,000 which was brought forward to 2018. The deficit reduced to €500,000 at year-end, mainly due to non-pay expenditure being less than budget.

	2018 €'000	2017 €'000	% Increase/ (Decrease)
(SURPLUS)/DEFICIT B/F FROM PREVIOUS YEAR	650	319	
SALARIES/WAGES	20,302	19,472	4.3%
GOODS/SERVICES	7,267	7,086	2.6%
TOTAL EXPENDITURE	28,219	26,877	5.0%
INCOME	6,326	5,857	8.0%
NET EXPENDITURE	21,893	21,020	4.2%
ALLOCATION FROM HEALTH SERVICE EXECUTIVE	21,393	20,370	5.0%
(SURPLUS) DEFICIT	500	650	

Salaries and Wages

Salaries and Wages increased by €830,000 (4.3%) compared to 2017, mainly due to national pay agreements and due to an increase in nursing staff due to the opening of 20 beds on the ground floor for 12 months in 2018. These 20 beds were open for only 4 months in 2017.

Goods and Services

The cost of goods and services increased by €181,000 (2.6%) compared to 2017, mainly due to an increase in the number of patient bed days in 2018. Areas where significant changes occurred were:-

	2018 €'000	2017 €'000	% Increase/ (Decrease)
MEDICAL & SURGICAL SUPPLIES	1,877	1,730	8.5%
CLEANING & WASHING	766	714	7.3%
ADJUSTMENT TO DOUBTFUL DEBTS PROVISION	(75)	31	(342%)

- Medical & Surgical Supplies increased due to a 22% increase in patient bed days
- Cleaning & Washing increased due to the increased patient bed days and due to an increase of €1,152 per month in the cost of the cleaning contract
- Adjustment to Doubtful Debts Provision decreased because the amount of patient debt exceeding one year reduced by €284,000.

Income

Income increased by €469,000 (8%) compared to 2017. The main area where significant change occurred was:-

	2018 €'000	2017 €'000	% Increase/ (Decrease)
In-Patient Income	4,978	4,515	10.3%

- In-Patient Income increased by €463,000 due to a 22% increase in patient bed days

Allocation from Health Service Executive

The allocation from the Health Service Executive increased by €1.023m (5.0%) compared to 2017 due to the receipt of €1.483m for the opening of 20 beds on the ground floor

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 2018 there were 43 late payments totalling €85,916 which constituted 1.0% of total non-pay expenditure during 2018. These late payments attracted interest payments of €501.

LEGAL & BANKING 2018

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 2018 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 2018. 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.



Emer Martin
Chief Executive

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Governance & Management



BOARD OF GOVERNORS

Chairman:

Most Rev. Brendan Leahy, D.D.

Members (Ex-Officio)

Mayor of Limerick (1 Jan–25 June 2018)

His Worship Cllr. Seán Lynch

Mayor of Limerick (25 June–31 Dec 2018)

His Worship Cllr. Daniel Butler

Metropolitan District

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 2018

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. (RIP 3/5/18)

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.

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

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

MANAGEMENT COMMITTEE

Member	Role	Appointment Period
Most Rev. B. Leahy, D.D.	Chairperson	On holding office
Cllr. Seán Lynch*	Deputy Chairperson	1 January – 25 June 2018
Cllr. Daniel Butler**	Deputy Chairperson	25 June – 31 December 2018
Very Rev. N. Kirwan	Member	On holding office
Dr Dermot Molony	Member	1 January – 29 November 2018
Mr. Ralph Keane	Member	29 November – 31 December 2018
Dr Joe Lee	Member	1 January – 31 December 2018
Dr Catherine Casey	Member	1 January – 31 December 2018
Little Company of Mary	Member	No nominee 2018
Little Company of Mary	Member	No nominee 2018

* Tenure expired 25 June 2017 ** Appointed to the Committee 25 June 2017

Attendance at Meetings

<i>For the period 01/01/2018 to 31/12/2018</i>	
<u>Management Committee</u>	<u>Attendance</u>
Most Rev. Brendan Leahy (Chairperson)	10/11
Cllr. Seán Lynch (tenure expired 25/06/2018)	4/6
Cllr. Daniel Butler (appointed 25/06/2018)	3/5
Very Rev. Noel Kirwan	7/11
Dr Dermot Molony	9/10
Mr. Ralph Keane	0/1
Dr Joseph Lee	11/11
Dr Catherine Casey	9/11

In Attendance

Name	Role
John Cummins	Acting Chief Executive / Secretary
Emer Martin	Acting Deputy Chief Executive
Margaret Finn	Acting Director of Nursing
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 01/01/2018 to 31/12/2018</i>	
<u>Audit Committee</u>	<u>attendance</u>
Mr. Brendan Lane (Chairperson)	4/4
Mr. Ralph Keane	4/4
Ms. Catherine Sheehan	3/4

The hospital's Audit Committee produced its Annual Report to the Management Committee in July 2018. 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 2018

Introduction

In accordance with our Terms of Reference, I now submit the fifth 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 2017 report to this Committee, further Audit Committee meetings were held in October and December 2017, March and July 2018.

October Meeting

The Committee signed its revised Terms of Reference on a pro term basis pending publication of the final Deloitte Report, which included recommendations made in respect of the Audit Committee.

The Committee met with Ms. Aileen Daffy, Grant Thornton Auditors and the Chairman outlined the recommendations that was reflected in Part 11 of the Service Arrangement (Schedules) for 2018. Ms. Daffy outlined the issues of focus for the forthcoming audit as:

1. Creditors – invoicing and payment processes
2. Payroll – compliance with Public Sector Pay Policy
3. Travel expenses – processes in place

The Chairman referred to issues in the Draft Deloitte Report relevant to the Auditors.

December Meeting

The Committee discussed the response from Mr. Johns Cummins, Acting Chief Executive to the Chairman's letter of 1st November 2018. The Committee then met with Mr. Cummins and discussed the recommendations of the Draft Deloitte Report. Mr. Cummins outlined that the final report was awaited and that the hospital would not be taking any further action until this report was received but that it would keep matters under review. The Committee agreed that in line with the hospital position, it would not take any further action until the final report issued.

March Meeting

It was noted that the final Deloitte Report had issued and that a copy would be circulated to the Committee to consider further the recommendations made in the report in respect of its remit and internal audit.

The Committee met with Ms. Aileen Daffy, Grant Thornton Auditors and the following issues of focus were agreed for the audit due to commence on 9th April 2018:

1. 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 Payscales and pension arrangements
2. Review of process for travel expenses / subsistence
3. Review of process for Creditors
4. CEO vacancy - impact on staffing levels and resultant staffing arrangements

The Committee noted:

1. 2017 year-end financial situation
2. 2018 Allocation
3. 2018 financial situation as at 28 February 2018
4. Outstanding debtors
5. Mr. John Neville will be changing on rotation at the end of the 2017 and Mr. Damien Gleeson will be the audit partner for the 2018 audit.

July Meeting

The Committee met with Ms. Aileen Daffy representing the auditors and she summarised the Draft Accounts to 31 December 2017 and also discussed the Key Issues Memorandum with the Committee and answered questions raised.

She confirmed the following:

1. Creditors invoicing and payment processes were satisfactory
2. Payroll was fully in compliance with Public Sector Pay Policy
3. Processes in place for travel expenses were adequate and satisfactory

It was noted:

1. There was a lack of documented financial operating procedures and this omission will be addressed by management. The Audit Committee will request an update on the position before the next audit.
2. General Data Protection Regulations (GDPR) are in effect since May 2018 and while the excellence of the hospital IT System is acknowledged, the Committee would seek assurance that proper information holding protocols are in place.
3. €94 is being held in a defunct account and we would suggest that this account be closed.
4. No material adjustment to the hospital accounts had to be made after the audit examination. The Committee agreed that this was a reassuring factor.

