



Registered Charity No.: 20000394

John's Square, Limerick V94 H272
Tel. NO.: 061 462222
Fax No.: 061 415231
www.stjohnshospital.ie

2021 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

ANNUAL REPORT 2021

Contents

Foreword	2
Executive Summary	4
Governance & Management	13
Board	14
Audit Committee	16
Risk, Quality & Safety Committee	21
Nominations & Governance Committee	25
Senior Medical Staff	28
Drugs & Therapeutics Committee	30
Health & Wellbeing Committee	34
Infection, Prevention & Control Committee	37
Nutrition & Hydration Committee	44
Radiation Safety Committee	47
Departmental Reports (Pathology)	50
Activity Statistics	89
Audited Reports and Accounts	92

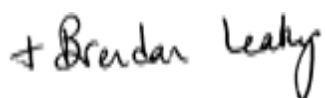
FOREWORD

I am delighted as Chairman of the Board to present our Annual Report and Accounts for the year 2021. I would like to start by acknowledging all our staff who have continued to work tirelessly during another year of the Covid pandemic. The Hospital faced another tough challenge throughout 2021 with performance and staffing issues magnified by the pandemic. Demand on services remained high all throughout the year while staffing levels became critical at certain junctures. In spite of this, our staff have shown great care, discipline and attentiveness towards their patients, one another and their work, demonstrating once again that they go above and beyond in serving our patients and our community.

The Annual Report sets out our main objectives and key achievements in 2021, summarising progress made in many areas of performance throughout the year, such as patient access and waiting lists, digital transformation, patient experience and outcomes. Our highlights include HIQA's national patient satisfaction survey demonstrating our high quality standards of care once again. We achieved scores higher than the national average in all aspects of the survey, gaining results of 9.7 respectively in our top three performing questions. We also achieved overall highest scores in UL Hospitals Group. In June 2021 we relocated our Medical Assessment Unit to an upgraded, larger clinical space resulting in an increase in patient attendances by 20%. Our Injury Unit continues to be the busiest IU in the Midwest region. Our patients continue to benefit from the collaborative relationship with the Rapid Innovation Unit located in St John's Hospital. RIU works with clinical stakeholders across UL Hospitals Group to bring, patient-centric, innovative solutions to the bedside through the use of 3D printing. We are delighted to continue as the host site for this ground-breaking innovative service as we continue to strengthen our academic partnership with the University of Limerick.

Importantly, we continue to pursue our capital development plan for the hospital. The Board will carry on advocating for this very necessary development to develop our clinical service models into the future.

Once again, I would like to thank all the staff for their dedication and commitment to the provision of first-class patient care. In particular, I thank Emer Martin for her excellent leadership as CEO. I would also like to acknowledge the outstanding contribution to the hospital from Mr John Cummins, our former Deputy CEO and Ms Patricia Keeshan, former Management Services Co-ordinator who both retired in 2021. Both John and Patricia have a long service history and connection with St John's, having moved here on the closure of Barrington's Hospital in 1989. We are indebted to them for their loyal service to the Board and the entire hospital and wish them well in their retirement. Finally, I would like to thank Patient Partnership Forum and UL Hospitals Group for their ongoing support and assistance to the hospital. The Board and I look forward to continue working with you all over the coming year to ensure that St. John's Hospital continues to provide high quality health care to our patients in keeping with our tradition and long history.



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

Executive Summary



INTRODUCTION

This Annual Report for the year ending 31 December 2021 gives details of activity levels and financial performance for 2021. Annual Reports for Board Committee and Hospital Committees are reproduced herein. Activity statistics are shown on Page 61. The financial details are taken from our annual Audited Accounts and a copy of same is reproduced herein.

THE YEAR IN REVIEW

Service Delivery

Central to how we work at St John's is the belief that patients come first, to act with integrity at all times and to strive for excellence.

(a) Capital Development

The Board continued to pursue St. John's Capital Development during 2021 in light of the Covid-19 pandemic, which posed significant challenges for the hospital in meeting the current required infection prevention and control standards in a 19th century building. The Board was informed by the national HSE that the Condition Surveys being carried out in all acute hospitals would assist the HSE in planning for and prioritising refurbishments projects pending full report on the process due in 2020. A draft report was issued in June 2020 which largely supported the case St. John's Hospital had been making for years for capital development on our hospital site. Hospital representatives met with the local HSE Estates Manager and agreed amendments to the draft report and a final report was awaited at year end which remains outstanding.

The HSE referred to the additional beds already prioritised for the UL Hospitals Group which were at commissioning stage, stating that in partnership with the Sláintecare Programme office, it had started planning for the location and number of further additional acute and community beds, as set out in the Bed Capacity Review. It was further anticipated that planning for the additional bed capacity would be influenced by broader reform of the health care system and by population projections and assessment of needs, of which St John's sees itself as a core and necessary stakeholder.

In 2020, UL Hospitals Group submitted an 8-bed ward block proposal in for St. John's to the HSE to construct a modular extension unit to provide 8 single en-suite rooms to enable infection prevention and control standards to be met. This proposal was later increased to a 16-bed unit. HSE finances were directed at addressing the Covid-19 pandemic. Throughout 2020 and 2021, St. John's proposal had not received approval which, although disappointing, played a significant factor in continuing to advocate for our much-needed capital development plan. We continue to raise this necessary development at each of our monthly Performance Review meetings with the Executive.

(b) Performance and Service Delivery

The Hospital uses its performance management framework to gather and analyse complex information across a range of quality, operational and financial measures and indicators. This allows the Board to ensure effective action is being taken to address risks or uncertainty to the delivery of plans and objectives. External assessment of St John's Hospital is an important part of this risk and control environment. The annual business planning is informed by the performance management framework to ensure future objectives address areas of risk or uncertainty. The main section of the report sets out key issues and risks for the Hospital as well as opportunities and risks that could affect the delivery of objectives and its future success and sustainability

(c) Succession Planning for Consultant Staff

2021 saw another year of extensive engagement with UL Hospitals Group in attempting to put permanent consultant replacement posts in place, in particular following the retirement of Dr Eithne Mulloy, Consultant Respiratory and General Physician and Dr Joseph Lee, Consultant Anaesthesiologist. Regrettably, the situation remains unresolved at year end. St John's cannot function fully without Consultants being employed directly by St John's to work with the hospital's executive team and the Board. All of our replacement consultant posts are designed to have a dedicated service commitment to the Group, with a significant portion of their work being undertaken at St John's.

(d) Minor Capital Funding 2020

St. John's Hospital submitted an extensive application under the HSE's National Equipment Replacement Programme for 2021. We received grant approval for endoscopy decontamination, defibrillators, theatre tables, gastroscopes, colonoscopies and bronchoscopes. We are grateful to the HSE for replacing all of these necessary medical equipment items to enable us to continue caring for our patients.

Central to how we work at St John's is the belief that patients come first, to act with integrity at all times and to strive for excellence.

Quality and Safety

(a) Health Information and Quality Authority (HIQA)

The HIQA inspection programme was paused during the Covid-19 pandemic; therefore, St John's did not receive any inspections from HIQA during 2021.

(b) National Patient Experience Survey

The National Patient Experience Survey 2021 showed outstanding results for St John's.

(c) Public Sector Energy Performance

St. John's Hospital continued to work towards the government's objective to improve public sector energy efficiency by 33% by 2020. We are on target for 2020. Energy conservation/efficiency improvement will continue to be a major consideration in all future works.

(d) Patient Experience

We continued to provide high quality healthcare to the best of our ability during the Covid-19 pandemic. This involved significant changes to practices, protocols and patient care pathways.

Our poor infrastructure posed an additional challenge for us. A national restriction on visiting was imposed and this proved very difficult for patients, relatives and staff, particularly during end of life care. Despite this, we received many very positive compliments from patients and their relatives for the professional care and compassion shown during these challenging times. We also received some negative feedback. All complaints are taken very seriously and are thoroughly investigated and we try to address any shortcomings identified. We received 162 compliments and 21 complaints in total during 2020.

(e) Health and Safety Authority (HSA)

St John's Hospital were inspected by the Health and Safety Authority on 20th July 2021. The Hospital welcomed the inspection, acknowledging it as an opportunity to enhance our safety culture and remedy areas requiring improvement. There were no serious adverse findings identified by the inspectorate, however a number of areas were identified as requiring attention. Hospital management were asked to confirm that all such areas would be addressed which we can confirm took place.

(f) National Incident Management Framework (NIMS)

The Board reviews this data routinely and recognises an increased incident reporting rate as a positive reflection of an open culture within the organisation which supports learning. Incident reporting to the National Incident Management System (NIMS) supports multidisciplinary incident reporting which includes a high level of reporting of near misses, no harm and minor harm incidents. Reporting of these 'green' incidents is seen as a key driver for identification and management of risks to prevent more serious harm.

In 2021, St John's hospital reported a total of 619 adverse incidents. All of these incidents are reported to the National Incident Management System (NIMS) to enable learning, comparison to other organisations and claims management. For the period from 1st January 2021 to 31st Dec 2021 the hospital reported a total of 23.9 incidents per 1000 bed days, a slight decrease from 2020 but a substantial increase from 16.8 incident per 1000 bed days in 2019. This year on year trend demonstrates an increasing trend in reporting over the last three years. This, in turn, demonstrates a culture of greater openness and transparency, amplifying learning opportunities for staff to implement preventive measures and reduce occurrence of risk and harm.

The Hospital has adopted the national incident management framework (NIMF). The NIMF is a key part of the Hospital's patient safety culture and supports the Hospital's aim to improve our understanding of safety by drawing insight from patient safety incidents.

Hospital Governance

(a) Board Committee Terms of Reference

The Board met its Terms of Reference for its Risk, Quality & Safety Board Sub-Committee, Audit Sub-Committee and Nominations and Governance Sub-Committee.

(b) Covid-19 Pandemic Working Group

The hospital established a multi-disciplinary Covid-19 Pandemic Working Group to facilitate governance and management of the pandemic. This group remained in place throughout 2021, continuing to support and advise staff on how best to manage the virus and address issues as they emerged. Members of the Working Group also participated in daily Hospital Crisis Management Team conference calls with ULHG.

(c) Voluntary Hospital Agencies Risk Management Forum (VHARMF) Framework for Data Sharing

The Board approved the VHARMF Framework for Data Sharing in September 2020 following review by the hospital's Data Protection Officer.

(d) Voluntary Healthcare Forum (VHF)

The VHF prepared position papers on behalf of its members for fundamental reform to the Service Arrangement and governance model for Section 38 organisations and to develop an understanding of the Integrated Financial Management System (IFMS) and the potential governance issues it presents. Both documents were presented to the Department of Health and HSE at a meeting in November 2020. The VHF also commissioned UCD to undertake an extensive review of the governance relationships between the State and Section 38 organisations and UCD reported its findings in November 2020 also.

(g) Annual Compliance Statement (ACS) 2021

St. John's Hospital signed its eight Annual Compliance Statement in May 2022. This involved the hospital, as a Section 38 Service Provider under the Health Acts, reviewing our governance arrangements and confirming that we are compliant with "good governance standards" and that payment of all senior staff was also in accordance with the national consolidated pay scales.

(h) Service Level Arrangement (SLA) 2021

The Service Level Arrangement (SLA) for 2021, our annual contract of services with the HSE, was signed by St. John's Hospital CEO and the CEO, UL Hospitals Group.

(i) UHLG Performance Meetings

St John's Executive team met with the ULHG executive team in the early and later stages of 2021. The closure of up to 29 beds from August to December 2021 was an area of particular concern which St John's committed to addressing through staff recruitment to replace a significant amount of nursing staff due to a combination of retirements and taking up new posts in other healthcare services. The review meetings are useful as they provide a constructive forum to discuss issues affecting service delivery and management of resources. Our ability to meet our service targets was affected by the pause in elective hospital activity due to local and national pandemic restrictions as well as the HSE Cybersecurity major national incident.

FINANCIAL

Going concern

The Board has a reasonable expectation that the Hospital will continue in operational existence for the foreseeable future. The financial reporting framework applicable to public bodies, derived from the Department of Expenditure and Reform, defines that the anticipated continued provision of the entity's services in the public sector is sufficient evidence of going concern.

The comparable figures for 2021 and 2020, under the headings of overall expenditure and income, are shown hereunder. The accumulated deficit at 31st December 2021 was 0998,000 which was brought forward to 2021. The deficit increased to €1,040,000 at 31st December 2021.

	2021 €'000	2020 €'000	% Increase/ (Decrease)
(SURPLUS)/DEFICIT B/F FROM PREVIOUS YEAR	998	1,038	
SALARIES/WAGES	25,285	24,455	3.4%
GOODS/SERVICES	7,336	6,840	7.3%
TOTAL EXPENDITURE	33,619	32,333	4.0%
INCOME	2,743	3,254	(15.7%)
NET EXPENDITURE	30,876	29,079	6.2%
ALLOCATION FROM HEALTH SERVICE EXECUTIVE	29,836	28,081	6.2%
(SURPLUS) DEFICIT	1,040	998	

Salaries and Wages

Salaries and Wages increased by €830,000 (3.4%) compared to 2020, mainly driven by a €812,000 increase in Retirement Lump Sums/Pensions in addition to national pay agreements and Covid-19 related expenditure.

Goods and Services

Costs increased by €496,000 (7.3%) compared to 2020, driven by:

	2020 €'000	2019 €'000	% Increase/ (Decrease)
MEDICAL & SURGICAL SUPPLIES	1,806	1,619	11.6%
MAINTENANCE MATERIALS	382	235	62.6%
DRUGS & MEDICINES	965	888	8.7%
PROFESSIONAL SERVICES	108	41	163.4%

- Medical & Surgical Supplies increased by €187,000 due to higher activity levels.
- Maintenance Materials increased by €147,000 due to refurbishment projects.
- Drugs & Medicines increased by €77,000 due to an increase in activity from 2020
- Professional Services increased by €67,000 as work progressed on GDPR compliance and Strategic projects.

Income

Income decreased by €511,000 (15.7%) compared to 2020. Significant changes occurred in the following categories;

	2021 €'000	2020 €'000	% Increase/ (Decrease)
In-Patient Income	1,563	2,022	(22.7%)
Superannuation	527	573	(8.0%)

- In-Patient Income decreased by €459,000 driven by the continued impact of Covid-19 in addition to the impact of the HSE Cyber Attack. Furthermore, there was a reduction in income generated from private patient activity due to the retirement of consultants.
- Superannuation decreased by €46,000 as new staff commenced employment on reduced superannuation rates replacing staff on higher rates.

Allocation from Health Service Executive

The allocation from the Health Service Executive in 2021 was €29,836,000 which was an increase of €1.755m compared to 2020.

The allocation increase was driven by the need for additional funding across the following categories:

- Covid-19 and Cyber Attack funding increased by €863,000
- Pensions and Lump Sum funding increased by €712,000 and
- National Pay Agreement and Increment funding increased by €403,000

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 2021 there were 20 late payments totalling €96,273 which constituted 1.0% of total non-pay expenditure during 2021. These late payments attracted interest payments of €381.

LEGAL & BANKING 2021

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 support in 2021 as they assist us in improving the quality of services provided to our patients. The Patient Partnership Forum are a valuable resource in identifying opportunities for further collaboration between patients and staff. We greatly value and appreciate their involvement with the Hospital to create a better experience for our patients.

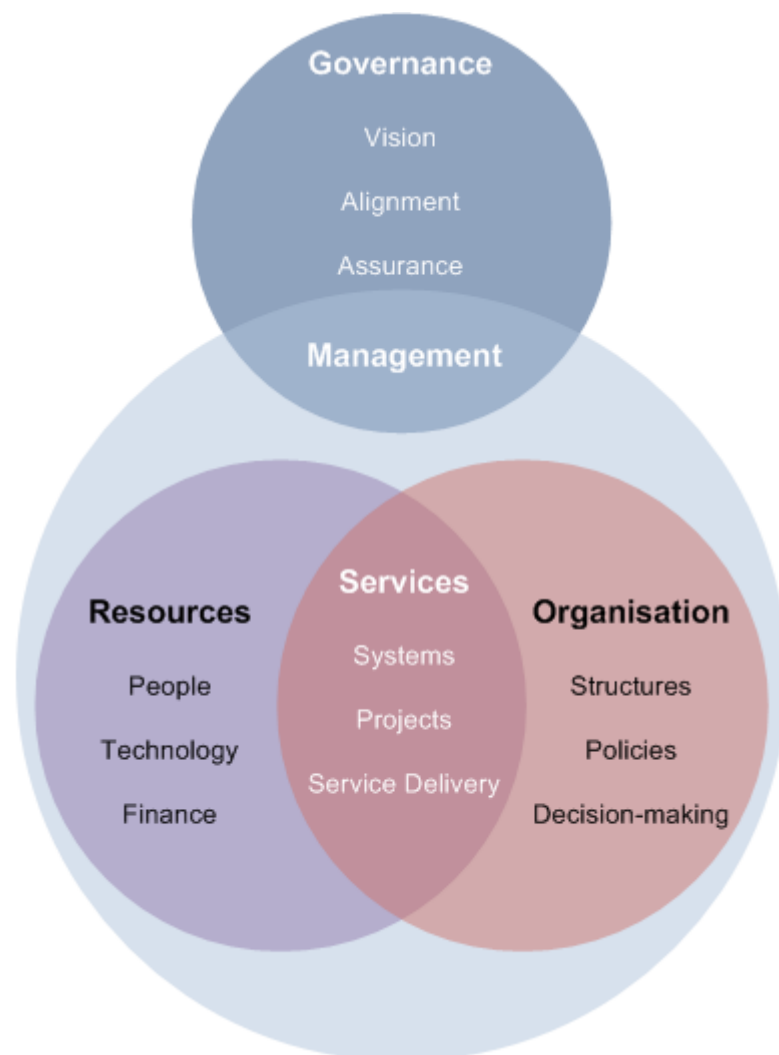
STAFF

I would finally like to thank each member of staff for their contribution to the work of the Hospital throughout 2021. Our staff are the face of St. John's Hospital, living out our Mission Statement in their daily work and in their interactions with patients, families and other staff. The Hospital has faced another year of one of the toughest healthcare challenges in modern history seeing performance and staffing issues magnified by the pandemic. Demand on services since the onset of the Covid pandemic remains especially high however, I am constantly impressed by the resilience, resolve, compassion and strength shown by our staff towards their patients and work each day.



Emer Martin
Chief Executive

Governance & Management



BOARD

Member	Role	Appointment Period
Most Rev. B. Leahy, D.D.	Chairperson	On holding office
Dr Fasih Khan	Member	January – December 2021
Very Rev. N. Kirwan	Member	On holding office
Mr. Ralph Keane	Member	January – December 2021
Dr Catherine Casey	Member	January – December 2021
Dr Miriam Callanan	Member	January – December 2021
Ms. Anne Fahy	Member	January – December 2021
Ms. Audrey Fehily	Member	January – December 2021
Mr. Richard Leonard	Member	January – December 2021
Cllr. Daniel Butler	Member	January – December 2021
Cllr. Kieran O’Hanlon	Member	January – December 2021

Attendance at Meetings

For the period 01/01/2021 to 31/12/2021

Management Committee / Board

Attendance

Most Rev. Brendan Leahy (Chairperson)	6/6
Very Rev. Noel Kirwan	6/6
Mr. Ralph Keane	5/6
Dr Joseph Lee	6/6
Dr Catherine Casey	5/6
Dr. Miriam Callanan	6/6
Ms. Anne Fahy	5/6
Ms. Audrey Fehily	6/6
Mr. Richard Leonard	5/6
Mr. Conn Murray	4/6
Cllr. Kieran O’Hanlon	5/6
Cllr. Daniel Butler	2/3

In Attendance

Name	Role
Emer Martin	Chief Executive/Secretary
John Cummins Michelle Rogers	Deputy Chief Executive (Jan – March 2021) Deputy Chief Executive/ Director of Operations (Nov – Dec 2021)
Michelle Burke	Director of Nursing
Nicole O'Donovan	Finance Manager (Sept – Dec 2021)
Patricia Keeshan	Management Services Co-ordinator (Jan – Nov 2021)

SUB-COMMITTEE: AUDIT COMMITTEE

The Committee met on 4 occasions during the year.

Attendance at Meetings

<i>For the period 01/01/2021 to 31/12/2021</i>	
<u>Audit Committee</u>	<u>Attendance</u>
Mr. Richard Leonard, Chairperson	4/4
Mr. Ralph Keane, Member	4/4
Ms. Catherine Sheehan, Member	4/4
In Attendance	
Ms. Emer Martin, Chief Executive	
Ms. Nicole O'Donovan, Finance Manager	
Ms. Patricia Keeshan, Management Services Co-ordinator	

The hospital's Audit Committee produced its Annual Report to the Board at its Annual General Meeting in November 2021. It outlined the Committee's activities and included a performance review and evaluation.

The Board 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

2021 Annual Report to Board AGM

Introduction

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

Activity

Since our report in November 2020 to the Board, meetings were held in April, May, July and November 2021.

April Meeting

Internal Audit

The Committee reviewed the Internal Auditor's Report for Q1 2021. The main focus of this report was audit of the Human Resources policies. The Committee noted the recommendations made and Ms. Martin, Chief Executive undertook to draft management's response to the recommendations for the next Audit Committee meeting.

The Committee approved that the internal audit work for Q2 should include a brief review of the impact of Covid-19 on the control environment in light of the on-going Covid-19 crisis.

External Audit

Mr. Damian Gleeson and Ms. Fiona Cahill, Grant Thornton joined the meeting via teleconference. Mr. Gleeson presented the draft financial statements. The Committee noted an adjustment required to the draft financial statements following receipt of an e-mail from the HSE that day. Mr. Gleeson confirmed that the final draft financial statements would issue when the adjusted outlined was made.

Ms. Cahill then made a presentation to the Committee on the 2020 audit conducted including:

- Status of the audit and opinion

- Audit risks
- Other matters identified during the course of the audit
- Significant accounting policies
- Significant unusual transactions discussed with management
- Summary of adjusted and unadjusted misstatements
- Internal controls
- Review of issues raised in prior year

General Data Protection Regulations (GDPR)

The Committee noted that the hospital had procured Data Protection Officer (DPO) services from Mazars to ensure that the hospital was fully compliant with GDPR requirements. A three-phase approach was in place, with the cost for each phase of the service outlined. The Committee noted that an internal Data Protection Committee was established and Data Protection champions were identified.

Cost Improvement Plan

The Committee noted that the hospital had drafted a Cost Improvement Plan including the following key issues of focus:

1. reducing agency costs by converting temporary posts to permanent posts where possible, in line with service needs
2. reducing stock levels in departments
3. phasing out paper based transactions in Creditors Accounts
4. processing medical insurance claims in a timely manner

May Meeting

Final Draft Financial Statements

The Committee reviewed the final draft financial statements and was satisfied that St. John's Hospital financial statements were in agreement with the accounting records. The Committee recommended the final draft financial statements to the Board for approval.

Internal Audit Function

The Committee discussed the internal audit function as the current Internal Auditor's contract was due to expire in July 2021. The Committee considered its current and future needs. Following lengthy discussion the Committee agreed to invite Mazars to its next meeting to facilitate benchmarking against the current internal audit service and ensure best practice in respect of the internal audit function.

July Meeting

Progress Reports – Finance and Human Resources

The Committee noted the progress made in Q2 2021 in respect of the finance and human resources internal audit reports.

Internal Audit

Mr. James Brennan, Internal Auditor presented his audit report on the impact of Covid-19 on the control environment. The Committee noted the recommendations made. The Committee was satisfied that the hospital managed procurement during the Covid-19 crisis within the context of the normal procurement environment and controls, and that there was no material impact on these controls, which proved robust.

The Committee met with Mazars regarding its proposal for provision of an internal audit services. Following a presentation by Mazars, the Committee discussed the proposal and the rotation of Internal Auditors at appropriate intervals in line with best practice. The Committee unanimously agreed to proceed with Mazars for the internal audit service.

GDPR Update

The Committee noted that the hospital had completed Records of Processing Activity and that Mazars were due to issue their recommendations by the end of July.

November Meeting

External Audit

Mr. Damian Gleeson and Ms. Aileen Daffy, Grant Thornton joined the meeting via Zoom. Ms. Daffy presented the 2021 Annual Planning Presentation to the Committee. Details of auditor's and management's responsibilities, audit scope, risk and timing were discussed and noted.

Internal Audit

Mr. Pat Magner, Mazars joined the meeting via Zoom and presented the draft Internal Audit report on the Review of Payroll Process. The Committee noted that the detailed findings, recommendations and management comment with identified timelines.

The Committee also reviewed the following reports and noted progress to date:

1. Progress Report Audit 2020 : Section 3 Internal Controls
2. Progress Report Q3 2021 – Finance
3. Progress Report Q3 2021 – Human Resources

Terms of Reference

The Committee reviewed its Terms of Reference and was satisfied that the current Terms of Reference were satisfactory.

Performance Review and Evaluation

The Audit Committee is satisfied that our activities have fulfilled the requirements set out in our Terms of Reference.

I should like to thank the Administration of the hospital for their assistance and co-operation and the welcome support afforded to the Committee by Ms. Patricia Keeshan.

I am pleased to present this report to the Board's Annual General Meeting for its information and consideration.

Signed: 
Richard Leonard
Chairman
St John's Hospital Audit Committee

Date: 15 November 2021

SUB-COMMITTEE: RISK, QUALITY AND SAFETY COMMITTEE

The Committee met on 4 occasions during the year.

Attendance at Meetings

<i>For the period 01/01/2021 to 31/12/2021</i>	
<u>Risk, Quality and Safety Committee</u>	<u>Attendance</u>
Ms. Audrey Fehily, Chairperson	4/4
Ms. Anne Fahy, Member	4/4
Dr. Fasih Khan, Member	4/4
Ms. Emer Martin, Member	2/4
Mr. John Cummins, Member	1/1
Ms. Michelle Burke, Member	4/4
Ms. Elma Herbert, Member	3/4
Ms. Noreen Kennedy, Member	3/4
In Attendance	
Ms. Patricia Keeshan, Management Services Co-ordinator	

The hospital's Risk, Quality and Safety Committee produced its Annual Report to the Board at its Annual General Meeting in November 2021. It outlined the Committee's activities and included a performance review and evaluation.

The Board 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.



RISK, QUALITY & SAFETY COMMITTEE

2021 Annual Report to Board AGM

Introduction

In accordance with our Terms of Reference, I submit the second Annual Report of St John's Hospital Risk, Quality & Safety Committee to St John's Hospital Board for your attention.

Activity

Since our report in November 2020 to the Board, meetings were held in March, July and September 2021. The final quarterly meeting for 2021 is scheduled for 6 December.

March Meeting

Copies of reports from the following Committees were reviewed:

1. Audit, Research & Innovation
2. Drugs & Therapeutics
3. Infection Prevention & Control
4. Nutrition & Hydration
5. Radiation Safety

Results of Audits, Key Performance Indicators (KPIs), Quality Improvement Plans (QIPs) were noted. Local risk issues identified were discussed in detail and controls in place noted.

A report from the Quality and Patient Safety Manager and Risk Manager was reviewed and the following was noted:

- Corporate Risk Register issues regarding length of endoscopy waiting lists due to service suspended as a result of Covid-19 pandemic
- No serious incidents reported since previous meeting in November 2020
- Serious Incident Management Team (SIMT) in place
- Incident reporting increased by 22% in 2020 following staff training on Incident Management Reporting

- Results of Audits, Key Performance Indicators (KPIs) and Quality Improvement Plans (QIPs)
- Compliments and Complaints received
- Internal Health and Safety Committee reactivated
- Mandatory training on-going in respect of Open Disclosure and Complaints Management

The Committee was satisfied that risks were being managed and recommended to the Board in its report, pursuit of the 16-bed modular building to address infrastructure and isolation facility issues.

July Meeting

Copies of reports from the following Committees were reviewed:

1. Audit, Research & Innovation
2. Drugs & Therapeutics
3. Infection Prevention & Control
4. Nutrition & Hydration
5. Radiation Safety

Results of Audits, Key Performance Indicators (KPIs), Quality Improvement Plans (QIPs) were noted. Local risk issues identified were discussed in detail and controls in place noted.

A report from the Quality and Patient Safety Manager and Risk Manager was reviewed and the following was noted:

- Corporate Risk Register update and controls in place
- Incidents reported and category of incidents
- Claims notified
- Compliments and Complaints received

The Committee was satisfied that risks were being managed and forwarded its report to the Board.

September Meeting

Copies of reports from the following Committees were reviewed:

1. Audit, Research & Innovation
2. Drugs & Therapeutics
3. Infection Prevention & Control
4. Nutrition & Hydration
5. Radiation Safety

Results of Audits, Key Performance Indicators (KPIs), Quality Improvement Plans (QIPs) were noted. Local risk issues identified were discussed in detail and controls in place noted.

A report from the Quality and Patient Safety Manager and Risk Manager was reviewed and the following was noted:

- Incidents reported and category of incidents
- Claims notified
- Compliments received
- No formal complaints received in Q3 2021

Members reviewed and discussed the Corporate Risk Register and noted the controls in place. The Committee was satisfied that risks were being managed and forwarded its report to the Board.

Following on from the September meeting, Ms. Anne Fahy and I did a familiarisation walk through of the hospital with Ms. Michelle Burke, Director of Nursing/Interim Deputy Chief Executive to enable us to understand more fully the issues that were being raised in regard to the physical structure/layout of the hospital.

Recommendation to Board

The Committee wants to particularly emphasise the urgency to the Board of pursuing the 16-bed modular building to address infrastructure and isolation facility issues.

This has been highlighted at all Committee meetings as a particular cause of concern.

Performance Review and Evaluation

The Risk, Quality & Safety Committee is satisfied that our activities have fulfilled the requirements set out in our Terms of Reference.

I should like to thank the Administration of the hospital for their assistance and co-operation and the welcome support provided to the Committee by Ms. Patricia Keeshan.

I am pleased to present this report to the Board's Annual General Meeting for its information and consideration.

Signed: Audrey Fehily
Chairperson
St John's Hospital Risk, Quality & Safety Committee

Date: 15 November 2021

SUB-COMMITTEE: NOMINATIONS AND GOVERNANCE COMMITTEE

The Committee held a virtual meeting during the year.

Attendance at Meetings

<i>For the period 01/01/2021 to 31/12/2021</i>	
<u>Nominations and Governance Committee</u>	<u>Attendance</u>
Dr. Joseph Lee, Chairperson	1/1
Dr. Catherine Casey, Member	1/1
Mr. Tim Kennelly, Member	1/1

The hospital's Nominations and Governance Committee produced its Annual Report to the Board at its Annual General Meeting in November 2021. It outlined the Committee's activities and included a performance review and evaluation.

The Board 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.



NOMINATIONS & GOVERNANCE COMMITTEE

2021 Annual Report to Board AGM

Introduction

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

Activity

Since our report in November 2020 to the Board, a virtual Committee meeting took place on 11 November 2021.

November Meeting

The Committee, at the request of the Board, considered nominations for appointment as Trustees to St. John's Hospital. The Committee have forwarded its recommendations to the Board for approval at its November meeting.

Performance Review and Evaluation

The Nominations & Governance Committee is satisfied that our activities have fulfilled the requirements set out in our Terms of Reference.

I should like to thank the Administration of the hospital for their assistance and co-operation and the welcome support afforded to the Committee by Ms. Patricia Keeshan.

I am pleased to present this report to the Board's Annual General Meeting for its information and consideration.