Committee Report

It was approved that the Chair would prepare a report for presentation to the Management Committee.

Recommendations for Future Work

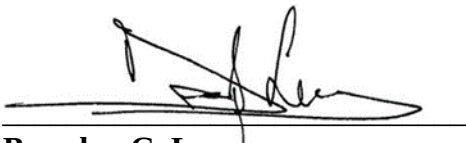
- i. The Committee will meet to discuss the final Deloitte Report with management and would request a suitable representative from management to attend, date to be agreed and also meet before AGM of Board of Governors to discuss and agree report to be made
- ii. Review Terms of Reference
- iii. Meet with auditors in advance of forthcoming audit re. other issues of focus
- iv. Report to Governors at AGM

Performance Review and Evaluation

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.

Ms. Catherine Sheehan attended Audit Committee Member Training in the Institute of Public Administration in September 2017,

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: 12 July 2018

SENIOR MEDICAL STAFF

ANAESTHETISTS: Joseph G. Lee, MB, MS, FFARCSI
Fasih Khan, MB, BS, FFARCSI
Wei Lan, MBBS, MSC, DIPM, FCARCSI (1/1/18- 1/5/18)
James Shannon, FCARCSI, FFPMRCA
*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)
*Sucheta Johnson, MBBS, MRCOG, MRCPI, DGO

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

SURGEONS: Paul E. Burke, BSc, MD, FRCS, FRCSI
*Anne Merrigan, FRCSI
*Professor Shona Tormey

* 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 on-going 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 Committee

3



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: Director of Nursing and clinical grades; Risk Management; Hospital Administration and Pharmacy at Chief Pharmacist and Clinical Pharmacists grades.

In 2018, a proposal for the addition two additional members was approved, a General Practitioner and a Community Pharmacist. Both are designated rotating posts. 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 pertains 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 2018:

- Antimicrobial expenditure is down by 2.3%. Consumption data showed a decrease of 6.2% when compared with 2017, meropenem consumption decreased by 4%, also gentamicin (13%), fluoroquinolones (3%). Allergy documentation rates remain high. Work has been undertaken to improve vancomycin prescribing, including focused education sessions, development of a vancomycin 'cheat-sheet'. Further quality improvements will be undertaken in 2019. (See Antimicrobial Stewardship Programme below)

Antimicrobial Stewardship Indicators monitored

Key Performance Indicators: Prescribing Process	Methodology	Target	2018
Compliance of choice of agent with antimicrobial policy	PPS Annual audit	90%	86%
Documentation of indication	PPS Annual audit	90%	95%
Duration / review date documented	PPS Annual Audit	80%	60%
Duration > 7 days	PPS Annual Audit	80%	63%
Compliance with documentation of allergy status	PPS Annual Audit	90%	100%
On IV therapy by eligible for switch	PPS Annual audit	<80%	21%
Surgical prophylaxis Duration	PPS Annual audit	90%	100%
Compliance with Fluoroquinolone prescribing guidelines	Fluoroquinolone Audit	85%	
Compliance reserve agent guidance-meropenem	Audit	95%	74%

- A HIQA Medication Safety Inspection (April 2018) found that overall the inspection team found that systems, processes and practices were in place to support medication safety, some of which were in the process of implementation. There was multidisciplinary involvement with engagement and support from senior hospital clinicians working to improve medication safety across the hospital. Inspectors found that a medication safety agenda was being actively progressed at St. John's Hospital through the work of the Medication Safety Working Group, but recommended improved oversight by the Drugs & Therapeutics Committee (see Medication Safety Programme report below)
- Medication Safety Indicators monitored

Key Performance Indicators: Prescribing Process	Methodology	Target	2018
Allergy documentation	Nursing Metrics	100%	98.8%
Allergy & Anaphylaxis Training completed	Nurse Registrars pharmacists CPD	90%	87%
Appropriate VTE prophylaxis	PPS Annual Audit	80%	78%

- Drugs & Therapeutics Committee Committee's Terms of Reference updated to include provision for community pharmacist and GP. Observers may also be invited to attend committee meetings on an ad hoc basis by the Chairman
- Development of Intranet Site for Drugs and Therapeutics Committee incorporating the antimicrobial stewardship programme and the Medication Safety Programme
- Formalised drug approval process in place: six drug applications reviewed
- Formulary development – there was significant progress on the initial set up phase of the Electronic Formulary project. Clinicians will be able to access the basic version in 2019

- Venous Thromboembolism prevention
 - 5-step VTE Risk Assessment and Dosing Tool added to patient chart at admission; improved compliance versus 2017 noted in audit.
 - Approval of Alert cards highlighting the risk of VTE while in hospital to be made available to patients
- Inaugural Medication Safety Lecture delivered by the UCC Head of School of Pharmacy, on the topic of Polypharmacy
- Project approved to develop a new drug chart incorporating sections on VTE prophylaxis, anticoagulant section etc.
 - New Policy approvals /updates
 - Safe Use of Medicine Policy – a comprehensive multidisciplinary policy incorporating policies and procedures on medicines use and also including the Potassium Policy, Patients Own Medicine Policy
 - Cardiac Arrest Policy updated
- Audits
 - Medication Safety Mondays, themed learning on medication safety for doctors, nurses and pharmacy– survey of staff showed that 94% found this initiative useful for medication safety learning
 - Completeness of Allergy Documentation – audit showed 80% had allergies documented; 75% of documented allergies could be drug sensitivities or adverse drug reactions: redesign of drug chart to capture more details was recommended, also promotion of available allergy/anaphylaxis training. A proposal to develop a patient alert card for allergies/ anaphylaxis was approved

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. The Consultant Microbiologists in ULHG provide 24/7 cover to St. John's Hospital.

Overview of activities

- In 2018, Antimicrobial Consumption showed a decrease of 6.2% when compared with 2017, and is below the median for general hospitals nationally
- Carbapenem (meropenem) consumption decreased by 4% in SJH for 2018 compared with 2017. This follows a 5% decrease between 2017 and 2016. Despite this, usage remains consistently above the general hospital since 2012
- Piperacillin-Tazobactam usage increased by 8% but is slightly below general hospital usage nationally
- Gentamicin consumption decreased by 13%, but is now on par with the general hospitals nationally
- Activity related antimicrobial expenditure shows a 2.3% decrease on 2017
- Positive point prevalence study results in terms of allergy documentation, compliance with guidelines and duration greater than 7 days.

Work needs to be done to improve IV to oral switch (8% lower than other general hospitals); duration of empiric treatment of community acquired pneumonias; cycling of prophylactic antibiotics every three months. A quality improvement step for the next audit will be the inclusion of an audit feedback sheet in the patient's notes

- Vancomycin audit revealed multiple quality improvements required to improve efficacy and safety on a number of issues including indication appropriate, dosing as per guidelines, checking of levels, frequency, actions prior to and after receiving therapeutic dose monitoring results, calculation of creatinine clearance and pharmacist input to prescribing. A quality improvement plan is in motion and re-audit
- Fluoroquinolone use decreased by a further 3% in 2018 but was still above the general hospital median
- Clindamycin consumption decreased by 2% in 2018 albeit from a low base
- Consumption has been consistently below the hospital category median since 2012

Highlights 2018

- 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 delivered by Consultant Microbiologist/ Medical Registrar/ Antimicrobial Pharmacist / Clinical Pharmacists at NCHD induction and targeted consultant-led NCHD CPD meetings. Antimicrobial Safety featured among Medication Safety Monday weekly multidisciplinary learning
- Participation in European Antibiotic Awareness Day – outreach also to Nurses, HCAs, Laboratory through Quiz
- Additional Audit activity in 2018
 - Vancomycin (Medical Registrar & Antimicrobial Pharmacist)

MEDICATION SAFETY PROGRAMME

The Medication Safety Working Group is a sub-committee of the Drugs & Therapeutics Committee and reports directly to it. The Working Group members include a Consultant Physician, Assistant Director of Nursing, Risk Manager, Management Services Coordinator, Clinical Pharmacist and Chief Pharmacist, Medication Safety.