Signed: 
Dr. Joseph Lee
Chairman
St John's Hospital Audit Committee

Date: 17 November 2021

SENIOR MEDICAL STAFF

ANAESTHETISTS:

Joseph G. Lee,
Fasih Khan
*Andas Mikor
*Catherine Motherway
*Catherine Nix
*John O'Dea
*Hugh O'Callaghan
*Margaret Coleman
*John Kennedy
*Gerard Crosse
*Patrick Dillion
*Patrick Kennelly
*Saad Mahdy
*Seosamh O'Riain
*Walter O'Brien
*Yasmin Mazhar
*Nicholas Barrett
*James Shannon

CONSULTANT IN EMERGENCY MEDICINE:

*Gareth Quin

GASTROENTEROLOGIST:

*Maeve Skelly

GYNAECOLOGISTS:

Catherine M. Casey
*Sucheta Johnson
*John Slevin
*Kevin Hickey
*Mark Skehan
*Naro Imcha
*Uzma Mahmood
*Katie Field
*Sucheta Johnson
* Daniel Borlase

COLORECTAL:

*Calvin Coffey
*Colin Peirce
*David Waldron
*Eoghan Condon

PATHOLOGISTS:

Peter N. Faul
*Maeve Leahy
*Nuala O'Connell
*Denis O'Keeffe

PHYSICIANS:

Eithne M.T. Mulloy
*Liam Casserly
Heather Holloway
Jane English
Andrew Scott
Dr Babar Abbassi
Dr Izhar Ahmad
*Mr Jehan Zeb Khan
*Mr Nasir Ahmad
*Mr Nisar Ali

SURGEONS:

Paul E. Burke
*Anne Merrigan,
*Professor Shona Tormey

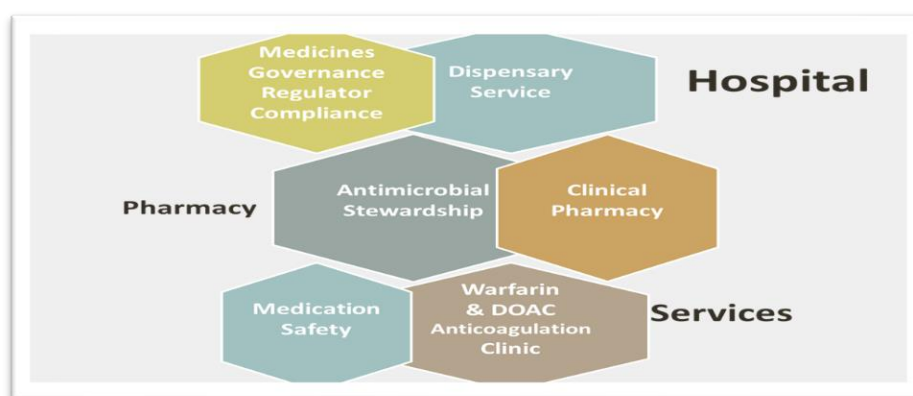
*Eoin Noctor	Endocrinology Service
*Mamoun Abdelrahman	Urology
*Mr Subhasis Giri	Urology
*Mr Thomas Jacob	Urology
*Mr Tony Moloney	Vascular Service
*Mr Yasser Abdeldaim	Vascular Service
*Mr Mekki Medani	Vascular Service

* Denotes sessional commitments from Consultants holding their contracts with the HSE Mid-Western Regional Hospital/University of Limerick Hospital Group.

Drugs & Therapeutics Committee



INTRODUCTION



Since medicine is the most common intervention in the care of patients, the Pharmacy Team plays a vital role in the care of all patients attending St John’s Hospital, whether an inpatient, an outpatient or a Day Care patient.

The Team consisting of Pharmacists, Pharmacy Technicians and support personnel and delivers a clinical patient-centred service within multidisciplinary teams and also manages the supply chain for medicines for the hospital.

During this second year of the COVID 19 pandemic, the pharmacy played a role in the provision and monitoring of newly developed COVID 19 vaccines for inpatients, and supported the huge demand for alcohol gels, ensuring that that no supply point of alcohol gel across the hospital was without gel. All the public areas supported information sharing etc. which meant that a review of every aspect of the pharmacy service in minute detail was undertaken and a COVID 19 contingency plan developed with our established goals in mind: promotion of the safe, effective and economic use of medicines; optimization of treatment and health promotion; and delivery of quality drug information and education.

Performance Highlights

Medicines Governance / Regulator Compliance:

- Improved Clinical Pharmacy Service during COVID 19 pandemic with development of an approved process for pharmacist charting of unintended omissions at admission
- Continued implementation of the EU Falsified Medicines Directive: to protect patients against “fake” medicines
- First intake of a 4th Year Pharmacy Students on placement occurred in 2021 and approval as a Training Establishment for Pharmacy Interns under the APPEL Schools of Pharmacy Training Programme was achieved.

Dispensary Service

- Active preparedness for BREXIT and potential drug shortages
- COVID-19 treatment preparedness: supported implementation of HSE National Interim Guidelines for treatment through stockholding of COVID 19 infection treatments and designation of COVID 19 information folder on the electronic Formulary
- Procured and actively supported deployment of Alcohol Gels throughout the entire hospital and to individual clinical staff.
- Maintained access to alcohol gel to ensure that gel is always available for use – no empty holders
- Expansion of Ward Intravenous Drug Monographs available at the point of administration to include COVID 19 treatments.
- Contingency planning for maintaining supply of high volume COVID-related medicines use for Model 2S hospital; revision of ward stock lists to ensure these medicines are readily available at point of use
- Standardisation of online drug procurement for routinely stock medicines assisted dynamic stock level management
- Proactive management of Drug Shortages
- Engaged with suppliers and couriers to improve process for drug deliveries and returns
- Decontamination of returned CPR and Anaphylaxis Kits implemented
- Earlier morning collection of Ward Drug Requisitions introduced to minimize delayed doses of non-stock medicines
- Supports added at Ward level to assist ‘Written only’ rule for accurate communication of drug orders and reduce footfall to Pharmacy
- Changes to the timing of Out-of-Hours Drugs enabled prioritisation of clinical pharmacist prescription review and enhanced safety.

Antimicrobial Stewardship

- Links to Microbiologist improved by electronic communication of reserve antimicrobial approvals strengthened antimicrobial stewardship
- Stewardship of approval process and clinical review for recommended COVID 19 antimicrobial treatments
- Indicators for stewardship continued to be measured. Despite challenges of the COVID 19 pandemic, most gains of previous years were maintained
- See Drugs & Therapeutics Committee annual report for more information

Clinical Pharmacy

- Utilisation of IT systems improve prioritisation of patients for urgent clinical review
- Medication Reconciliation at admission further developed to allow for pharmacist charting of unintentionally omitted medicines; audit revealed patient, doctor and nurse benefits
- National recognition of Medication Reconciliation improvement: Clinical Pharmacist presented at Irish Medication Safety Network Annual Conference 2020
- Clinical Pharmacists followed the COVID 19 arrangement of NCHDs and were aligned to specific Clinical Teams and ward areas

Medication Safety

- Medication Safety Monday bite size education, with locally developed learning as well as acknowledged use of St James's Hospital resource
- Customisation of electronic formulary, promotion and education of staff on its use
- See Drugs & Therapeutics Committee annual report for more information

Warfarin & DOAC Anticoagulation Clinic

- Implemented timed appointment for each patient
- Restricted numbers of patients seen at any given time and extended clinic time
- Improved signage: reminded patients of infection control measures, maintained log for contact tracing
- Clinic software used to capture Direct Oral Anticoagulants (DOAC) consultation and create review appointments
- Additional Clinical Pharmacist trained for Anticoagulation Clinic
- Focused DOAC Patient education by Clinical Pharmacists with planned follow-up post-initiation continued
- KPI remain high: The time in therapeutic range (TTR), a quality measure for warfarin clinic patient management was 75%, which exceeds our KPI (70%), and that of the British Society for Haematology (60% or greater) for a well-performing clinic

Overall objectives 2022

- Drug shortages management
- Preparing for Pharmacy Intern training
- Enhance Pharmacy Activity dashboard to include Clinical pharmacist activity statistics and dispensary KPIs
- Develop medication reconciliation at discharge: design clinical pharmacist model
- Ongoing implementation of the Falsified Medicines Directive with Pharmacy Technician resource
- Support CRSU with Clinical Pharmacist
- Support the Infusion Unit with a Clinical Pharmacist
- Support Medication Safety in Theatres / Surgery
- Collaborate with the Acute Hospitals Drug Management Programme for best value pharmaceuticals
- See Drugs & Therapeutics Committee for additional Antimicrobial Stewardship and Medication Safety Objectives

Conclusion

This year has been the most challenging for the Hospital Pharmacy Team of pharmacists, pharmacy technicians and support personnel. We kept going, we kept together and we even managed to make improvements and get national recognition. It is a year worthy of remembering.

Health & Wellbeing Committee



INTRODUCTION

The Health and Wellbeing Committee in St John's hospital is supported by Senior Management, the UHGL Steering Committee and Healthy Ireland.

St John's Health & Wellbeing committee focuses on specific achievable actions aimed at improving staff health and wellbeing.

Performance Highlights

- This year the committee secured a Christmas tree for the grounds, and a very successful Staff Christmas Draw was held with staff in festive jumpers and mince pies in the canteen.
 - Christmas Club is up and running and has proved to be popular.
 - Weekly weigh-ins were organised in the Physiotherapy department in conjunction with Operation Transformation and recipes were shared.
 - Yoga on the Lawn took place last summer facilitated by Kathleen Blackwell.
 - A very successful Fun Run in aid of the Irish Heart Foundation took place on Wednesday 2nd March 2021. It was very popular with staff. Goody bags and refreshments were provided. A total of €190 was raised.
 - NRT (nicotine replacement therapy) is available to all patient smokers on admission. Helpline numbers are available for staff to call should they wish to quit.
 - St Johns was very successful with funding from Healthy Ireland this year. A total of €20,000 was obtained following the submission of a business plan to upgrade lockers for nursing staff and renovation of existing shower facilities.
 - The garden and outdoor eating facilities continue to be very popular with staff and a further two outside tables and three planters for the grounds were obtained.
 - Flowers continue to be planted outdoors in the garden planters and offer cheer to staff.
 - All artwork obtained through Healthy Ireland funding is now up around the hospital for both staff and patients to enjoy.
 - The committee have been very active in decorating the canteen for Valentine's Day, Easter etc also providing some treats and decorating grounds for Limericks involvement in All Ireland Hurling Final.
-
- The Flu Vaccination Campaign achieved 68% vaccination rate for staff, this was an increase of 27% on the previous year.

Objectives 2022

- Establish the celebration of St. John's Day
- Provide Staff draw for staff at Christmas and build on decorating the grounds
- Organise some talks for staff on topics such as: Menopause
- Promote green agenda in hospital such as. electric chargers, cycle to work scheme
- Need to establish a nursing lead/champion for MECC in the hospital
- Encourage more physical activity amongst staff

- To support staff psychologically

Conclusion

St John's Hospital Health & Wellbeing Committee is fortunate to have support from Senior Management, colleagues in Physiotherapy, Patient Services, Nursing, Health Promotion, Administration, Maintenance and Occupational Health along with Patient Representatives.

The Committee makes a positive contribution to the hospital staff and will continue work to optimise and promote better health and wellbeing for its service users and staff.

Infection Prevention & Control Committee



INTRODUCTION

The aim of the Infection Prevention & Control service during 2021 was to:

- Contribute to a safe hospital environment and to do all possible to prevent healthcare associated infections as reasonably practicable
- To supply an innovative and enthusiastic approach to the IPC learning needs of all members of staff in the hospital
- Strive for excellence in infection control using evidence-based practice to achieve the best possible patient care
- Liaise with all departments and staff supporting and providing advice on all IPC issues
- Assist in the creation of an environment where patients feel safe and comfortable by providing information and education to enhance patient care as part of the multidisciplinary team
- To manage any outbreaks in accordance with national standards and provide a report in consultation with Consultant Microbiologists
- Endeavour to implement the HIQA national standards for the prevention and control of HCAI 2017
- Endeavour to implement COVID-19 guidance in consultation with Consultant Microbiologists
- To liaise with antimicrobial Pharmacist regarding provision of data to identify key trends from data

Key Performance Indicators (KPI) Summary

The IPCC held quarterly meeting in 2021. COVID Outbreak meetings were held accordingly.

Weekly, monthly and quarterly data was submitted to the Business Information Unit (BIU) and meet the submission objectives for 2021.

New full time IPC CNM2 joined the IPC department in Summer 2021 with the focus to build upon the IPC good practices to deliver IPC objectives for autumn 2021 and plan for 2022 as part of IPC annual programme. A CNM2 provided excellent IPC advice and management in Quarter 1, 2, 3 & 4 in 2021.

Surveillance in conjunction with UHL Surveillance Scientists

COVID Detected 2021											
C = Community STJ = St Johns acquired 0 = Other Healthcare facility											
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
23	0	0	0	0	0	0	2 STJ	0	1 SJH	0	0
- Monthly data returned to the Business Information Unit (BIU)											

Clostridioides difficile 2021											
C = Community STJ = St Johns acquired 0 = Other Healthcare facility											
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
0	1 SJH	1	1	1	1 SJH	0	1 SJH	0	1 SJH	1 Comm	1 UHL
- Monthly data returned to the Business Information Unit											

- <2.0 new cases per 10,000 bed days used per year for acute hospitals
- 2.2 cases per 10,000 bed days used is the rate for 2021 for SJH

Staphylococcus aureus bacteraemia 2021											
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1 MSSA	0	0	0	1	0	0	0	0	0	1	0
Source Unknown				Wound bcc						Abscess Parotiditis Not BC	

Carbapenemase Producing Enterobacterales 2021											
K = Known on admission/transfer T.A = Transfer/Admission screen C= Conversion Contact											
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1	0	3	4	0	0	1	3	2	3	3	3
K	T.A	K	K			T.A	K UHL T.A UHL T.A UHL	T.A UHL	C 1 T.A 1 T.A. 1	K 1 T.A 1 New 1 (urine)	K 3
*94	122	131	164	105	132	154	163	160	161	184	150
- Monthly data returned to the Business Information Unit (BIU) *inclusive of monthly CPE rectal screening samples tested monthly											

Norovirus 2021											
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
0	0	0	0	0	0	0	0	0	0	0	0

VRE 2021											
K = Known on admission/transfer T.A = Transfer/Admission screen											
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
0	1 T/A 3 K	3 K	3 K	2 K	5 K	4 K	1 K	3 T.A.	7 K	4 K 3 TA 1	3
-There has not been a VRE bacteraemia in STJ since November 2016											

ESBL Producing Organisms 2021											
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
0	0	0	7 K	5 K 1 hca sjh	3 K	5 K	5 Kx3 New x2	1 T.A.	5 K	5 K	6 K 5 1 new SJH-

											HCAI urine specimen
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Hospital Acquired EARS-Net Enhanced Surveillance 2021 E.Coli/Enterococcus/Klebsiella pneumonia/Pseudomonas aeruginosa											
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
0	0	0	1 Kleb	0	1 Ecoli T.A	0	0	0	2 ECOI HCAI	0	0

List of key performance indicators (KPI) reported to BIU by the hospital in 2021 by Infection Prevention Control (IPC) Department

IPC KPI BIU targets for 2021:

Weekly HCAI COVID Report BIU

- Weekly summary relating to Hospital Acquired COVID-19

Monthly HCAI & AMR Report BIU

- Summary Hospital Information Relating to Carbapenemase Producing Enterobacterales (CPE) and Meropenem usage
- Number of HCAI COVID-19
- Number of HCAI MRSA Blood stream infection
- Number of HCAI Clostridium Difficile

Quarterly BIU

- Implement requirements of screening of patients for CPE following national guidelines

National Policy on Restricted Antimicrobial Agents requirements following national guidelines

Quality Improvements:

- IPC advisory role for Covid-19 patients for COVID and Non COVID pathway Covid pathways for the Hospital
- Introduced IPC Patient Placement Policy and isolation priority scale for ADONs
- To liaise with antimicrobial Pharmacist regarding provision of data/reports and identify key trends from reports
- The introduction of a review tool for a severe Cdiff case or BSI staphylococcus aureus case, a review tool will be performed as part of a MDT where designated sections will be completed individually by Cons Microbiologist, IPCN, Consultant Clinician and Ward Manager. It will be submitted to QRPS for record keeping.
- A proposal has been submitted by St. John's CEO office to the HSE for funding for a new 16-bed modular building with HIQA compliant isolation room facilities
- Maintenance projects are prioritised with IPC guidance and CEO office to investigate funding from AMRIC for IPC works
- PPE Units outside isolation rooms were made available in 2021 for clinical areas

Top 3 Risks identified and monitored by the IPC Committee

- Risk of transmission of **COVID-19 infection** – Current on Risk Register
- Limited isolation room facilities for IPC patients and older infrastructure– Current on Risk Register
- First floor section C glass panel door refurbishments when COVID cases stabilise and safe access for maintenance department to complete works

Policy Procedure and Guidelines:

The IPC policy documents were reviewed and updated during 2021 accordingly.

Training Programmes

The following training programmes were maintained and delivered across all disciplines by the Infection Prevention & Control Nurse:

1. COVID-19 Information & Guidance & to keep abreast of changes COVID management principles
2. Donning/Doffing of Personal Protective Equipment (PPE)
3. IPC education module regarding IV study days in the hospital
4. Education for Induction programmes
5. Education and training in Standard Precautions and Hand Hygiene, healthcare risk waste segregation poster
6. Vaporisation/nebulisation ordering process for CPE positive cases for clinical areas via IPC and ADON on duty
7. FFP 2 respirator masks wearing on clinical departments was introduced as mandatory by HSE chief clinical office since 24th December 2021
8. Procedure for taking a nasopharyngeal swab and appropriate safe packaging/labelling to the Laboratory at UHL and delisting principles to remove a patients from COVID isolation
9. IPMS Vaccination status tab implemented in IPMS to record COVID vaccination status by patient services on admission to an overnight stay.

Audits

An in-depth explanation of audits is available in IPC Annual programme for 2021

Audits	Q1	Q2	Q3	Q4
Hand Hygiene -Annual National audits in HPSC		Not submitted due to ipc resources for Period 20 and 21		√
Hand Hygiene Local	√	√	√	√
Peripheral Line Care Bundle	√	√	√	√
Urinary Care Bundle in collaboration with incontinence nurse	√	√	√	√

Admission Screening		√	√	√
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Hand Hygiene for Quarter 4 in 2021

Hand hygiene is one of the most effective actions we can all take to reduce the spread of pathogens and prevent infections, including the COVID-19 virus.

National Hand Hygiene audits are conducted twice per year with a compliance pass rate of 90%. The national hand hygiene audit results demonstrate that the national standard for hand hygiene audits were met in Period 22 in quarter 4 2021. A robust action plan including ongoing staff surveillance and training is in place to achieve and maintain satisfactory compliance rates for our patients and staff. The results outlined in the table below highlight that St John's participation national hand hygiene audits results since its national hand hygiene audit inception in 2011.

Hand hygiene compliance by hospital by period

Period	Hospital Compliance	LCI	UCI	HSE Average	HSE Target	Time of Year
1	71.2	64.5	77.2	74.7	75	March/April 2011
2	81.4	75.5	86.4	79.6	75	Oct/Nov 2011
3	82.4	76.4	87.3	81.6	85	May/June 2012
4	84.3	78.6	88.9	84.3	85	Oct/Nov 2012
5	78.1	71.9	83.5	85.2	90	May/June 2013
6	85.6	80.1	90.1	86.2	90	Oct/Nov 2013
7	92.4	87.9	95.6	85.6	90	May/June 2014
8	87.1	81.8	91.4	87.2	90	Oct/Nov 2014
9	75.5	69.0	81.2	88.0	90	May/June 2015
10	84.5	78.8	89.1	89.2	90	Oct/Nov 2015
11	86.4	80.9	90.9	90.3	90	May/June 2016
12	89.0	84.0	92.9	90.8	90	Oct/Nov 2016
13	86.8	81.4	91.1	90.5	90	June/July 2017
14	90.3	85.4	94.0	92.2	90	Oct/Dec 2017
15	90.2	85.3	93.9	90.9	90	May/June 2018
16	90.0	85.1	93.7	91.8	90	Oct/Dec 2018
17	85.7	80.2	90.1	92.3	90	May/June 2019
18	90.2	85.3	93.9	92.2	90	Oct/Dec 2019
20				93.1	90	Oct/Dec 2020
21				92.8	90	May/July 2021
22	95.2	91.4	97.7	93.2	90	Oct/Dec 2021

Local Hand Hygiene Audits for 2021

These compliance results outlined in 2021 demonstrates that ground floor, first floor and top floor met the compliance rate of 90% for each quarter.

Ward	Q1	Q2	Q3	Q4
Total Compliance % audited			95%	95.2%
Top Floor	90%	90%	93%	93%
First Floor	90%	90%	93%	90%
Ground Floor	100%	90%	100%	96%
SDU	n/a	n/a	93%	90%

Objectives 2021

- Continue training in hand hygiene and IPC core activities as outlined in IPC Annual Programme. Continue building the IPC Team.
- To liaise regularly with IPC UHL group via weekly teleconference meetings
- Ensure to work to achieve the IPC annual plan for KPI's 2021
- To monitor alert micro-organism HCAI results in consultation with Consultant microbiologist and UHL surveillance scientists and antimicrobial pharmacists and consultant teams.
- To complete ICNET training in collaboration with UHL group.
- To consistently achieve the national standard for hand hygiene practice
- Continue being part of Hygiene Services Committee in St John's regarding equipment and cleaning programmes
- Continue IPCC Quarterly report reported to Board Risk, Quality & Safety (RQ&S) Committee
- To complete a healthcare risk waste walkabout with external waste management company for the hospital when COVID numbers are stabilised.
- To review the Hospital's infection control systems, processes and procedures, to ensure that the risk of transmission of infection is prevented, managed and controlled in accordance with HIQA's Infection Prevention and Control Standards 2017.
- Review a macerator programme for a trial and clinical handwash basins for clinical care with hygiene services and maintenance department.
- Maintain IPMS vaccination update tab to include COVID booster when applicable

Conclusion

To maintain the high standard of infection prevention and control that is associated with St John's Hospital by continuous education, training and auditing of practice in collaboration with multi-disciplinary teams in collaboration with HIQA IPC standards.

Nutrition & Hydration Committee



INTRODUCTION

The Nutrition and Hydration Committee met on 4 occasions in 2021. The work of the committee is supported by a Multidisciplinary team which includes dietetics, speech and language therapist, Nursing, catering officer, HCA and in 2021 Dr Izhar Ahmed, medical Consultant joined the committee. Elma Herbert continued in the role of chairperson and the ToR's were updated to extend the role of chairperson from one year to two.

The objectives of the committee are;

- To actively support the improvement of standards and patient experience of nutritional care at St John's Hospital by addressing issues relating to nutritional screening, hydration, food provision and enteral and parenteral nutritional management.
- To work in partnership with key stakeholders, sharing information and knowledge to influence local policies and provide the best practice.
- To implement the Food, Nutrition & Hydration Policy for Adult patients in Acute Hospitals.

Highlights

2021 continued to be a challenging year for patients and staff alike due to the effects of Covid-19. Staffing levels were adversely affected in all areas however the requirement for a safe, efficient and effective service continued. Visiting was restricted and patients did not have the comfort of their families and friends.

An all-day menu was introduced to meet the needs of patients being transferred to St Johns out of hours and ensuring that a substantial meal option was available to these patients.

A milk pudding round was added to the fruit round and provided a comforting nostalgic mid-afternoon snack for patients while also addressing a deficit in dairy servings for patients.

The patient experience survey was changed from May to October and the results of the survey related to food were;

How would you rate the hospital Food?	8.1
Were you offered a choice of food?	9.1
Were you offered a replacement meal at another time	7.5
Did you get enough help to eat your meal?	8.9

Positive comments from patients included;

I was happy with all the care and treatment I received from all medical staff and found porters most obliging and **food was very good.**

I found the staff particularly attentive, courteous and professional. Everyone from doctors, nurses, **catering staff** and cleaning staff went about their work in a professional manner with plenty of time given to explain everything. It was so nice to see a smiling face at the door each time a staff member came in.

The porridge- on a par with my gran's - long ago!

95% of patients who completed the ‘Tell us what you think’ survey in 2021 rated the food as good or very good.

One complaint related to catering was received in 2021 and this was about the teapots, all teapots have been assessed and unsuitable ones replaced.

Audits took place in Q2 and Q4 2021 and the audit team was expanded with a CNM available for each audit. Audits included;

- Audit of protected mealtimes
- Audit of compliance with MUST
- Audit of whiteboards
- Audit of compliance with IDDSI

The results of the audits lead to QIP’s and work is on-going to address any deficits identified during audit.

Objectives 2022

Major Objectives for 2022 include;

- ✓ Training – ensuring that any deficits for training are addressed and the 100% compliance is achieved. Training includes training in MUST for nursing staff and IDDSI for all catering staff.
 - ✓ PPPG’s – A number of PPPG’s are due for revision in 2022 and this will be completed by the relevant stakeholders.
 - ✓ Menu Hubs to be placed in all ward areas (this work could not go ahead in 2021 due to Covid restrictions in ward and floor areas.
 - ✓ Re-certification in Healthy eating and achievement of a Gold Award by the Irish Heart Foundation.
-
- Develop a policy for fasting for investigations and tests
 - Introduction of new menus for desserts
 - Introduction of a milk pudding round to accompany fresh fruit round
 - Expand the audit team and audit remit from Nutrition & Hydration
 - Introduce a food waste management system
 - Develop menu hubs on wards where patients can view their menu options and allergens.

Conclusion

The nutrition & hydration committee continue to be an active multidisciplinary committee and is supported by the executive management team.

The results on the 2021 national inpatients experience survey are positive and feedback from our patients is extremely encouraging. The committee will continue to work to support patients to recover and ensure that they their nutrition and hydration needs are met.

Radiation Safety Committee



INTRODUCTION

The Radiation Safety Committee continued its work in 2021 to ensure that the use of ionising radiation for diagnostic imaging within the hospital is conducted within the framework of a Licensing/Authorisation System operated by the Environmental Protection Agency (EPA) and the legal and administrative requirements of the Department of Health and the Health Information and Quality Authority (HIQA). The Committee's scope includes all of the regulated activities involving ionising radiation that occur in St. John's Hospital.

Performance Highlights

The radiology department successfully completed an onsite EPA inspection in July 2021. Authorising the hospital's licence for the use of ionising radiation in diagnostic imaging examinations, in accordance with the Radiological Protection Act 2021. Many thanks are due to the Radiation Safety Officer's and Radiographers who guided us through the inspection and their impeccable preparation. Support from our Radiation Protection Advisor, Medical Physics team in UHL and our own Quality & Risk department was gratefully received in the lead up to the inspection.

Local Diagnostic Reference Levels (DRL's) have been reviewed and re-established for 2021. Including a number of x-ray & CT examinations not previously included. Local DRL's have also been established for fluoroscopy procedures. A completed National DRL survey was submitted to HIQA in December 2021.

Monthly quality assurance testing is carried out, any discrepancies discussed and reviewed with service engineers and medical physics. Annual quality assurance testing was carried out on all radiological equipment by the Department of Medical Physics, St. James Hospital and reviewed by the Radiation Protection Advisor. Radiation safety badges are reviewed monthly. All of which is discussed and monitored locally as well as at the Radiation Safety Committee meetings.

St John's Radiology department supported all the other Radiology departments across the UHL group:

- Facilitated Ennis General Hospital with scanning their CT patients when the CT scanner at EGH was out of service. (Week of 15th Feb 2021).
- Facilitated Ennis General Hospital with scanning their Ultrasound patients July 2021, due to staff shortages.
- Facilitated Nenagh General Hospitals with scanning their CT patients during the replacement of their CT scanner at NGH (Q3 & Q4 2021).
- Facilitated University Hospital Limerick with scanning their CT patients through 2021, in-order to reduce CT waiting times at UHL.

SJL Radiology Department was severely impacted by the cyber attack in May 2021. As the department is reliant on Teleradiology for reporting examinations, SJL had no access to a reporting Radiologist. A work around was put in place by the RSM and CT Clinical

Specialist, whereby a Radiologist was sourced and facilitated to come on site to report urgent examinations. Many thanks to Dr. Jim Crotty Consultant Radiologist, who aided us with reporting during this time. Additionally, a huge gratitude is owed to the SJL radiology team, who worked tirelessly to maintain a safe environment for patients imaging and ensured no imaging was lost. The radiology team adapted to the needs of the hospital during this time and demonstrated great flexibility. In particular thank you to our PACS Radiographer for overseeing this whole period and the clean up operation in the aftermath.

Objectives 2022

- Recruitment and retention of staff.
- Strengthen safety systems in radiation practice
- Continue to support Group waiting lists for radiology diagnostic procedures
- Support the hospital's strategic objectives

Conclusion

Again 2021 has been a busy and turbulent year for Radiology. The Radiology department and its staff have shown great dedication to the hospital and its patients. Demonstrating huge flexibility during the cyber attack while still battling COVID 19.

Departmental Reports



Catering

Introduction

The aim of the Catering Department in St John's Hospital is to provide a nutritious and varied menu to all our customers with the highest standard of food safety and food quality. St John's Hospital recognises its responsibilities under the EU directives and national legislation pertaining to food provision. To meet these legislative requirements, we have implemented a food management system incorporating HACCP as an integral part of the system.

Highlights 2021

- On-going training for catering staff in special diets
- Developed a 3-week balanced cycle menu for therapeutic diet and special needs with adequate calorie content
- Chefs trained in the International Dysphagia Diet Standardisation Initiative (IDDSI) IDDSI framework for the management of patients with dysphasia.
- Computer installed in main kitchen to facilitate on-line staff training;
- Covid-19 initiative included:
 - 3 Catering Staff were assigned to the Covid-19 floor in the hospital
 - Fruit and water provided daily to staff working on the COVID floor to relieve the effects of wearing PPE and to promote wellbeing.
 - Safety measures implemented in the Staff Restaurant included divider screens on tables, individual portion sachets and milk pods, hand sanitisers and wipes

Objectives 2022

- New HACCP System introduced to ensure continued compliance with new and existing food safety regulations.
- Establishment of St. Johns day annual staff BBQ in conjunction with wellness committee.

- Introduction of bean to cup coffee machine, to help improve staff canteen offering and increase department revenue.
- Introduction of to go cups which has helped reduce department spend of disposable cups and helped compliance.
- Upgraded drip coffee brewers for complimentary staff coffee.
- Recruitment drive to stabilise staffing shortages due to COVID-19.
- Introduction of performance review to be completed by Q4.
- Mandatory staff training to be completed by Q4.
- Introduction of food waste management system in conjunction with technical services.
- Participation in HSE Happy Hearts initiative and receipt of gold award.
- As a result of HIQA audit in Q2 patient menus are now displayed on ward floors.
- Menu options now available for late night admissions.
- Introduction of HACCP audits to ensure all hygiene systems are being complied with.
- Food development team to be established that will include head chef and dietician to redevelop patient and staff menus, this will include a review of current therapeutic menus and introduction of new modern healthy menu options in staff canteen.
- Work in conjunction with CEO and Deputy CEO on the development of the catering department alongside the planned development of St John's hospital.
- Instruction of a biophilia area in the staff canteen, biophilic elements include natural light, water features and plants. Many of the world's largest companies have
- Introduced such areas to improve productivity, staff morale and air quality.
- Introduction electronic food ordering in conjunction with current suppliers.
- Research on the introduction of an electronic meal ordering system on our wards, such systems are currently in use in hospitals in Ireland, they help improve communication with patients who may be non-verbal or who may not be able to speak English. This system also improves communication between catering staff, dieticians and nursing.

Conclusion

St John's Hospital has a proud tradition of delivering high-quality food to patients and staff. 2022 brought new challenges to patients and staff due to Covid-19. The Catering, Nursing, Dietetics, Speech and Language Therapist worked together to contribute to a positive patient experience.

In 2022, we will work to ensure that our current service levels and high standards are maintained, to maintain staff training, and to promote the continual personal and professional development of all the Catering staff.

Dietetics

Introduction

The senior dietitian provides dietetic service to all inpatients referred via the medical teams. All inpatients have a comprehensive food, nutrition and hydration needs assessment completed on admission to hospital by nursing.

It includes nutrition screening for risk of malnutrition, identifying existing therapeutic or texture modified dietary requirements, existing requirements for nutrition support, requirement for feeding assistance, identification of diagnosed food allergy or intolerances. Based on this initial assessment, appropriate referrals completed by the patients' medical and nursing team are received and triaged by the dietitian, using patient prioritisation

A patient centred care plan is developed, initiated and reviewed by the dietitian, and communicated to all relevant medical, nursing and catering staff.

As a key stakeholder member of our Food, Nutrition and Hydration (F.N.H) committee, the senior dietitian attends meeting quarterly. And is involved in objectives and initiatives to support and progress the implementation of current National Food, Nutrition and Hydration Policy (2018), and National Clinical Guideline No.22 (NCG 2020), regarding nutrition screening and use of oral nutritional support for Adults in acute care setting (2020).

Scheduled education and training sessions to nurses and health care assistants, on nutrition education are provided (including Malnutrition screening tool and management guidelines on identification of malnutrition risk, nutritional assessment in nursing admission documents , and nutrition PPPG's) as part of planned induction programmes.

I speak at medical induction programme also and organise further nutrition education talks for medical team (however this has been very limited due to restrictions)

Performance Highlights

The Dietetics department I continued to provide a comprehensive dietetic inpatient service to support inpatients referred by medical teams.

The Dietetics department progressed with quality initiatives identified at National F.N.H Policy (2018) where possible, in co-operation and collaboration with other keys stakeholders, Medical, Nursing, SALT, Catering, Pharmacists.

I updated the Guidelines of Nutrition Screening and use of oral nutrition support updated, in line with New Clinical Guideline No.22, for review with F.N.H committee members in 2022.

In the nursing care plan/pathway documentation, the management action plan for MUST screening was updated to reflect the National F.N.H policy and National Clinical Guideline on Nutrition Screening and Oral Nutrition Support No.22 (2020) in collaboration with Nurse Best Practise Group of the hospital. The new printed version of this document to be used in 2022

Audits were completed on compliance with Malnutrition Screening & Management in co-operation with other F.N.H members and the report presented at Nutrition and Hydration meeting with action to continue education and audit.

Some recommendations were suggested to catering to enhance menu options in hospital where possible. Further nutrient analysis of menus did not take place due to staff resource difficulty (catering and dietetic).