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 2018

- Thirty-six separate pieces of bite-size medication safety learning were delivered as part of our Medication Safety Monday Initiative. A survey of doctors, nurses and pharmacy staff indicated that the learning was well received. Other education initiatives included the development and delivery of medication safety induction training to new nurses.
- Medication Safety Key Performance Indicators at year end – Allergy documentation, Allergy & Anaphylaxis Training and appropriate VTE prophylaxis – all showed improvement.
- 2018 saw our first ever Medication Safety Study Day to improve awareness of medication safety, with Prof Stephen Byrne UCC presenting. The day included that launch of the Safe Use of Medicines Policy & Procedures, and the Medication Safety Patient Information Leaflet. This was part of Medication Safety Awareness Week, other aspects of which included a medication safety roadshow to wards and department, and Medication Incident Reporting Training.
- A HIQA Medication Safety Inspection took place in April 2018, and highlighted Drugs & Therapeutics Committee governance of the Medication Safety programme, a decline in incident reporting and encouraged the hospital to work towards the development of a drug formulary. A Formulary development project began towards the end of 2018, which employs Formulary Complete eBNF for formulary development. Launch of the platform is anticipated in January 2019, with ongoing progressive customisation over time. Medication incident reporting improve during the year. Learning opportunities were through incident reviews, and then shared across the organisation. Medication Incident Review meetings held since September = 3 (see reports)
- The National Patient Experience Survey included reference to patient's understanding of their medicines and side-effects. Hospital results showed an improvement in the side effect awareness and similar finding to the previous result with regard to the purpose of their medicines. Quality improvements have been identified and are either in implementation or project phase.
- A Support tool to facilitate assessment and consent for the Patient's Own Medicine Policy was developed and staff education
- Work has begun on review of the Drug Prescription and Administration Chart, with a view to re-design to improve safety in 2019
- The Medication Safety Intranet site continued to develop and expand throughout 2018, with inclusion of further educational resources to promote a culture of safety.

Infection Prevention & Control Committee

4



INTRODUCTION

Infection Prevention and Control (IPC) remains a high priority for St John's Hospital. Throughout 2016/17 there was 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 from 2016 to 2018:

	Item	2016	2017	2018
1	CPE	0	0	6 (1 x case SJH* acquired)
2	CDI	6	5	5
3	Norovirus	10	26	9 (2 x cases SJH acquired)
4	All cases of bacteraemia caused by EARS-Net pathogens.	13	12	11 (11 x SJH acquired)

	Item	2016	2017	2018
4	Hospital acquired bacteraemia EARS-Net pathogens.	3	12	11
5	MRSA	47	35	50 (2 x SJH acquired)
6	VRE	5	2	3 (2 x SJH acquired)
7	ESBLs	20	8	20 (3 x SJH acquired)

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 = Methicillin 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,
8. * St John’s Hospital acquired

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.

Education and Training continued to be a key component in combatting avoidable infection in St. John’s Hospital in 2018. There was a mandatory training programme on Hand Hygiene and Standard Precautions in place for all staff. Monthly training sessions were held in addition to ward/department-based training. Training was also provided as a standard item on the induction programme for doctors, nurses and other clinical healthcare staff.

St. John’s Hospital took part in the National Hand hygiene audits during 2018. There were two such audits in May and October. The overall compliance rate for May was 90.2% (down by 0.1% from the previous audit period) and for October was 90% (down 0.1 % from May).

Work is ongoing to continue to achieve the minimum compliance rate of 90%. In addition to the hand hygiene audits, there was also an extensive infection prevention and control audit programme completed in 2018 including clinical rooms, utility rooms, linen, sharps disposal and peripheral vascular and urinary catheter care. Infection Prevention and Control policy documents were also reviewed and updated throughout 2018.

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 was audited against the national clinical guidelines with the following purpose:

To review patients who had a suspicion of infection and organ dysfunction to ascertain if patients:

- ☐ had presenting symptoms of infection.
- ☐ were risk assessed for sepsis using the Sepsis Form
- ☐ had any of the 6 modified SIRS criteria and co morbidities identified and documented, prompting timely management.
- ☐ Had a Sepsis Form completed, signed and filed in the clinical notes.
- ☐ Were given first dose antimicrobials within one hour of diagnosis
- ☐ diagnosis was HIPE coded as Sepsis

Overall Results

Summary and Recommendations

Overall, the audit findings ranged from good to excellent compliance with the national standards on Sepsis management. Areas of key notable performance were use of appropriate antimicrobials (100%), appropriate referral to the microbiologist, timely commencement of antibiotic treatment for the majority of patients (87%) and good compliance with screening investigations and timely response to deteriorating patients.

Areas requiring improvement included greater consistency in use of the sepsis treatment form as this facilitates appropriate and early risk stratification.

An action plan was developed to support clinical practice and to facilitate continuous improvement in achieving the national standards. This is due to be reviewed in 2019.

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) and actively collaborates with other hospitals within the group to progress a shared working approach to improving antimicrobial stewardship.

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

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 2018 antimicrobial stewardship audit results

In comparison to 2017, there was a decrease of 6.2% antimicrobial consumption at St. John's Hospital for 2018. Meropenem consumption decreased by 4%, also gentamicin by 13% and fluoroquinolones by 3%. Antibiotic Consumption at St. John's Hospital has been lower than the national hospital category median since 2014.

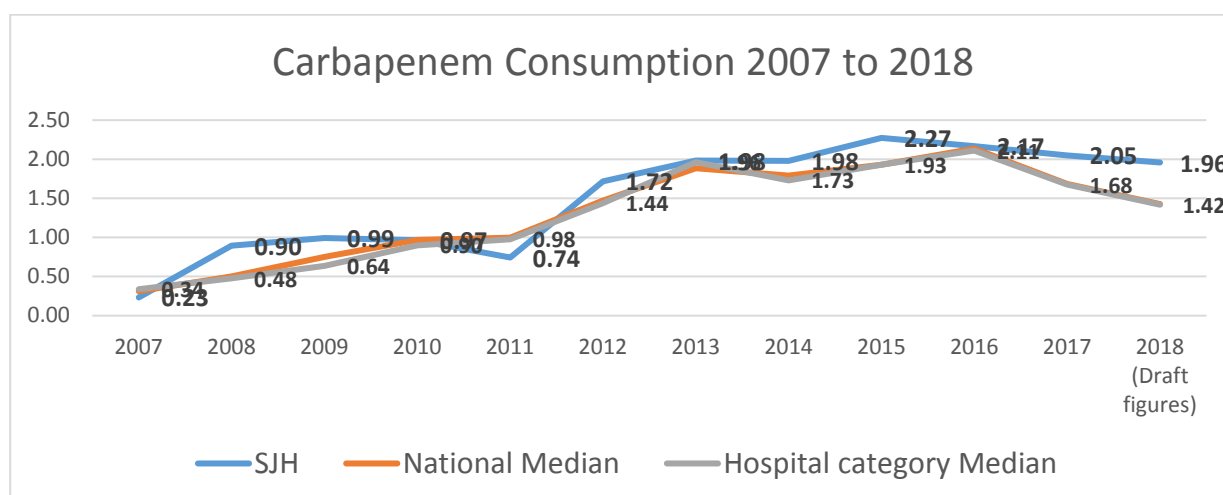
Point Prevalence Study May 2018

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 2018 (n=80)	SJH 2017 (n=67)	PPS 2018 National median (n=8814)
% of patients on antimicrobials	44%	57%	39%
No. of therapies per patient	1.14	1.18	1.32

Summary:

The KPI of 80% compliance with Meropenem policy was not attained in 2018, however, compliance has been largely improving since 2015 (sig Fig. 9). Meropenem is not being put under 'lock and key' due to risk of unintended consequences such as delay in administration to a septic patient. Therefore, the plan is to continue with enabling interventions with the medical teams, i.e. audit feedback, meropenem education sessions and direct feedback on ward rounds



Antimicrobial Stewardship Programme Plan and Activities in 2018

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

Audit areas included Vancomycin and Meropenem prescribing and usage. 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.