Provided and facilitated the clinical placement of MSc. Dietetic Students from UL, 4, between March and June 2021. This was the second year of undertaking.

Received support from new management around current gaps in dietetic service.

Objectives 2022

1. Secure a new staff resource and continue to work with hospital management to grow the dietetic department
2. Continue to provide a comprehensive service to all referred inpatients.
3. Ensure nutrition care pathways and care plans are utilised correctly by appropriate staff by providing education and training to Medical, Nursing, Healthcare and Catering staff. Currently limited due to single staff resource.
4. Continue to identify and amend any nutrition policies or guidelines
5. Continue to complete the bi-annual Audit of Nutrition Screening & Management and re-audit of the Referral Process to Dietetic Service
6. Update prescription Kardex's for EN, PN and ONS(oral nutrition supplementation) in conjunction with Pharmacy and Medical teams
7. Be supportive of catering. Plan to Progress nutritional analysis of menu cycles changes/choices using Nutritics software programme, once catering have completed their menu amendments under instruction of the new catering management team.
8. Continue to facilitate clinical placements of Masters Dietetic students from UL in 2022
9. Continue to work with the multidisciplinary teams of the hospital, in line with Nutrition Best Practise Guidelines.

Conclusion

Summarised from the points made above, the Dietetics department provided and will continue to provide quality driven service in line with National Guidelines, outlined above, with the desire to grow the department and its resources with an additional member/service to help with the education programs, clinical referrals as well as policies and audit updates and renewals.

Human Resources

Introduction

The Human Resources & Occupational Health Department is responsible for human resources planning, Occupational Health, strategy development, policy development and implementation, legislation compliance, industrial/employee relations, medical manpower management, recruitment and selection, as well as occupational health administration.

During 2021 Covid-19 continued to have a major impact on staff absenteeism and staff turnover. The effects of the ‘great resignation’ (Kiernan and O’Shea 2021) were felt across the entire organisation and mirrored the picture nationally and internationally. The effects of the pandemic on staff morale, burnout and turnover have been closely managed with HR providing a supportive role to line managers and employees. The ‘open door’ policy and on-site location of the department make engagement by all staff possible. Working from home and flexible working arrangements where possible were facilitated.

The Occupational Health department led on the roll out of a new EAP (employee assistance programme) provider. The ‘Inspire’ service is completely free and anonymous and does not require managerial or occupational health referral for staff who wish to access it. A support hub is available and staff are able to access the hub and can request counselling services through the helpline number. This is of great benefit for staff who feel the need for external support and has been widely advertised throughout the hospital.

The HR department ran 29 recruitment competitions in 2021 to recruit staff over a wide range of disciplines. 75 staff took up employment in St John’s Hospital in 2021 and 82 staff resigned or retired in 2021. The importance of attracting and retaining suitable candidates to fill vacancies was and continues to be the highest priority for the HR department.

In 2021 the payroll function for the hospital returned to the remit of the finance team and the management of payroll and pensions now sits with the Head of Finance. This allows for increased financial focus and governance of this important function.

A renewed focus on training and development of staff was seen in 2021. Training of staff was greatly affected during 2020 and staff shortages and the inability to hold group training sessions

meant that training compliance suffered and this has been addressed through investment in on-line training resources and strong leadership from department heads in addressing deficits and implementing training plans for staff. 2021 saw the continued investment in professional development with staff from across the hospital enrolling in college courses supported by the hospital, this continuation of professional development of St John's employees benefits the organisation and the staff who partake in further learning. Strong links exist between University Limerick and St John's Hospital.

Performance Achievement was introduced in 2021 and is an organisational wide initiative led by the HR. The performance achievement process allows managers to engage with their staff in a structured way and is designed to facilitate the setting of objectives and the realisation of these objectives. The soft launch of this initiative in 2021 will pave the way for a concentrated effort on it in future years enabling employees and managers to achieve objectives and meet KPI's within departments.

The HR department assist managers and committees in promoting a positive work culture. HR contributes to a hospital quarterly hospital newsletter which celebrates achievements, shares compliments, welcomes new staff and is a valuable communication tool for staff and managers. The HR manager sits on the hospital health and wellbeing committee and actively supports the commitment by all staff to deliver quality, safe and effective care in the hospital. Results of a recent national inpatient experience survey provides the hospital with reassurance that the commitment to the provision of quality, safe and effective care to our patient has not been adversely affected by Covid-19 and the challenges it has brought with St John's scoring above the National and Group average in all areas examined. Much credit is due to the staff of St Johns for these outstanding results. The HR department has to look to the future and continue the tradition of quality combined with innovation and technological advancement. Staff have the desire to work in a dynamic organisation and healthcare is evolving.

Service Objectives 2022

- The HR department will focus on aligning HR to St John's strategic priorities and outcomes.
- Recruitment and retention will be key areas of focus in 2022.
- Strengthen the performance achievement process by actively engaging with managers to support them in this process and communication effectively with staff in relation to the benefits of the process.
- Commission and implement a HR management system which will be instrumental in providing accurate, real time data and automating many of the HR functions, thereby moving away from the current manual system.
- Design and introduce a staff induction manual and have a set induction schedule which will allow all new starters immediate access to training and information necessary to allow them to be on boarded efficiently and effectively.

Conclusion

The Human Resource department will continue to support St John's hospital management and staff by delivering an efficient and effective service, promoting staff recruitment and retention and supporting future development and learning opportunities for staff.

Kiernan, S. and O'Shea, D. (2021) "The Great Resignation: why are so many people leaving their jobs," available: <https://www.rte.ie/brainstorm/2021/0830/1243569>

Information Systems

Introduction

The Hospital is an intensive generator and user of digital information and makes extensive use of a wide range of information and communications technologies in the delivery of its healthcare services and in the general administration and running of the Hospital.

The Information Systems / Information Communication Technology - IS (ICT) department provides and maintains the Hospitals computer, telecommunications and audio-visual systems and provides technical support to c.400 users of these systems.

The IS (ICT) department is also responsible for the security of the Hospital's information and communications systems and for the security of the data contained therein. The Hospital has robust measures in place to ensure constant confidentiality, integrity and availability of both systems and data.

Year in Review

On 15th, May 2021 the HSE was the subject of a criminal cyberattack which resulted in an almost total disruption of its IT and communication services and whilst this Hospital's systems were not compromised by the attack, the HSE hosted systems used by the Hospital became unavailable and the Hospital was reduced to operating with manual contingencies. The department's immediate response to the attack was to disconnect from the NHN and to verify that no intrusion or compromise had occurred here. Along with the other Voluntary Hospitals, the department engaged with the third-party consultant retained by the HSE and some additional hardening measures relating to the specific attack were implemented. There then followed a protracted effort to reconnect to HSE systems as each was reinstated. Full normality was not restored until the end of July.

In addition to activities related to the cyberattack and the increased demand on the service due to the on-going pandemic, the department completed the following planned works for 2021: -

1. Upgraded Video Conferencing and Audio-Visual facilities in the Boardroom and Meeting Room 1 and provided additional facilities for the new meeting room on the top floor of the admin. Building.

2. Completed upgrade of the Windows 10 upgrades. Only eleven NIMIS (which is dependent on Windows 7) client computers are outstanding.
3. Migrated from NHN v2 to GCN/NHN v3 including a second connection for failover purposes.
4. Implemented a Firewall hot-failover cluster to compliment the new GCN/NHNv3 resilience.
5. Selected and procured new Finance, HR and Occupational Health systems.
6. Facilitated the switchover to HSE's upgraded iPM infrastructure.

Objectives 2022

1. Continue with the Hospital's ongoing hardware-infrastructure reinvestment program.
2. Implement SAP-B1, the new Finance system.
3. Implement Softworks, the new HR information system
4. Facilitate the NIMIS 2 upgrade confirmed for June 2022.
5. Implement multi-factor authentication for remote access services.
6. Implement OPAS-G2, the new Occupational Health system.
7. Upgrade NIMIS client computers to Windows 10.

Conclusion

The department will continue to provide both a responsive and a proactive service and looks forward to the adoption of the Hospital's strategic plan which will provide direction to the department's future activities and enable us to support the Hospital in achieving its strategic objectives.

Nursing

Introduction

2021 was another challenging year with Covid-19 still in existence. Nurses in St John's Hospital displayed their resilience, adaptability and strength of character in such a challenging time in healthcare. New ways of working continually evolved and staff adapted to every challenge.

The Nursing Department is responsible for providing high quality evidence-based nursing care to all patients throughout the hospital. To maintain these high standards, all new nurses and healthcare assistants undergo a period of induction followed by a period of supernumerary status, where they are supported and mentored in their clinical areas. Regular audit of nursing practice is carried out to ensure continuous delivery of high quality, evidence-based care. A training needs analysis is undertaken each year to enable adequate planning and implementation of learning and development programmes for staff. This supports staff objectives to deliver the most up to date, relevant, patient-centred care to all patients while also encouraging the professional development of staff.

Nurse Education

The Hospital has a long tradition of being a student teaching hospital. Students are supported by the Clinical Placement Co-ordinator (CPC) with many of our nurses having undergone teaching and assessment training provided by the CPC. The Clinical Skills Facilitator has a key role to play in working alongside newly qualified, junior and overseas staff nurses to address any learning or practice gaps.

We have a strong collaborative relationship with the Faculty of Health Sciences and the Kemmy Business School at the University of Limerick and other institutions, for degree and MSc programmes of study.

Education needs of qualified nursing staff are also provided by partners such as the Centre for Nursing and Midwifery Education (CNME) and the Office of Nursing and Midwifery Strategic. Despite the challenges that Covid -19 brought throughout 2021, many staff completed varying levels of education. It is testament to the dedication and commitment of the Nursing team in St Johns to continually developing both personally and professionally and to share their wealth of knowledge with their colleagues.

Framework for Quality Care

The Hospital continued to work towards delivering key national healthcare targets relating to nursing quality care. The quality of nursing care is monitored through nursing metrics and environmental hygiene audit processes.

This framework is fully embedded across all clinical wards and departments within the Hospital.

It incorporates process and outcome metrics across a range of domains relating to tissue viability, nutrition, infection control, and falls.

Highlights 2021

- Our candidate Advanced Nurse Practitioners for respiratory nursing services received a bursary from The National Respiratory Nurses Association (Anail) for her submission on adapting practices for respiratory patients in St John's Hospital during Covid-19
- Our registered Advanced Nurse Practitioner- Injury Unit presented at the National Training Programme for Injury Units.
- The introduction of Nurse Prescribing for paracetamol during the triage process was introduced in IU, which is a unique initiative.
- The Rapid Innovation Unit opened in St Johns with a Clinical Nurse Manager from our Theatre Department taking up the position of the Innovation nurse on a secondment basis
- Theatre staff nurse completed her PhD in Clinical Teaching and commenced a new role in University of Limerick
- International Nurse's Day on May 12th was celebrated with activities to mark the occasion.
- The temporary suspension of theatre and endoscopy activity resulted some of our nursing staff redeploying to University Hospital Limerick and to University Maternity Hospital to assist in the Critical Care Unit, Emergency department and the emergency theatre,s further building on collaborative working relationships with UHLG.
- As the vaccination lead for the hospital, the Director of Nursing led the internal Covid-19 vaccination service for St John's staff.
- Staff Nurses from St John's Hospital joined the multidisciplinary team in the regional vaccination centres to deliver Covid-19 vaccine to the population of the Mid-West.
- St John's Hospital has three Registered Advanced Nurse Practitioners in Emergency Care and a fourth ANP soon to qualify, working towards reaching its target of becoming the first ANP- led Injury Unit in Ireland.

Objectives 2021

1. Support staff learning and development through a structured education plan for all grades of nursing staff, incorporating our local education providers in the assessment of learning and educational needs.
2. Develop recruitment and retention strategy to further strengthen nurse staffing levels and skill mix

3. Continue to support nurse specialist and advanced nurse practitioner roles to enhance patient care and experience at St John's Hospital
4. Continue to work collaboratively with other departments and specialities to enhance service provision to patients
5. Continue to promote the importance of Infection, Prevention and Control measures in helping to keep patients and staff safe.
6. Further develop professional networking relationships for all grades of nursing staff with University of Limerick Hospital Group
7. To utilise patient experience and feedback to inform how we deliver care Optimize bed capacity
8. Develop Nurse Led Services
9. Continuous development of the workforce to ensure retention and development of key talent
10. Optimise Bed Capacity

Conclusion

The Nursing Department will continue to provide a caring and compassionate service to all patients, supported by evidence based practice and delivered by staff who are highly motivated and committed to provide the very best standards of patient care.

The Nursing Department will support the Hospital in the delivery of its strategic objectives.

Patient Services

Introduction

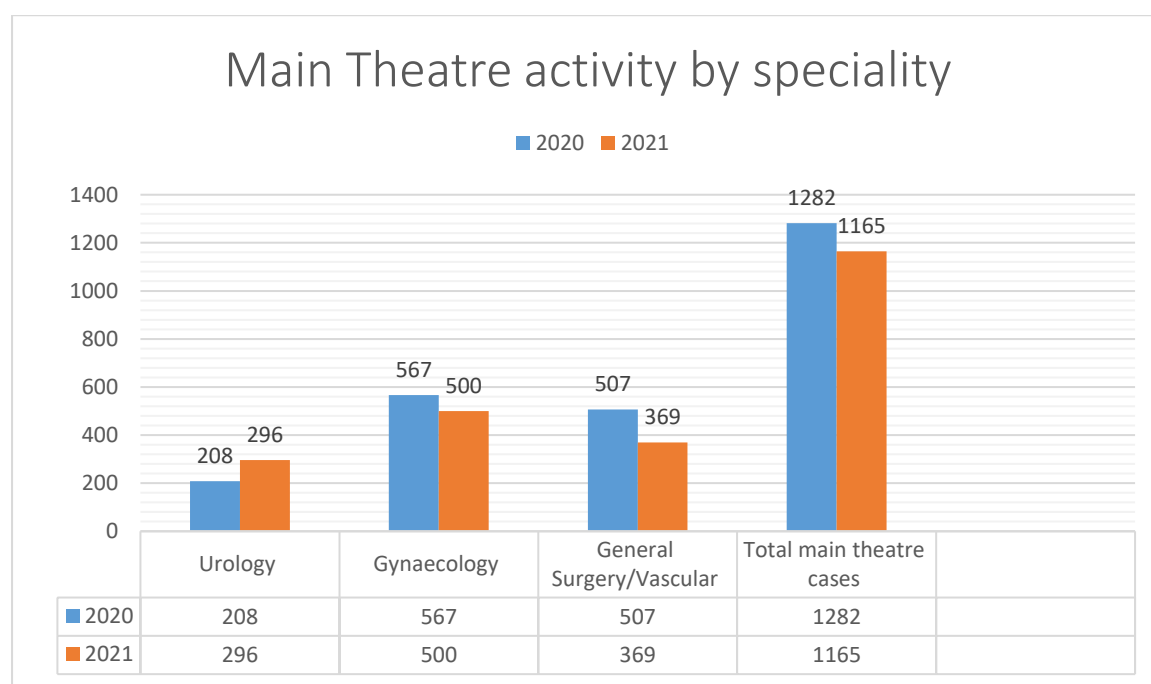
The Patient Services Department provides administrative, clerical and porter support to all clinical and support departments within the following areas, In-Patient/Day Case services, Endoscopy services, Local Injury Unit, Medical Assessment Unit, Outpatient services, Physiotherapy, Pharmacy, Radiology, Cardiac Assessment Unit, Pre-Assessment Admission and Clinical Nurse Specialists.

The Patient Services Manager is backed by a team of highly skilled and dedicated clerical and porter staff. Patient Services Manager has overall responsibility for the administrative day-to-day management of operational services affecting patients within the hospital. We strive to ensure an efficient delivery of services is provided to all patients attending the hospital.

This report will compare activity levels between 2020 and 2021. The effects of Covid 19 continued to have a significant impact on the levels of activity in 2021. In addition to the challenges faced by Covid 19, the hospital encountered a Cyber Attack which further impacted on our activity in 2021. The objective for Patient Services in 2022 is to continue to support increased activity in scheduled care and to implement a workforce strategy to ensure the organisation has the workforce it needs to meet current and future demands as we recover from Covid 19. Patient Services priority is to also focus on our people strategy.