111. Antibiotic Consumption Data

All 2018 results refer to the first six months of the year. There was a 2% increase in antimicrobial consumption for St. John's Hospital between 2017 and Q1 & Q2 2018. In the first six months of 2018, antimicrobial consumption at SJH was 11% lower than the Hospital Category median. Thus, the KPI of remaining within 10% of the hospital category median for antibiotic consumption was surpassed for the first 6 months of 2018.

Fluoroquinolones

In light of new warnings issued by European Medicines Agency in October 2018 regarding Fluoroquinolone use, Dr. Eithne Mulloy, Consultant Respiratory Physician, advised NCHDs on precautions that should be taken around fluoroquinolone prescribing.

IV. Annual Point Prevalence Study (PPS)

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. One of the main learnings of the 2018 PPS was regarding excessive duration of antibiotics. Avoiding excessive duration of antibiotics will continue to be one of the main focuses for direct prescriber feedback in 2019.

V. NCHD Induction

NCHD induction takes place in January and July of each year. The pharmacy component of induction is delivered by the Chief Pharmacist and contains an Antimicrobial Stewardship component, which includes: reserve antibiotics, antimicrobial prescribing chart, duration, IVOST and Microguide app.

V1. Other Activities

European Antibiotic Awareness Week is an annual event in November. In November 2018, this was marked by an information stand for the public in the front hall and one for staff beside the canteen.

Medication Safety Mondays

Antibiotic related Medication Safety Mondays were circulated in 2018.

WASTE MANAGEMENT ACTIVITIES

Dangerous Goods Safety Audit

The DGSA completed an Annual Report for 2018 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 day of the audit.’

The following areas are to be commended from the audit:

- High level of housekeeping maintained in the clinical waste compounds and medical gas storage cages.
- Secure chemical storage in the Catering and Household Services departments.
- Healthcare risk waste training programme implemented at the hospital.
- Sluice room secured access when not in immediate attendance.

During the audit one non-conformance and seven observations were identified which required corrective action. Corrective action was taken to address these areas. The non-conformance related to the incorrect disposal of Endoscopy disinfectant containers, which was rectified.

Training sessions on the segregation, packaging and storage of healthcare waste continued in 2018:

HYGIENE ACTIVITIES

The Hygiene team continued their good work in 2018 and reported to each meeting of the Infection Prevention and Control Committee.

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 that can be made accessible to a wide range of clinical and managerial staff. Throughout 2018, the tool proved very helpful to staff in providing readily available information highlighting levels of compliance with infection control and hygiene standards. Audit results are provided on a heatmap and are colour coded to indicate compliance with HIQA’s national standards for the prevention and control of hospital acquired infections. This makes it easier to identify areas of high performance and areas which require improvement.

DECONTAMINATION

The Decontamination Team met monthly and continued their great work in 2018. They reported to each meeting of the Infection Prevention and Control Committee and worked to the standards outlined in HIQA’s *Programme of monitoring of the decontamination and reprocessing of reusable medical devices in public acute hospitals* (2018).

A Track and Trace Endoscopy system was introduced in St. John’s Hospital in 2015 as part of a national project. A training programme for all staff was implemented throughout 2017 and 2018. The 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).

CONCLUSION

St John's Hospital maintained a high focus on the control of healthcare associated infections during 2018. There was enthusiastic, consistent and co-ordinated input from the Infection Control Team and associated disciplines to minimise the risk of healthcare acquired infection to patients, manage the risks associated with decontamination facilities and achieve high levels of cleanliness across all areas of the hospital.

The annual Infection Control Programme for 2018 was reviewed and found to have completed all its objectives for 2018.

Infection rates were maintained at a very low level. This was achieved through outstanding practice of all staff supported by visible leadership and attention to detail from the Infection Control Nurse and Antimicrobial Pharmacist.

There were notable improvements in the Sepsis audit results for 2018 compared with results from 2017. These were observed in documentation practice and time to first dose antibiotics. Compliance with antimicrobial prescribing standards. Work is ongoing to continue achieving further improvements during the year ahead.

The hospital continues to work towards continually meeting the quality standards outlined in the National Standards for the Prevention and Control of Hospital Acquired Infections (HIQA 2018).

Nutrition & Hydration **5** Committee



Hospital malnutrition is a well-documented clinical issue and is associated with adverse clinical outcomes including increased morbidity and mortality (NICE 2006, Mills et Al 2018)

Training

- MUST training continued by Senior Dietitian Aisling Collins
 - Training of catering staff continued which included education re textured modified diets facilitated by external facilitator
 - Catering Officer organised for catering staff to attend HACCP & IPC training
 - All new catering staff with responsibility for food service receive customer service training
 - HCA & Nursing training on completing the food record charts continues
- End of Life Training for Catering Staff in UHL was attended by our Catering Officer Elma Herbert

Communication

Following on from the HIQA/HSE National Patient Experience Survey the following initiatives were introduced for patients requiring help with their meals:

- A red chequered tray cloth was introduced to identify patients who require assistance at mealtimes and has been implemented throughout the hospital
- The practice of the use of “whiteboards” was reviewed which ensures patient’s requirements re dietary needs and allergy status is communicated to catering staff in the ward servery’s by CNM’s. This practice was audited and it showed good compliance
- Catering Department continues to use pictorial menus for patients with compromised communication skills
- Menu cards containing a description of meal choices is used by staff
- A Missed Meal Policy is in place to ensure that a replacement meal is offered to patients if required
- Allergen Policy developed for staff using the staff restaurant
- Issue re lack of SALT was highlighted with Hospital Management as the services of an outside SALT is available on an ad hoc basis

PPGs

The following documents have been reviewed and are available on Hospital Nutrition and Hydration Site:

- Protected Mealtime Guideline
- Enteral Feeding Guideline
- Missed Meal Policy
- Guideline for the use of the White Catering Board in the Ward Kitchen
- Nutrition and Hydration Policy
- Policy on Parental Feeding
- Catering Allergen Protocol
- Guideline on referral process to be followed for dietitian referral.
- Guideline on using the MUST Screening Tool
- Fasting Policy developed at UHL with input from St. John’s Hospital

Audits

- January 2018 - MUST Documentation Audit
- March 2018 - Protected Mealtime Audit
- September 2018 - Ward Mealtime Observation Audit
- 2018 Staff Survey Restaurant Service
- HIQA/HSE National Patient Experience Survey 2018
- In house patient satisfaction survey of patients with hospital food and catering experience continue as necessary

Service Improvements

- Nursing staff changed start times where morning handover takes place fifteen minutes earlier which leads to nursing & HCA staff available in care areas earlier to help patients with their breakfast
- An intercom message from reception prior to mealtimes announcing that this time is “protected” is given daily. Practice has been audited
- During Nutrition and Hydration week in March the following areas were promoted:
 - Protected mealtimes
 - Understanding malnutrition
 - Expanded snack options to patients to include high protein and high calorie options
 - Global tea party for patients and staff