Highlights 2021

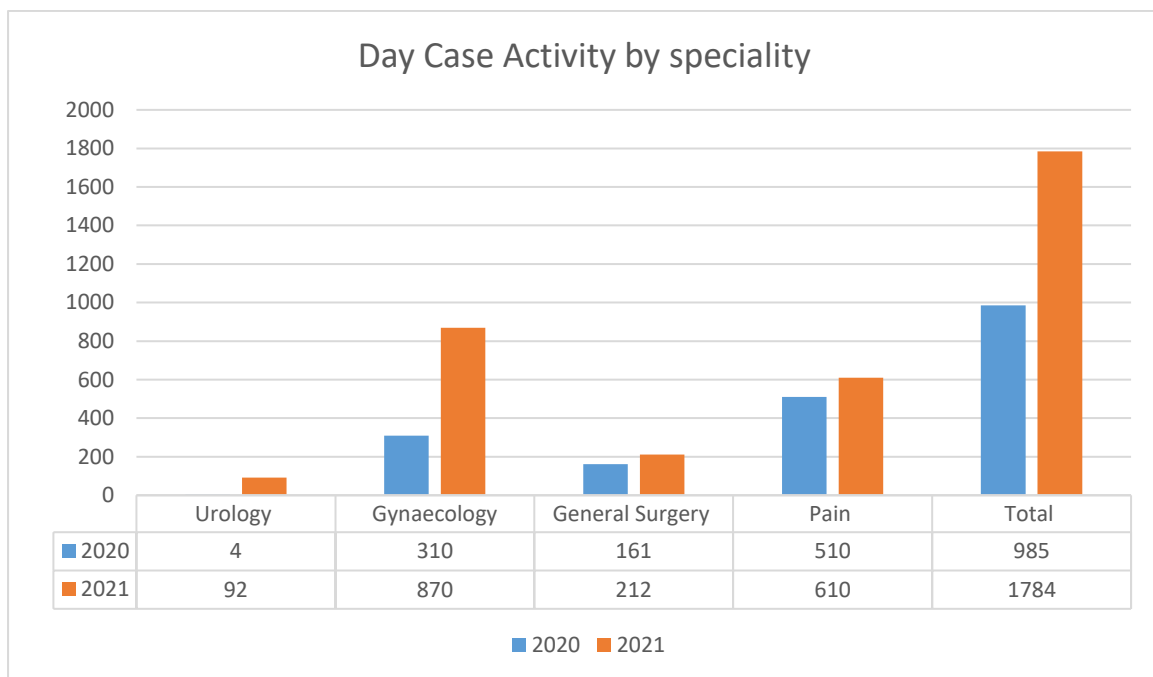
Theatre activity 2020 v 2021 by speciality



Conclusion

- There was a 10% decrease in overall theatre activity in 2021 due to social distancing limitations as a result of Covid 19 impacting on the inpatient ward setting.
- The 2021 Cyber Attack also impacted on activity.

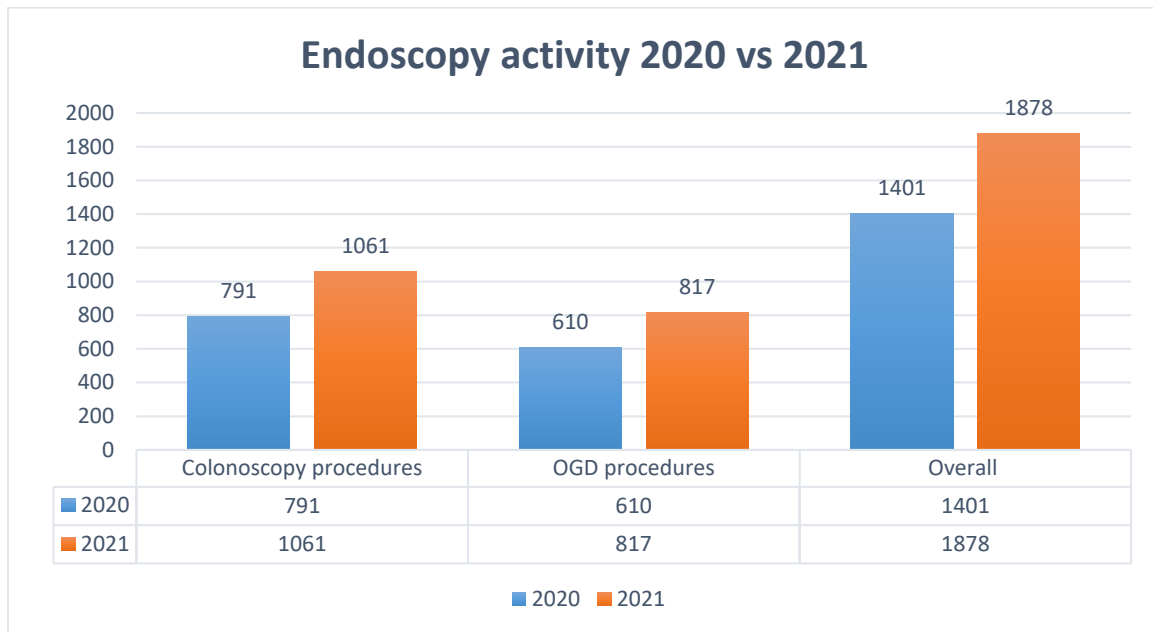
Day Case activity 2020 v 2021 by speciality



Conclusion

- Day Theatre activity saw a significant increase of 57% in activity in 2021 compared to 2020.

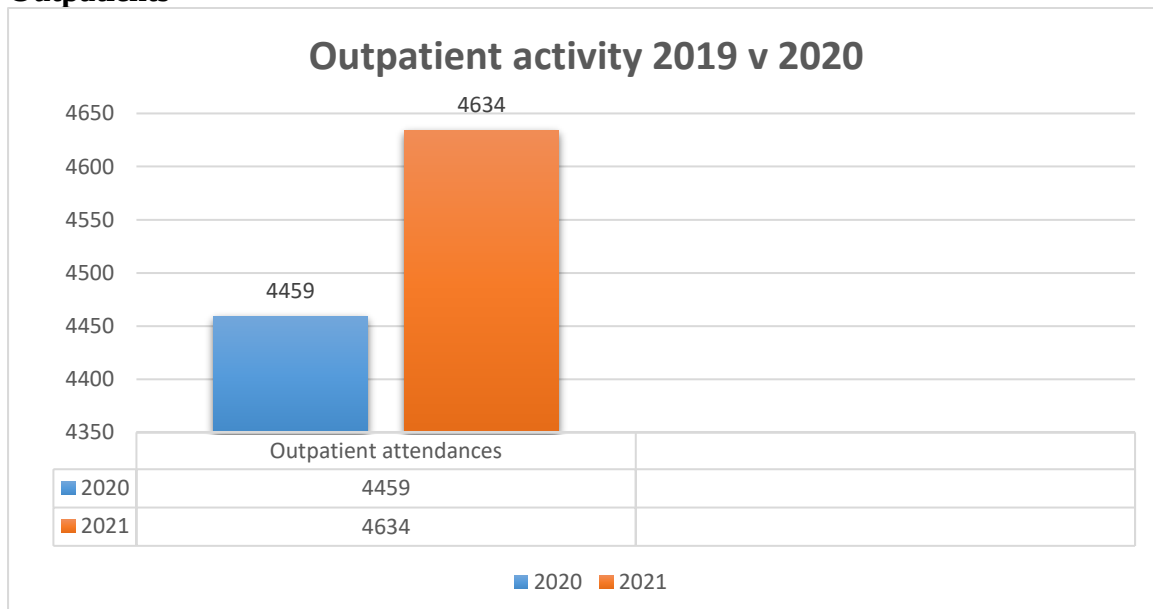
Endoscopy



Conclusion

- Endoscopy activity saw a significant increase of 30% in activity in 2021 compared to 2020

Outpatients



Conclusion

- Outpatients saw a slight increase of 4% in activity. The minimal increase in activity was due to social distancing limitations in the outpatient location as a result of Covid19.

Objectives 2022

Services

- Introduction of Health mail. Health mail is a secure clinical email service that will allow St Johns Hospital to send and receive clinical patient information in a secure manner. This will contribute to the efficiency of communication between St John's Hospital and community care.
- Continue to increase endoscopy and theatre activity for 2022 in conjunction with nursing management to help address lengthy waiting times and to achieve Slaintecare guidelines.
- Continue to work with UHLG Scheduled Care Team to help achieve Slaintecare targets.
- Continue to work with National Treatment Purchase Fund in addressing lengthy waiting lists.
- Continue to develop internal capacity to meet future demands in services.
- Keep risk register live with current issues.
- Develop our people strategy.

Conclusion

Despite the challenges presented by Covid 19, the hospital also faced a Cyber attack in May 2021. The Cyber attack had a significant impact on the way Patient Services staff were able to deliver administrative support. The Patient Services team showed exemplary innovation in overcoming the challenges created by the Cyber Attack.

The demand for unscheduled and scheduled care services in the form of endoscopy, outpatients, elective surgery, Medical Assessment Unit, Clinical Nurse Specialist Services and In-patient services continues to grow. The objective for Patient Services in 2022 is to continue to support increased activity in both unscheduled and scheduled care and to implement a workforce strategy to ensure the organisation has the workforce it needs to meet current and future demands as we recover from Covid 19 and the Cyber Attack. We continue to learn and improve on how services can be delivered

Supporting staff morale and efficient administrative processes to support patient care are priorities for 2022 within Patient Services.

Pathology

Introduction

St. John's Hospital Laboratory is part of the UL Hospital Laboratory Group.

It provides a Clinical Biochemistry and Haematology service that strives to meet the needs and expectations of the service users, while contributing to the clinical management of patients.

Test requests that fall outside the internal test repertoire are referred to the Laboratories at UHL /referred onwards from UHL to designated referral Laboratories.

It is a combined PT (coagulation) and Hgb (Haematology) report with blood films filtered. TAT* =24.36 minutes. Pass rate (120 min) = 99.5%

*turnaround time

TAT is based on receipt versus resulted time.

2021 Performance Highlights

KPI: Result TAT (turnaround time); Target > 90% within 120 mins

Year	Biochemistry	Haematology and Coagulation
2021	Awaiting result%	99.5%

Covid-19 Service Impact

The University Hospital Limerick pathology directorate communicated effectively and liaised closely with Patient Services, Nursing & Clinical staff at St John's Hospital regarding Covid 19 testing requirements/protocols to ensure that blood and specimen results were processed in a timely and efficient manner.

Objectives

- To develop a service level agreement with UHL that will support ongoing quality and safety of pathology services provided to St John's Hospital

Haemovigilance

Introduction

Haemovigilance at St John's hospital is affiliated to, and governed by the University Hospital Limerick Blood Transfusion Department. The E.U Blood Directive 98/EC/2002 was transposed into Irish law in 2006. It sets the standards for quality and safety in the transfusion chain. The directive specifies certain technical requirements for blood and blood components and for quality management systems, traceability (Article 14), and notification of adverse events & reactions (Article 15). Haemovigilance Officer is responsible for overseeing the quality and safety of blood transfusion processes in St John's Hospital, and for ensuring compliance with all aspects of the E.U Blood Directive and the ISO Standard 15189. Duties include overseeing the blood transfusion surveillance service and the usage of blood components, ensuring best practice in all aspects of transfusion practice, and patient advocacy. Key aspects of the role include clinical audit and the provision of Haemovigilance education to both nursing and medical staff.

Reporting Relationships

- ☐ Director of Nursing, St John's Hospital.
- ☐ Consultant Haematologist Responsible for Blood Transfusion, University Hospital Limerick.
- ☐ Working Relationships
- ☐ Quality Manager – Blood Transfusion Department, Pathology, UHLG.
- ☐ Chief Medical Scientist – Blood Transfusion Laboratory, UHLG.
- ☐ Haemovigilance Coordinator, UHLG.

Covid 19 Impact

The global pandemic continued to disrupt the world in 2021 along with the cyber-attack in May 2021. Working with UHL took place via remote IT communications –phone-calls, teleconferences, emails, webex and webinars. Team meetings begun again in July 2021, adhering to all infection control/ social distancing protocols.

The Cyber-attack of 2021 added extra strain and risk to the service. On May 14th 2021, links to UHLG were broken to the Bloodtrack due to the cyber activity. Accuscience and the University of Limerick Hospitals Group team provided support, along with an excellent IT team at St. Johns, helping to prevent further risk to the service.

Transfusion Activity St. John's Hospital (Data source Q-Pulse: LI-A-BTR-ACTIVITY. Ed

Year	RCC Issued	RCC Transfused	Waste
2018	430	200	0
2019	335	140	0
2020	337	151	0
2021	296	86	0

16. Effective date 15/2/2022).

The reduction in RCC usage in St. John's Hospital reflects the reduction of RCC usage in this region along with covid implications and theatre cancellations. Applying the principles of patient blood management to assess a patient's blood management needs, includes optimising the red cell mass, considering alternatives, eg; ferrinject, optimising coagulation and minimising blood loss.

Managing of anaemia does not always require transfusion.

76 -RCC were single transfusions which following PBM strategy.

Key Performance Indicators:

Traceability (Article 14)	99%- COMPLIANCE WITH TO USE OF PDA
Nurse education Target > 85%	98% Nov 2020
Wastage (Blood components)	0
NCHD Haemovigilance Education (HI-A_BTR-MEDINDUCTION. Ed 05. Jan 20	100% Nov 2020
SAE/SAR (Serious Adverse Event/Reaction)	0
Non-Conformances classified as Major	WBIT

Achievements

- Another successful remote INAB audit took place in March 2021.
- All new set of Android PDA'S (9+ 1 training) were rolled out in Feb 2021 along with support from Accuscience and IT team here in SJH.
- Fibrinogen was released in Oct 2021 as a part of the emergency blood products to have on standby for MH as well as taking into consideration busy roads and the long shelf life of Fibrinogen, Chief MED scientist in UHLG – passed this for SJH.
- A MH drill for Theatre was carried out in Dec 2021 also along with support and enthusiasm of fellow HVO colleague from UHLG with a positive update from theatre nursing management and staff. In this response more planned for the 2022.
- Successful candidate for permanent Haemovigilance Officer Role appointed in September 2021

Objectives

To continue to encourage best transfusion practice, by providing formal and informal training and instruction to staff, on all necessary aspects of transfusion.

Promote the principles of Patient Blood Management within St. John's Hospital.

Clinical Audit of key aspects of the transfusion chain, targeted quality improvement strategy and education based on findings.

- Consider PDA Requests for Warfarin clinic. Chief Medical Scientist will follow up in 2022.
- Delivery of high quality tailored education for nursing staff
- Plan Major Haemorrhage simulation drills and visit UHLG for demonstrations of same
- Develop the role of Deputy Haemovigilance Officer (HVO)
- Continue with relevant education for HVO role – 2022.

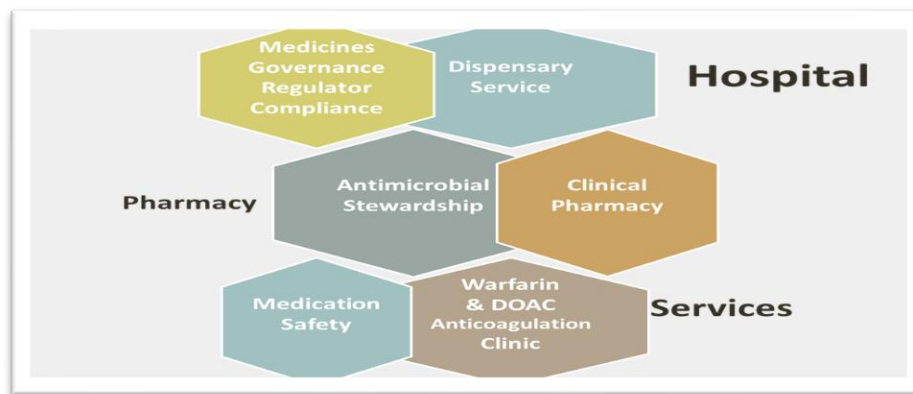
Conclusion

The scope of haemovigilance may cover the whole transfusion chain, from collection of blood to follow-up of recipients. Haemovigilance is an essential component of quality management in a blood system. However, the haemovigilance officer does not work in isolation, but as one professional in the multidisciplinary team. It is the responsibility of each professional in St John's Hospital to practice haemovigilance safely, competently and effectively, thus fulfilling his/ her professional responsibility.

The year 2021 in all health care service departments will also go down in history and keeping the practice safe was the number one goal. The pandemic and cyber-attack brought the redeployment factor so therefore staff were out of unfamiliar environments and in unfamiliar care giving scenarios. The hospital worked under pressure and with persistence gave quality attention to detail to all aspects of transfusion.

Pharmacy

Introduction



Medicine is the most common intervention in healthcare globally and in this hospital the Pharmacy Team plays a vital role in the care of patients, whether the patient is an in-patient, an out-patient or a Day-Care patient.

Our systems are set up to meet our established aims:

- The promotion of the safe, effective and economic use of medicines
- The optimization of pharmaceutical treatments and health promotion
- The delivery of quality drug information and ongoing education

Our Team consisting of Pharmacists, Pharmacy Technicians and support personnel. We deliver a clinical patient-centred service within or associated with multidisciplinary teams and manage the supply chain for medicines for the hospital.

During this second year of the COVID 19 pandemic, the Pharmacy Team played its role in the provision of newly-developed COVID 19 vaccines for in-patients and met the huge demand for alcohol gels ensuring that that supply points across the hospital were available whenever needed.

Our contingencies moved from planning to reality during 2021 and were put to the test as the pandemic pressurised staffing and the supply chain.

Supporting the national effort, we changed our processes and sometimes on a weekly basis. This flexibility helped us to continue to deliver on our established goals.

Performance Highlights 2021

Medicines Governance / Regulator Compliance:

- The development of an approved process for pharmacist charting of unintended omissions at admission strengthened our medication reconciliation process and improved patient outcomes.
- As new doctors and nurses joined the hospital staff during 2021, pharmacists fine-tuned education for inductees, helping them getting the most from safety features intentionally built into the drug chart. They also educated to help them understand the impact of pharmacist charting on medication reconciliation for the patient.
- Preparation for full implementation of the EU Falsified Medicines Directive to protect patients against “fake” medicines continued. While full implementation was deferred during 2021, there were ongoing improvements aimed towards full compliance throughout the year.
- The first successful intake of the 4th Year Pharmacy Student for placement occurred. The Department of Pharmacy also met the criteria for approval as a Training Establishment for Intern Pharmacists under the APPEL Schools of Pharmacy Training Programme.

Dispensary Service

- Thanks to cyber security provision of the Information Systems Department, the Hospital Pharmacy computer software system was unaffected during the HSE cyber-attack, one of the few in the country. This meant that no dispensing or financial data was lost, and that the dispensing process could continue as normal. The procurement process required activation of contingencies, which worked successfully.
- This was yet another year profoundly hit by drug shortages. Proactive management of drug shortages within the Pharmacy Team, as well as active and timely dialogue with Consultants and Clinical Nurse Managers meant disruption to hospital service provision was averted throughout 2021.

- Pharmacy technicians created a new process that allows for closer monitoring of high-cost biologic drugs and enabled just-in-time procurement, with less stock-holding and reduced financial burden. This featured a structured communication process with specialist nurses and clinical nurse managers.
- New procurement processes were introduced to maintain timely access to COVID 19 treatments. Upskilling for the management of COVID 19 vaccines also occurred.
- In 2021, the hospital became a designated respiratory centre and gained access to a national funding stream for specific high cost biologics. The Hospital Pharmacy coordinated a new role of reporting nationally that enabled financial reimbursement.
- Review and update of ward drug stocks took place to reflect the requirements of new hospital consultants. Drug information and formulary resources were also updated to support new treatment innovations.

Antimicrobial Stewardship

- Effective management of COVID 19 treatments according to national guidelines occurred using established links with Microbiologists and Consultants and consistent communication with clinical teams.
- Antimicrobial stewardship within the hospital was strengthened through the availability of the antimicrobial pharmacist to attend stewardship rounds with the Microbiologist.
- Indicators for stewardship continued to be measured. Despite challenges of the COVID 19 pandemic, further gains were made on five of the six indicators, with an outstanding result in relation to Meropenem consumption, a drug of concern to national antibiotic usage vigilance.
- For the first time, the antimicrobial pharmacist produced quarterly information bulletins for doctors and nurses. For the first time also, specific education sessions on antimicrobial stewardship were given to nurses.
- See Drugs & Therapeutics Committee annual report for further information on other aspects of antimicrobial stewardship led by Pharmacy.

Clinical Pharmacy

- The addition of a Clinical Pharmacist enhanced clinical services to CRSU patients and supported the multidisciplinary team. The CRSU was the first area within the hospital to activate a pharmacist-led Formal Medication Reconciliation Process at Discharge. Additionally, the CRSU Pharmacist represented Pharmacy at the 'Falls' and 'Nutrition & Hydration' multidisciplinary committees.
- Hospital management approved a digital project set to transform prioritisation of patients for urgent clinical pharmacist review and lead to improved patient outcomes.
- During 2021, with COVID restrictions in place, attendance at ward rounds was not possible. Instead, clinical pharmacists prioritized attendance at the 'dry' round to support medical teams.

Medication Safety

- We continued to deliver '*Medication Safety Monday*' bite-size education, throughout this second year of pandemic, honing the timing of delivery with the capacity of doctors and nurses to receive it, as well as refining its relevance to clinical issues of the moment.
- Pharmacist-delivered Medication Safety Education sessions were expanded at nurse induction. These sessions also included a Pharmacy Technician-led introduction to ward drug stocks and ordering systems.
- Pharmacists provided education sessions on medical drug charts to new doctors and nurses at or soon after their induction to introduce the hospital's standards for prescribing and administration documentation, as well as clinical pharmacist charting during the medication reconciliation process at admission.
- The Medication Reconciliation Rate at Admission exceeded the performance indicator, an improvement on the previous year. This was thanks to the novel approach of pharmacist charting, successfully embedded into clinical pharmacy process during 2021, along with the CRSU clinical pharmacist resource.
- See Drugs & Therapeutics Committee annual report for information on more aspects of medication safety led by Pharmacy

Warfarin & DOAC Anticoagulation Clinic

- To assist safe distancing during the pandemic, we introduced timed appointments for each patient at the Clinic. This remained in place with good patient adherence to their time slot. Patients expressed satisfaction at the new arrangement and themselves

contributed to keeping a COVID-free year at the Clinic by telephone contact with the Anticoagulation Clinic Pharmacist where COVID 19 was suspected, to obtain advice and defer their appointment. The Clinic continued to maintain a log for contact tracing, thanks to the unrelenting actions of the Phlebotomy Nurse and the Clinic Secretary.

- A new plan to have consultations for patients prescribed Direct Oral Anticoagulants (DOACs) built into timeslots at the end of the clinic was initiated. Clinical Pharmacists were able to meet each patient face-to-face for education and compliance review. A follow-up session once blood test results were reported then took place by telephone where results were discussed with the patient. This process improvement increased the satisfaction of patients and the effectiveness of the Anticoagulant Clinic Pharmacist – Patient consultation.
- As part of their clinical work, pharmacists check the knowledge of patients prescribed Direct Oral Anticoagulants, whether initiated in St John's Hospital or not. Where the knowledge base is considered insufficient, pharmacist educate patients and/or carer about these high risk medicines.
- A quality indicator for warfarin management, "*Time in therapeutic range*" continues to exceed standards during 2021 (74%). This clinic performance indicator exceeds our own measure of performance (70%), and also that of the British Society for Haematology, which sets 60% or greater as the standard for a well-performing clinic to meet or exceed.

Objectives 2022

- New Hospital Medicines Management System to be launched nationally: Endeavour to be a pilot site or early user.
- Develop and support Clinical Pharmacy:
Digital project to configure, pilot and evaluate of a software system to manage clinical pharmacists' workflow, the pharmaceutical care plan of each patient and data analytics.
- Prioritize drug shortages management:
Keep the focus and use all necessary resources to prevent disruption of hospital service provision.
- Begin a 'root and branch' review of how Pharmacy dispenses medicines:
Audit and then design a new system taking account of the patient cohort and pill-burden.
- Intern Pharmacist on site for the first time:
Facilitate Senior Preceptor Pharmacist to prepare the programme.

- Full implementation of Falsified Medicines Directive (FMD) indicated for 2022:
Recruit a FMD Pharmacy Technician.
- Acute Hospitals Drug Management Programme:
Maintain links and use resources for best value pharmaceuticals
- Improve structures supporting medication safety and antimicrobial stewardship:
Ring-fence resources for improvement projects e.g. Diabetes Drug Chart project, Surgical Drug Chart project, Anticoagulant section of Medical Drug Chart; vancomycin section of medical drug chart
- Clinical Pharmacist to graduate with MSc in Digital Transformation:
Use new knowledge and skill base to further innovate
- Refer *Drugs & Therapeutics Committee* annual report for additional Antimicrobial Stewardship and Medication Safety Objectives

Conclusion

As the COVID 19 pandemic continued into 2021, hope turned into reality with the arrival of COVID 19 vaccines. Yet more new information had to be absorbed and disseminated. The Pharmacy Team built upon the positives of the pandemic and new opportunities that it offered to optimise patient care and the way we work.

The Pharmacy Team was delighted to have a new addition. Ms C Hannon took up the role of CRSU Pharmacist. We also welcomed our first 4th year Pharmacy Student, Ms C Millane, for placement under the preceptorship of Ms A. McQuade, Senior Clinical Pharmacist. Ms K Bergin, FMD Pharmacy Technician departed for a new venture and the Team wish her well.

New people and new skills bring new opportunities; for the up-building of the person themselves, for the Pharmacy Team, the Hospital, and for the patient. We intend to make the most of these.

Physiotherapy

Introduction

As a contributor to St. John's Hospital health service, the Department of Physiotherapy plays a key role in improving function, mobility and quality of life for referred inpatients and outpatients.

The department supports quality practice, patient safety, practice improvement, patient empowerment and positive health outcomes.

The Department of Physiotherapy delivers inpatient and outpatient services to specific patient cohorts, both on an individual basis and as part of multidisciplinary programmes of care.

Inpatient Surgical: Gynaecology surgery, General minor surgery,

Inpatient Medical: Respiratory, Neuro-gerontology (elderly mobility)

Outpatient: Musculoskeletal including the Trauma Assessment Clinic (TAC), Pulmonary Rehabilitation, Women's Health, Pain Management and Respiratory.

2021 continued to be a particularly challenging year for physiotherapy staff where service delivery was implemented in a constantly changing environment due to the Covid-19 virus.

Public health guidelines together with Infection Prevention and Control guidance underpinned all patient service pathways and staff interactions so as to deliver safe collaborative patient care.

Highlights 2021

- Delivering **Virtual Outpatient Clinics** by video and telephone. Continuity of outpatient physiotherapy intervention was maintained through the virtual clinics in early 2021, which by end of year were part replaced by the guided return of face-to-face clinics.
- Referrals from the **Trauma Assessment Clinic (TAC)** for minor fractures continued to grow in tandem with the increased LIU attendance rate. An audit of the physiotherapy component of the programme highlighted the impact the physiotherapy TAC service has on clinical outcome and patient satisfaction.
- Delivery of **virtual programmes of care:**
 - Pulmonary Rehabilitation programme
 - Chronic Pain Management
- Corporate responsibility demonstrated with active staff involvement in **hospital committees**
 - Health and Wellbeing Committee
 - Learning from Excellence (LfE) Committee
 - Falls Collaboration (UHLG)
 - Pressure Ulcer Collaboration (UHLG)
 - Covid-19 Working Group
 - Hygiene Services Team
- Clinical education placement site for **BSc Physiotherapy students (X6)**

- **Performance Appraisal** process completed for all physiotherapy staff.
- The position of a second Physiotherapy Assistant was approved and recruited with a specific remit for the **Clinical Recovery and Support Unit (CRSU)**.
- Investment in physiotherapy rehabilitation equipment (**MOTomed**) has enhanced the management of inpatient recovery in CRSU, while maintaining outpatient MSK clinics simultaneously.
- Links maintained with **UHLG physiotherapy clinical and administrative working groups** e.g. Women's Health, Musculoskeletal, Acute/PCCC Physiotherapy managers etc.); information sharing forums.
- All staff's **mandatory training** completed.
- Supported staff **Health and Wellbeing** with a weigh-in for weight management supporting the national Operational Transformation programme
- Virtual **supported discharge** for suitable post-Covid 19 inpatients.
- Administrative support provided for the newly formed **hospital choir**.
- Staff grade **physiotherapy rotations** with UHLG offered the opportunity for a physiotherapist from this department to rotate for 6 months to UHL with a reciprocal arrangement for a UHL physiotherapist. This is proving to be a valuable learning and information sharing opportunity.
- The maintenance of hardcopy backup for appointment and attendance management assisted with administrative continuity within the department following the HSE **Cyber Attack**. No physiotherapy services were disrupted.
- A communication initiative in relation to **inpatient mobility status** was introduced to facilitate falls risk management on all wards.
- A paper outlining **research** undertaken by the Department of Physiotherapy in collaboration with the Rapid Innovation Unit UL was published: *An initial evaluation of the safety of a disposable oscillating positive expiratory pressure device in patients with chronic obstructive pulmonary disease: a short-term pilot study*.
- Opportunity to input into the Hospital strategic Plan development process. This input involved all physiotherapy staff and was seen as an opportunity to address concerns, issues for improvement and forward planning.
- All objectives for 2021 were initiated and some achieved/ completed.

Objectives 2022

- Provide physiotherapy to referred patients by **retaining and recruiting experienced staff** who will deliver evidence-based care to the highest standards.
- Maintain **established links in collaboratives** and shared groups within UHLG and nationally
- Participate in **rotation of staff grade physiotherapists** throughout the UHL group.
- Review of **TAC service** in line with the National Clinical Programme for Trauma and Orthopaedics.
- Develop and implement an **Ankle Programme** of care for the outpatient service
- Initiate a **review of the CRSU** at group level to assess acceptance criteria, staff: patient ratios and outcome measures/KPIs.
- Develop a **reporting suite** from iPMS

- Keep **risk management** and the risk register as live and current issues. Review the requirement and the role of clerical support in the department to sustain the clinical service.

Conclusion

2021 continued to be a most challenging year for health services and healthcare staff including health and social care professionals who sustained delivery of their frontline services throughout the Covid-19 pandemic. The Department of Physiotherapy delivered exemplary excellence in Covid-19 patient care under very difficult circumstances and maintained a supported rehabilitation option for those discharged patients.

The CRSU continues to highlight the value of HSCP staff in rehabilitation but a further review of the service is required to optimise the unit's potential and clinical outcomes, particularly in relation to physiotherapy input.

The TAC service within the UHLG and the role of the model 2 hospital in managing this patient cohort has been recognised; this can be maximised with further review and investment in physiotherapy resources.

The commitment, energy, support and enthusiasm of physiotherapy colleagues in this department creates an innovative, conscientious and pleasant environment for service delivery. The Department of Physiotherapy will continue to deliver its clinical remit with evidence-based care and will continue to show corporate responsibility through involvement at a hospital-wide level in developing and implementing key projects.

Procurement and Central Stores

Introduction

Further to one of the most disruptive years for supply chain, 2021 proved to bring challenges of a different type.

Impact from Brexit (port delays), global ad-hoc manufacturing, and the frequent waves relating to the Covid-19 Pandemic saw continuing challenges on the department.

Normal supply lines were threatened on a worldwide scale due to the Covid-19 Pandemic. Due to the hospital's strong links with our suppliers we continuity of supplies were maintained. An independent supply line from National Procurement allowed the hospital to prepare for the 2nd and 3rd pandemic waves. Independent supply lines were also established with new vendors importing PPE from China and Turkey, thereby guaranteeing the hospital's ability to meet clinical demand.

Performance Highlights

- Continuity of Supply for PPE throughout the Covid-19 pandemic
- Maintained elective procedure supply lines as best possible which was significant given the ad-hoc manufacturing on a worldwide scale. We worked closely with the elective surgical CNM's in order to work around supply issues.
- Continued supply of PPE from HSE Procurement.
- A new external storage facility

Objectives 2022

- Continuity of supply to be maintained
- Review staffing requirements to support service demands
- Optimise the use of reliable vendors for supply lines
- Establish new Software system as the current Sage System is no longer supported due to unforeseen circumstances.

Conclusion

2021 was a very unpredictable year in both supply & Hospital activities. The sheer dedication of our team pulling together provided the best possible service for St. John's Hospital and the patients within.

Quality, Risk and Patient Safety

Introduction

This report provides a high level overview of the work completed by the Quality Risk & Patient Safety Department in 2021. The role of Quality Risk & Patient Safety Department (QRPS) is to provide leadership and support in delivering high quality, safe, person centred care to patients within a culture of continuous improvement that supports the welfare of patients and staff within St. John's Hospital. The QRPS Department work closely with staff who deliver services across the hospital to develop a culture of improvement, innovation and continual learning.

The QRPS Department has a team of four staff with a focus on Risk Management, Claims, Quality, Incident Management, Patient Safety and Service User feedback, Training, Staff Health & Safety and Open Disclosure.

The report encompasses the key activities where this department had a lead responsibility for delivery.