Documentation

- Nursing documentation reviewed with more emphasis on dietary requirements – special therapeutic diets
- Focus on weighing of patients continues as part of nursing metrics, drug administration and monitoring malnutrition
- Development of the Patient Information Booklet included information for hospital patients relating to mealtimes and choice of menus
Catering Officer attends UHL Nutrition and Hydration Committee Meetings and gives feedback to Nutrition and Hydration Committee

Awards

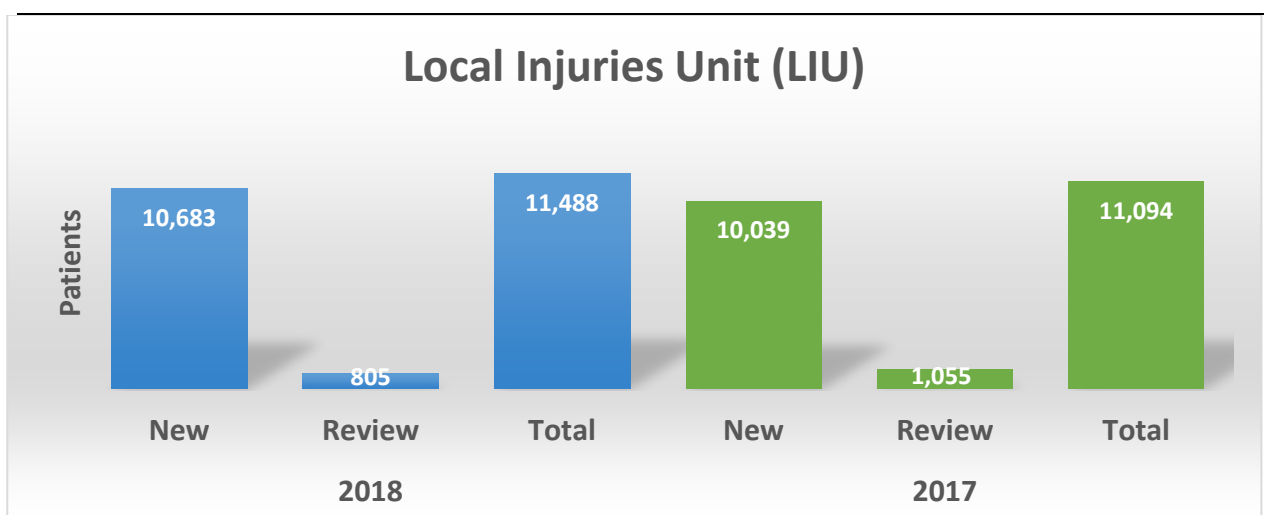
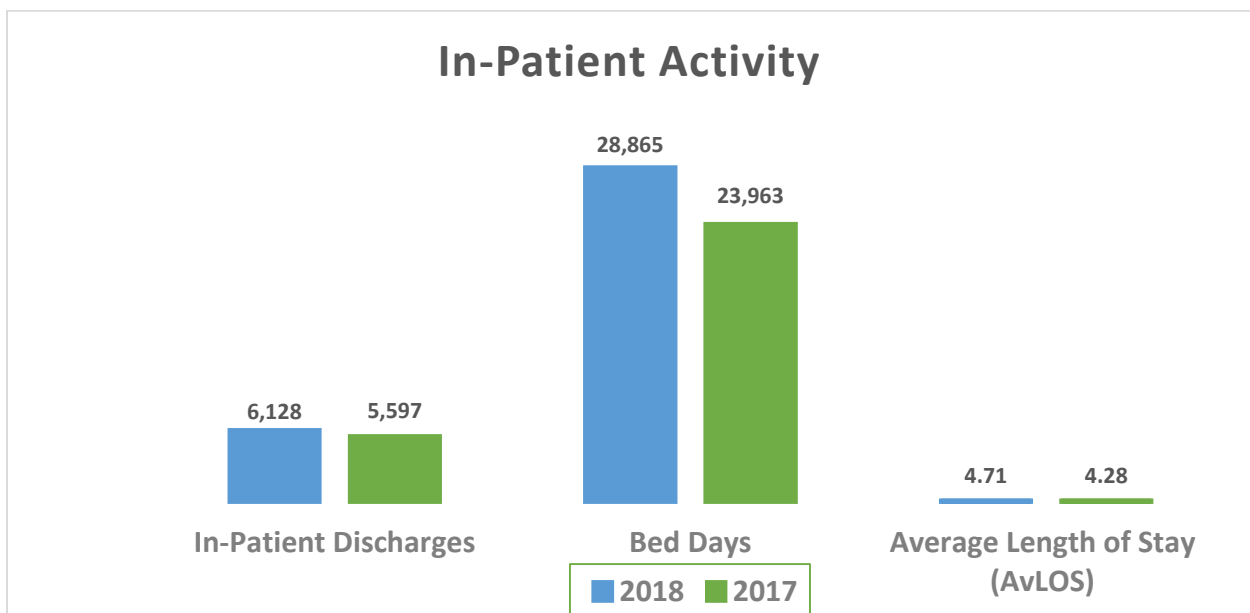
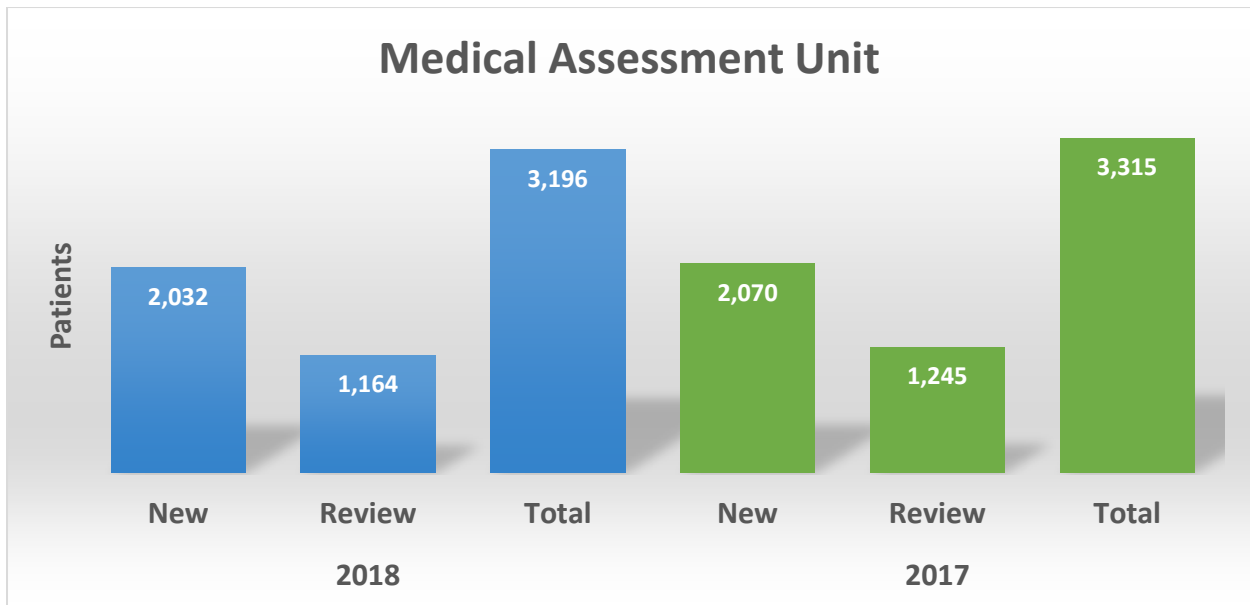
- Gold Award for **“Healthy Eating in the Workplace”** received by St. John’s Hospital from Irish Heart Foundation in 2018

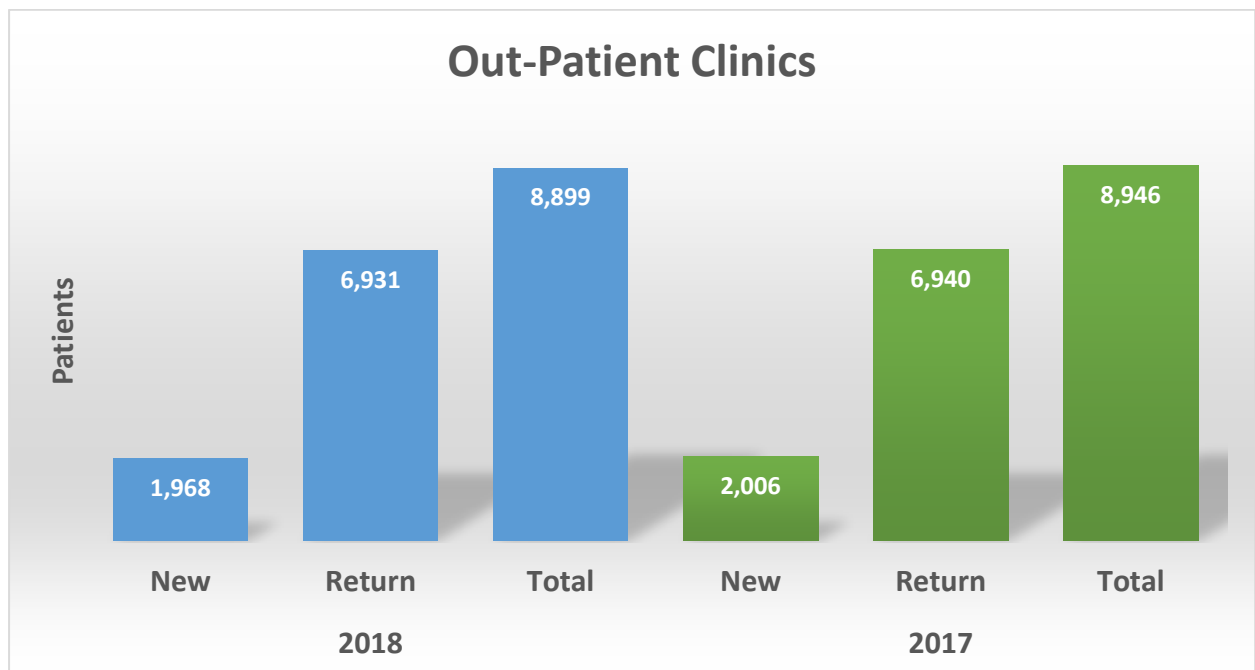
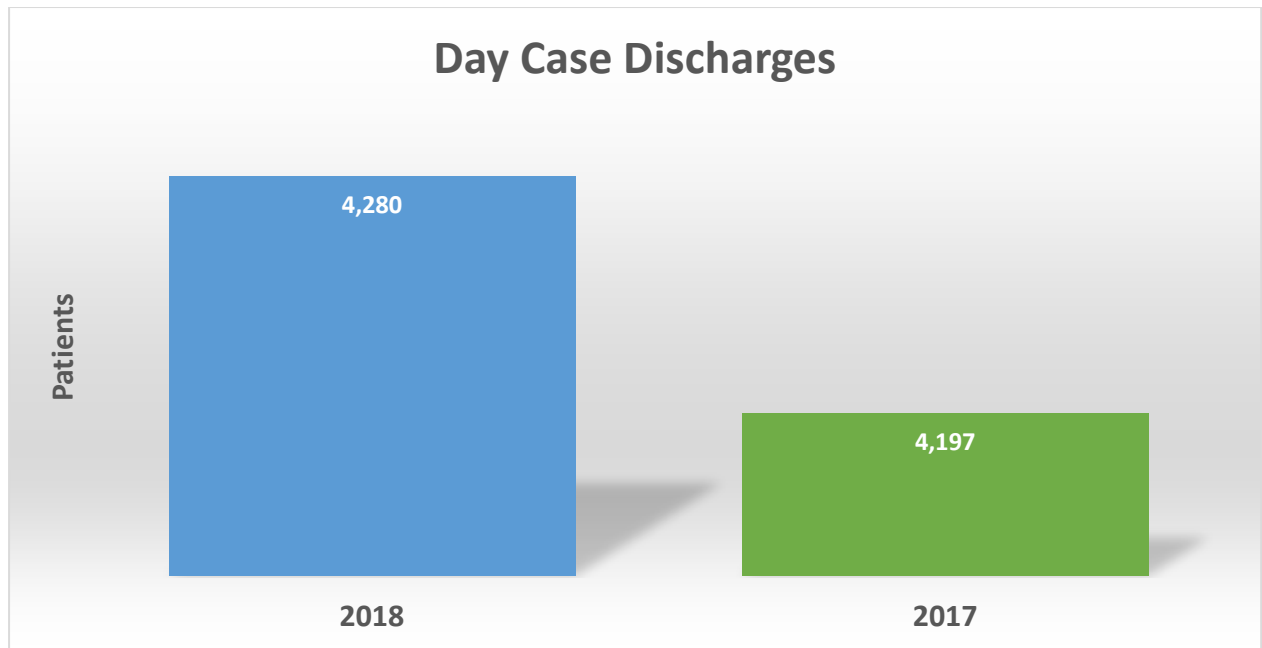
Activity

6

Statistics









Audited Report & Accounts



**Reports and
Financial Statements
2018**

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, 2018.

Hospital Auditors:

Grant Thornton

Chartered Accountants & Registered Auditors

St. John's Hospital

**Financial Statements
31 December 2018**

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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 2018

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 publicly 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: 2 July 2019

St. John's Hospital

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

Year ended 31 December 2018

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: 2 July 2019

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 2018, 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 60.

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 2018 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.

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.

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

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

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.

MR. DAMIAN GLEESON FCCA

For and on behalf of

Grant Thornton

Chartered Accountants & Statutory Audit Firm

Limerick

2 July 2019

St. John's Hospital

Certification of Chief Executive Officer and Chairperson for the year ended 31 December 2018

We certify that the financial statements of Saint John's Hospital for the financial year ended 31 December 2018 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 69 and the statement of accounting policies, on pages 57 to 60, give the true and fair view of the state of affairs of the hospital at 31 December 2018 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: 2 July 2019

St. John's Hospital
Non-Capital Expenditure for year ended 31 December 2018

	2018 €'000	2017 €'000
Cumulative Non-Capital (Surplus)/ Deficit B/F From Previous Year	650	319
Pay		
Salaries	17,835	16,867
Superannuation and Gratuities	2,467	2,605
	20,302	19,472
Non-Pay		
Direct Patient Care	3,665	3,507
Support Services	2,588	2,476
Financial & Administrative	1,014	1,103
	7,267	7,086
Gross Expenditure for the Year Includes Surplus from previous year	28,219	26,877

Income	6,326	5,857
Net Expenditure for the Year	21,893	21,020

Determination from HSE	21,393	20,370
Deficit C/F to Following Year	500	650

On behalf of the Management Committee:

+ Brendan Leahy, D.D.) Chairperson

John Cummins) A/Chief Executive

Date: 2 July 2019

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

St. John's Hospital
Capital Income and Expenditure Account for the year ended 31 December 2018

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

2018	2017
€'000	€,000
148	676
-	-
-	-
-	-
-	-
-	-
-	-
148	676

Total Capital Income

Capital Expenditure

Land
Buildings
Work-In-Progress
Equipment
Vehicles
Other
Capital Expenditure - Capitalised

-	-
-	-
-	-
88	4
-	-
-	-
88	4
60	672
148	676

Capital Expenditure - Not Capitalised

Total Capital Expenditure

Opening (Surplus) from previous year

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

Closing (Surplus) to following year

On behalf of the Management Committee:

+ Brendan Leahy, D.D.

) Chairperson

John Cummins

) A/Chief Executive

Date: 2 July 2019

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

St. John's Hospital
Balance Sheet as at 31 December 2018

Fixed Assets

Tangible Assets

Financial Assets

Note	2018 €'000	2017 €'000
12	10,204	10,645
	-	-
	10,204	10,645

Current Assets

Debtors

Stocks

Investments

Cash in hand and bank balances

13	5,205	4,398
14	266	258
	-	-
	2	3
	5,473	4,659

Creditors-Amounts Falling Due Within One Year

Creditors

Bank loans and overdraft

Obligations under Finance Leases

15	3,816	3,845
	1,125	432
	-	-
	4,941	4,277
	532	382

Net Current Assets

Total Assets Less Current Liabilities

10,736	11,027
--------	--------

Creditors-Amounts Falling Due After One Year

Bank Loans

Obligations under Finance Leases

-	-
-	-
-	-

Capital & Reserves

Non-Capital Income & Expenditure Deficit

Capital Income & Expenditure Surplus

Capitalisation Account

17	(500)	(650)
	1,032	1,032
	10,204	10,645
	10,736	11,027

+ Brendan Leahy, D.D.

) Chairperson

John Cummins

) A/Chief Executive

Date: 2 July 2019

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

St. John's Hospital
Cash Flow Statement as at 31 December 2018

	Note	2018 €'000	2017 €'000
Net Cash Inflow/(Outflow) from Operating Activities	18	(815)	79
<u>Returns on Investments and Servicing of Finance</u>			
Interest Paid on Loans and Overdraft		(7)	(6)
Interest Paid re Finance Leases		-	-
Equity Dividends Received		-	-
Interest Received		-	-
Net Cash (Outflow) from servicing of Finance		(7)	(6)
<u>Capital Expenditure</u>			
Expenditure from HSE Capital		(88)	(4)
Add back unpaid Capital Expenditure		-	-
Add back movements in finance lease obligations		-	-
		(88)	(4)
Capital Expenditure - Not Capitalised		(60)	(672)
Payments from non-capital, re acquisition of fixed assets		(51)	(44)
Receipts on sale of fixed assets		-	-
Net Cash (Outflow) from Capital Expenditure		(199)	(720)
Net Cash (Outflow) /Inflow before Financing		(1,021)	(647)
<u>Financing</u>			
HSE Capital grant received		327	498
Receipts from other sources -acquisition of fixed assets		-	-
		327	498
Increase in investments		-	-
Capital element of finance lease rental repayments		-	-
Cash Inflow from movement in Debt and Lease Financing		-	-
Net Cash Inflow from Financing		327	498
Net Cash Flow		(694)	(149)
(Decrease) in Cash and Bank	19	-	(667)
Increase/(Decrease) in Bank Loans < 1 Year & O/D	19	(694)	518
Increase in Bank Loans > 1 Year	19	-	-
Changes in Net Debt		(694)	(149)

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.

St. John's Hospital

Accounting Policies

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.

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 2018

Insurance : Note 1

Medical Defence

(a) Consultants

(b) NCHDs

Other

Public Liability

Employers Liability

Property

Other

2018	2017
€'000	€'000
-	-
-	-
-	-
2	2
-	-
28	27
12	16
42	45

Misc. Non-Capital Expenditure

On Capital Projects : Note 2

Land

Buildings

Work-In-Progress

Equipment

Vehicles

Other

2018	2017
€'000	€'000
-	-
-	-
-	-
-	-
-	-
-	-
-	-

Miscellaneous Expenses : Note 3

Security

Publications Etc.

Membership / Subscriptions etc.

Interest on Late Payments

Education / Training

Shop / Restaurant Purchases

Other

2018	2017
€'000	€'000
207	194
3	2
-	-
1	-
53	28
-	-
64	69
328	293

St. John's Hospital

Notes to the Financial Statements – 31 December 2018

Analysis of Patient Income : Note 4

In-Patients

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

2018	2017
€'000	€'000
118	92
4,856	4,423
-	-
4	-
4,978	4,515
127	116
-	-
127	116

Out-Patients

Statutory Accident & Emergency Charges
Other Out-Patient Charges

5,105	4,631
--------------	--------------

Total Patient Income

Income From External Agencies : Note 5

Laboratory
Pathology
Radiology
Commissioning Services
Other

2018	2017
€'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

2018	2017
€'000	€'000
-	-
-	-
-	-
-	-
-	-
-	-
-	-
1	1
-	-
-	-
46	35
-	-
-	-
47	36

St. John's Hospital

Notes to the Financial Statements – 31 December 2018

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

2018	2017
€'000	€'000
14,057	13,307
455	365
813	697
-	-
94	98
-	-
72	70
126	126
1,408	1,308
-	-
3,277	3,501
20,302	19,472

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

2018	2017
€'000	€'000
21,893	21,020
51	44
-	-
-	-
-	-
51	44
21,842	20,976
580	585
22,422	21,561

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

2018	2017
€'000	€'000
2	2
-	-
-	-
(2)	-
-	2

**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

2018 €'000	2017 €'000
21,393 (18,559)	20,370 (18,233)
2,834	2,137
2,137 (2,137)	1,847 (1,847)
-	-

**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

2,834	2,137
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148 (148)	676 (497)
-	179
179 (179)	- -
-	-

Total Balance of Capital Grants Due From HSE

-	179
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Gross Total Due From HSE Capital & Non-Capital

2,834	2,316
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**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

2018 €'000	2017 €'000
51	27
-	5
-	-
-	12
-	-
-	-
-	-
-	-
51	44
-	-
51	44

St. John's Hospital

Notes to the Financial Statements – 31 December 2018

**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-18	159	14,491	-	9,109	23,759
Transfers from Work-In-Progress		-	-	-	-	-
Sub-Total		159	14,491	-	9,109	23,759
Additions From Capital		-	-	-	88	88
Additions From Non-Capital		-	-	-	51	51
Disposals during the year		-	-	-	-	-
Cost / Valuation at	31-Dec-18	159	14,491	-	9,248	23,898
Accumulated Depreciation at	1-Jan-18	-	4,401	-	8,713	13,114
Depreciation charge for year		-	362	-	218	580
Disposals - Accumulated Depreciation		-	-	-	-	-
Accumulated Depreciation at	31-Dec-18	-	4,763	-	8,931	13,694
Net Book Amount at	1-Jan-18	159	10,090	-	396	10,645
Net Book Amount at	31-Dec-18	159	9,728	-	317	10,204

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 2018

Debtors : Note 13

	2018	2017
	€'000	€'000
HSE - Revenue Grants Due	2,834	2,137
HSE - Capital Grants Due	-	-
HSE Debtors	2,834	2,137
HSE Mid-West	-	179
Patients (Closing Ledger Balance)	3,600	3,416
Less: Provision for bad and doubtful debts	(1,453)	(1,528)
Other	87	51
Prepayments	137	143
Non-HSE & Non-HSE Mid-West Debtors	2,371	2,082

Total Debtors

5,205	4,398
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An impairment loss of €1,528,142 (2016: €1,497,082) was recognised against trade debtors

Stocks - Note 14

	2018	2017
	€'000	€'000
Drugs & Medicines	99	102
Blood & Blood Products	-	-
Medical Gases	-	-
Medical & Surgical Supplies	138	133
Sterile Supplies	-	-
Pathology Supplies	-	-
X-Ray / Imaging	16	11
Provisions	-	-
Laundry / Cleaning	7	6
Bedding / Clothing	-	-
Furniture / Crockery	-	-
Heat / Power / Light Supplies	-	-
Maintenance Supplies	-	-
Office Supplies	6	6
Computer Supplies	-	-
Shop	-	-
	266	258

Stock recognised in direct patient care during the year as an expense was €1,240,000 (2017: €1,231,000). An impairment loss of €15,691 (2017: €12,766) 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 2018

Creditors - Note 15

Creditors - Capital

Creditors - Non-Capital

PAYE and PRSI

Wages and Salaries

Other

2018	2017
€'000	€'000
-	-
1,111	1,142
458	411
1,006	984
1,241	1,308
3,816	3,845

Bank Loans - Greater Than One Year : Note 16

Bank Loans

Deficit Bank Loan Account

Deficit Financing Account

2018	2017
€'000	€'000
-	-
-	-
-	-
-	-

Capitalisation Account : Note 17

Balance at beginning of year

Additions

Capital Expenditure

Non-Capital Expenditure

Sub-Total Additions

Less

Disposals

Depreciation for the year

Sub-Total Deductions

Balance at year-end

2018	2017
€'000	€'000
10,645	11,182
88	4
51	44
139	48
-	-
580	585
580	585
10,204	10,645

St. John's Hospital

Notes to the Financial Statements – 31 December 2018

Note To The Cash Flow Statement : Note 18

	2018	2017
	€'000	€'000
(Deficit) Non-Capital	(500)	(650)
Add back Deficit/(Surplus) brought forward	650	319
Surplus for current year	150	(331)
Deduct repayment of loan (Capital element) charged against non-capital	-	-
Deduct Interest and Dividend Income	-	-
Add back purchase of equipment from non-capital	51	44
Add back Interest charged against non-capital	7	6
(Increase) in Stocks	(8)	(19)
(Increase) in HSE Debtors (Non-Capital)	(697)	(290)
Decrease in HSE Mid-West Debtors	-	141
(Increase)/Decrease in Non-HSE and Non-HSE Mid-West Debtors	(289)	307
(Decrease)/Increase in Creditors	(29)	221
Net Cash Inflow from Operating Activities	(815)	79

Analysis of Changes in Net Debt : Note 19

	At 1 Jan '18	Cash Flow	Non Cash Changes	At 31 Dec '18
	€'000	€'000	€'000	€'000
Cash in Hand and Bank Balances	3	(1)	-	2
Bank Overdraft	(432)	(693)	-	(1,125)
	(429)	(694)	-	(1,123)
Bank Loans				
Debt Due within one year	-	-	-	-
Debt Due after one year	-	-	-	-
	-	-	-	-
Finance Leases : within one year	-	-	-	-
Finance Leases : from 2 to 5 years	-	-	-	-
	-	-	-	-
	(429)	(694)	-	(1,123)

St. John's Hospital

Notes to the Financial Statements – 31 December 2018

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

	2018 €'000	2017 €'000
(Decrease)/Increase in cash in the year	(694)	(149)
Cash Inflow/(Outflow) from increase/(decrease) in debt and lease financing	-	-
Changes in net debt resulting from cash flow	(694)	(149)
New Finance Leases taken out in the year	-	-
Changes in Net Debt	(694)	(149)
Net Debt at beginning of year	(429)	(280)
Net Debt at end of year	(1,123)	(429)

Note 21. Related Parties

No transactions with related parties occurred requiring financial statement disclosure.

Total key management personnel compensation was €85,428. Key management personnel compensation comprises the Acting Chief Executive.

Note 22. Financial Instruments

Financial Assets	2018 €'000	2017 €'000
Cash at bank	2	3
Financial assets measured at amortised cost	5,068	4,255

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

Financial Liabilities	2018 €'000	2017 €'000
Financial liabilities measured at amortised cost	2,582	2,807

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

St. John's Hospital

Notes to the Financial Statements – 31 December 2018

**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 2018

Non-Capital Income & Expenditure - Details

Pay

Management / Administration

Medical / Dental I (NCHDs)

Medical / Dental II (Consultants)

Nursing

Paramedical

Catering & Housekeeping / Support Services

Maintenance / Technical

Pensions & Refunds

Gratuities / Lump Sums

Others

2018	2017
€'000	€'000
2,968	2,909
1,635	1,630
1,984	1,753
7,104	6,377
1,193	1,454
2,819	2,620
132	124
17,835	16,867
2,359	2,394
108	211
2,467	2,605
20,302	19,472

Non-Pay

Direct Patient Care

Drugs & Medicines

Blood & Blood Products

Medical Gases

Medical & Surgical Supplies

Other Medical Equipment

Other Medical Equipment Supplies / Contracts On

938	919
245	253
57	59
1,877	1,730
51	25
497	521
3,665	3,507

St. John's Hospital

Notes to the Financial Statements – 31 December 2018

	2018	2017
	€'000	€'000
<u>Support Services</u>		
X-Ray / Imaging Equipment	-	5
X-Ray / Imaging supplies / Contracts On	579	557
Laboratory Equipment	-	-
Laboratory Supplies / Contracts On	350	343
Catering Equipment	-	11
Catering Provisions / Contracts On	247	215
Heat, Power & Light	195	229
Laundry, Cleaning & Washing Equipment	-	-
Laundry, Cleaning & Washing Supplies / Contracts On	766	714
Furniture, Crockery & Hardware	14	15
Bedding & Clothing	20	20
Maintenance Equipment	-	-
Maintenance Materials Supplies / Contracts On	310	273
Farm & Garden Equipment	-	-
Farm Supplies / Contracts On	15	2
Travel & Subsistence	92	92
Transport of Patients	-	-
Vehicles Purchases	-	-
Vehicles Supplies / Contracts On	-	-
	2,588	2,476

St. John's Hospital
Notes to the Financial Statements – 31 December 2018

Financial And Administrative

Loan Repayment Principal

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

Bank Interest

Overdraft	1	1
Non-Capital Loan	-	-
Capital Loan	-	-
Finance Lease Repayment-Interest Element	-	-
Bank Charges	6	5

Other

Insurance - Medical Defence	-	-
Insurance - Other	42	45
Audit	25	21
Legal	4	-
Office Expenses (Rent & Rates, Postage, Phone)	132	125
Office Supplies / Contracts On	257	256
Computer Equipment	-	-
Computer Supplies / Contracts On	275	263
Professional Services	21	28
Bad Debts written off	(2)	35
Adjustment to Doubtful Debts Provision	(75)	31
Misc. Non-Capital Exp. on Capital Projects	-	-
Miscellaneous Expenses	328	293

2018	2017
€'000	€'000

-	-
-	-
-	-
1	1
-	-
-	-
-	-
6	5
-	-
42	45
25	21
4	-
132	125
257	256
-	-
275	263
21	28
(2)	35
(75)	31
-	-
328	293
1,014	1,103

Total Non-Pay

7,267	7,086
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Total Gross Expenditure

27,569	26,558
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St. John's Hospital

Notes to the Financial Statements – 31 December 2018

	2018	2017
	€'000	€'000
Income		
Patient Income		
In-Patient	4,978	4,515
Out-Patient	127	116
	5,105	4,631
Other Income		
Superannuation	536	588
Other Payroll Deductions	576	550
RTA Receipts	-	-
Income from External Agencies	-	-
Canteen Receipts	62	52
Other Income (Non-Capital)	47	36
Total Income	6,326	5,857
 Net Expenditure	 21,243	 20,701