Clinical Incidents

A patient safety incident or adverse incident is defined as 'any unintended or unexpected incident which could have or did lead to harm for one or more patient receiving care'. This includes all terms such as adverse incidents or events and near misses where an incident was recognised and averted. Good reporting is linked to a strong culture of safety and risk and patient safety awareness by staff and managers.

**PREVENTABLE
HARM**

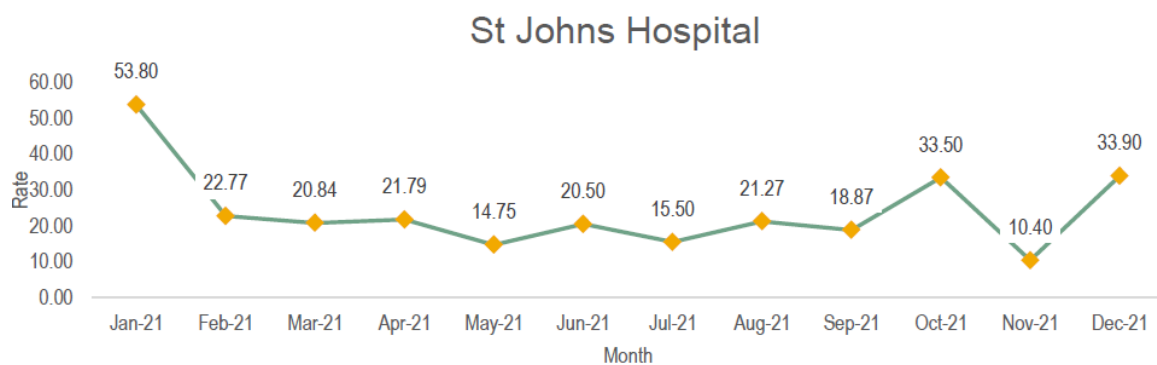
17%

of all hospitalisations are affected by
one or more adverse events, with
30-70% potentially preventable.^(2,3)



In 2021, St John's hospital reported a total of 619 adverse incidents. All of these incidents are reported to the National Incident Management System (NIMS) to enable learning, comparison to other organisations and claims management. For the period from 1st January 2021 to 31st Dec 2021 the hospital reported a total of 23.9 incidents per 1000 bed days, a slight decrease from 2020 but a substantial increase from 16.8 incident per 1000 bed days in 2019. 2021 incidents per 1000 bed days are shown on the graph below.

Incident reported per 1000 bed days 2021



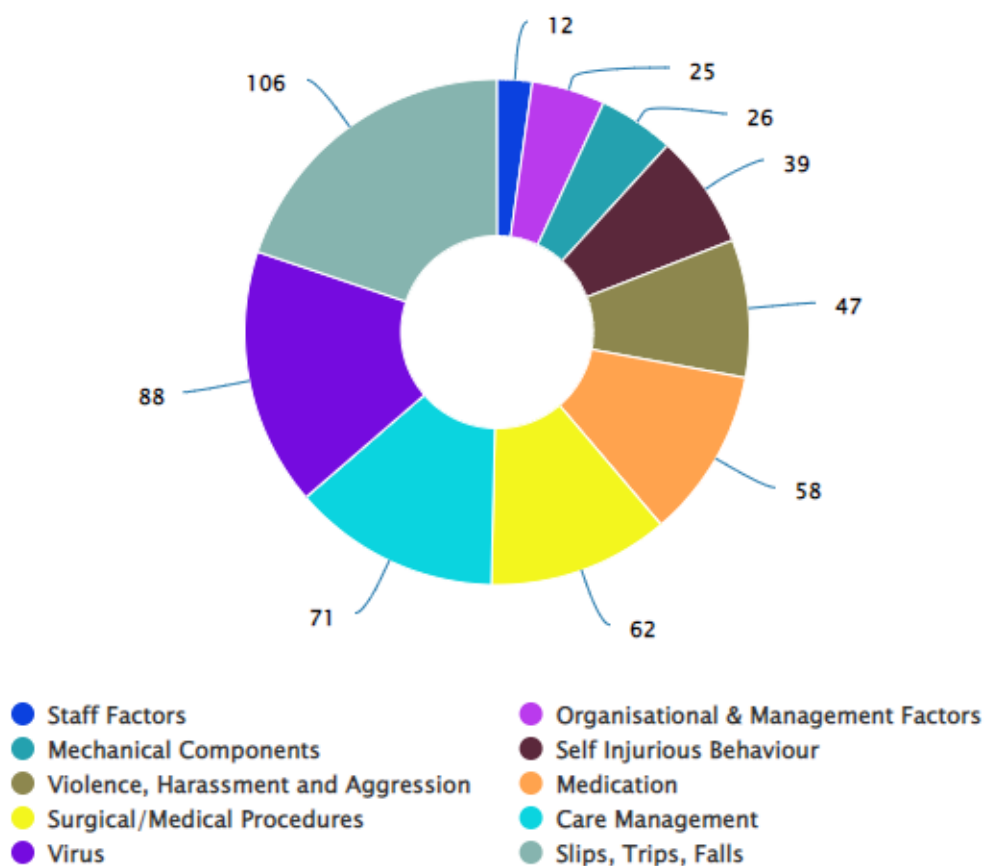
All Reported Incidents previous 5 years

Year	2021	2020	2019	2018	2017
Total Incidents Reported	619	665	515	397	391

Incidents by Severity 2021 as classified by NIMS				
Dangerous Occurrences	Negligible / Minor	Moderate	Major	Extreme
50	453	105	2	9

Top 5 Incidents Reported for 2021				
Clinical Care	Physical Hazards incl. slips, trips, falls	Behavioural Hazards – VHA and Self Injurious	Medication Incidents	Biological Hazards
133	132	86	58	88

Incident Occurred 2021



Incident Management

Interactive NIMS were launched throughout St John's Hospital in 2021. This allows efficient and timely reporting of incidents for departments. The interactive reports are used in conjunction with paper NIRF.

All Category 1&2 incidents and Serious Reportable Events were reviewed in line with the Incident Management Framework. A preliminary assessment form is completed for each category 1 & 2 incident by the department head where the incident occurred within 5 working days of occurrence and a decision is made whether further review is necessary by the local/senior accountable officer. An open and supportive culture is evident and buy in from department heads and treating consultants has ensured that this process has become the norm.



Mr Colin Peirce, Associate Clinical Director participates in the review of incidents and provides clinical expertise to the review team.

Incident reviews lead to the development of recommendations, action plans and sharing of learning.

Reviews completed by QRPS department in 2021

Review Type	Number
SRE/ Serious Incidents	9
Concise Review	7
Preliminary Assessments	34
Falls - Part A	3

KPIs

Indicator	Target	Score SJH
% of Comprehensive and Concise Reviews Completed within 125 Days of Notification to the senior accountable officer of a Category 1 Incident	70%	100%
% of reported incidents entered onto NIMS within 30 days of notification of the incident	70%	94%
Extreme and major incidents as a % of all incidents reported as occurring	<1%	1.7%

Risks

Top 3 Organisational Risks 2021

- Infrastructural Challenges
- Infection Prevention and Control Risks including Covid-19
- Waiting Lists

Claims Management

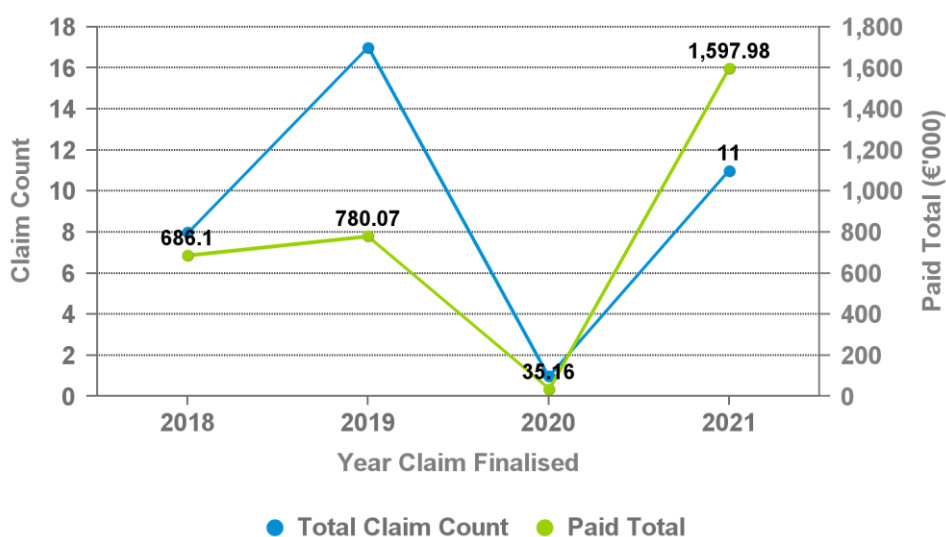
St John's Hospital manages claims made against the hospital (either clinical or non-clinical) in partnership with the State Claims Agency while acting fairly and ethically in dealing with people who have suffered injuries and/or damage, and their families.

Types of claims include; Injury to employees, Injury to a member of the public, clinical negligence, third-party property damage.

Summary of Claims, State Claims Agency Report 2021

Total Active Claims as of 31 st December 2021	
Service User	22
Member of the Public	4
Staff Member	2
Total	28

Fig 3.2 - Claims Finalised and Total Paid (€'000) - Last 4 Years



Compliments & Complaints

There was a total of 14 stage 2 complaints during 2021 which required the support and oversight of the Complaints Manager. All complaints were closed out by end of 2021 using the YSYS framework. There were no requests for reviews under stage 3 of the complaint's management process or requests from the Ombudsman regarding complaints received during 2021. The Complaints Manager provides quarterly reports to Service Head, Board Quality and Safety Committee in relation to the number and types of complaints and compliments.

Top three complaint themes for 2021:

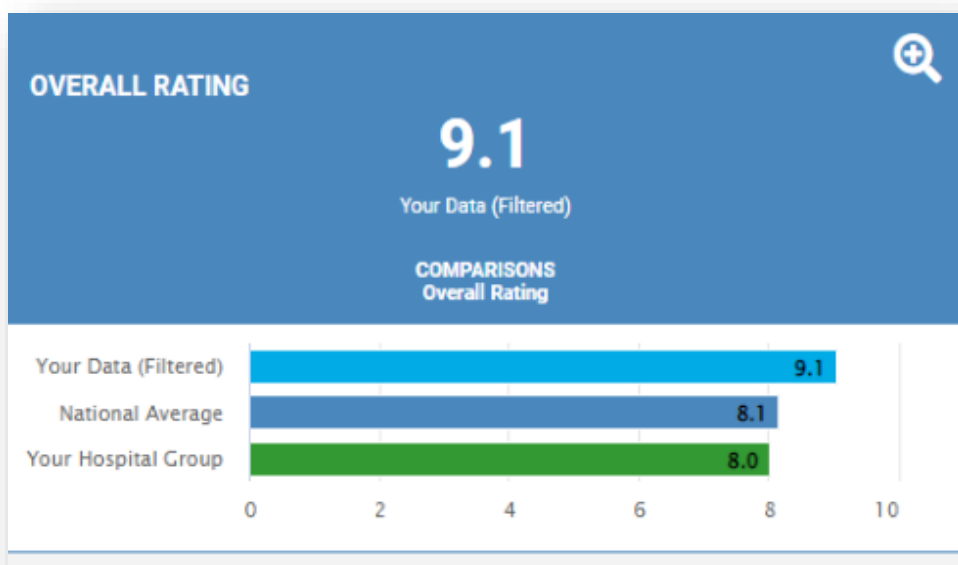
- Waiting list
- Poor staff communication
- Clinical decision making

Compliments, suggestions and feedback are collected monthly from the wards and communicated back to the department/ward areas by the QRPS department. The total number of compliments collected during 2021 were 230.

The "Tell us what you think" leaflet has been revised to reflect YSYS process and details of how to provide feedback at local level are now available. These comments and compliments are fed back quarterly to staff involved and the relevant committees as previously mentioned in this report. Appendix 1.

National In-Patient Experience Survey

Was completed in November 2021. In each area St John' scored higher than the National Average



Top scoring questions included

When you needed help from staff getting to the bathroom or toilet, did you get it on time? Score 9.7	Overall, did you feel you were treated with respect and dignity while you were in the hospital ? Score 9.7	Did you have confidence and trust in the hospital staff treating you? Score 9.7
--	--	---

Improvements in three key areas identified:

Communication, information and medication side effects on discharge

Open Disclosure

The QRPS Department have continued to drive and support the implementation of the Open Disclosure (OD) policy across St.John's Hospital. Open Disclosure Module 1 on HSE Land is now mandatory for all staff in St.John's Hospital and monitored within training compliance.

Open disclosure is open honest and timely communication with patients when things go wrong in healthcare and when the outcome for the patient was not in accordance with the intended goal or plan. The HSE Open Disclosure Policy was launched in 2013 and revised and updated nationally in 2019. The QRPS Manager is the Open Disclosure Lead for St. Johns Hospital and is a member of the UHL Open Disclosure Steering Group.

A Guidance on Documentation the Salient Points of Open Disclosure in the clinical file following a patient safety incident was developed and circulated to all staff and MDTs to support the correct documentation in the health care record.

Health & Safety

Safety Statements

Review of all departmental risk assessments was completed in 2021.

Fire Safety

Fire evacuation training was provided to managers. On-line theoretical and practical fire training continue based on the Hospital Fire Plan and Departmental Fire Safety Handbooks.

Dangerous Goods Safety Audit

Two Dangerous Goods Safety Advisor (DGSA) Audits were carried out in 2021, on 1st June and 23rd November. Following the audit, a quality improvement plan was developed and co-ordinated with Department Heads by the QRPS department, to rectify any issues raised. The next audit is scheduled for June 2022.

Environmental Monitoring

No environmental monitoring was carried out in 2021 due to Covid-19 restrictions and resultant theatre/ endoscopy inactivity. Monitoring is scheduled for May 2022.

Training

In compliance with the Safety, Health and Welfare at Work Act (2005) the hospital has a comprehensive mandatory training programme in place, which is co-ordinated and compliance is audited by the Quality, Risk and Patient Safety Department. Department Heads manage staff training within their areas of responsibility. Face to face training resumed in 2021. Compliance with Mandatory training in 2021 was 70%.

COMMITTEE MEMBERSHIP 2021

Committee	QPS Manager	Risk Manager	Deputy Risk Manager
Board Risk Safety Quality	X	X	
Audit Research & Innovation	Deputy Chair		
Health & Safety Committee	X	X	X
Drugs & Therapeutics	X		
Medication Safety Working Group		X	
Covid-19 Working Group	X		
UHL Committee Q&S	X		
Milford Q&S Committee	X		
Nutrition & Hydration Committee		Chairperson	
Health & Wellbeing Committee		X	X
Radiation Safety Committee		X	
IP&C Committee	X	X	
VHARM Risk Managers Advisory Group		X	
VHARM Executive Managers Group	X		
VHARM Health & Safety Advisory Group			X

2021 At a glance

Fire Training 18 Practical Fire Training Sessions were facilitated in 2021 Theoretical Fire Training was reviewed and 360 licences were purchased. Fire Evacuation training for Department Heads took place.	Chemical Training Chemical Agent Risk assessment (CARA) training session was organised for Department Heads. 8 chemical safety awareness training sessions were conducted in-house.
Managing Challenging Behaviour Training 2 Full Day Sessions -Targeted Skills for Managers/ Staff who special patients. 12 face to face sessions: Advanced Skills Training took place on site – patient facing/ telephone contact staff.	Display Screen Equipment Assessment 5 staff members were trained as DSE assessors in 2021 and began DSE assessment for staff within the hospital and working from home.

An online training programme was developed by the Voluntary Healthcare Agencies Group and SJH secured licences for all staff. Training is now available on ClickHSE.net	
Staff Safety Representatives 3 Staff Safety Representatives were trained and received distinctions in QQI Level 5	Health & Safety Committee The Health & Safety Committee was resumed and site specific safety statement was developed.
Audits 2 DGSA audits took place 7 Health & Safety Audits 2 HSA Audits, 1 relating to Covid-19 and the other to technical services.	Quality Initiatives Your Service Your Say poster was redesigned and printed and is now available. Open Disclosure stickers were developed along with guidelines on recording of OD in the patients' healthcare record. New signage was introduced to signpost clinics and treatment areas within the hospital.
Risk Register Folders / QRPS Folders Folders were distributed to all areas with Risk Register Templates, information on OD, Incident Management and Safety Statements.	Patient Experience Survey The National inpatient Experience Survey took place in September 2021. SJH scored 9.1 overall.

We would like to hear from you

We want to provide safe and high quality services so that you receive the best care and treatment. We are working to build a better health service every day. You can help us to do this. We want to hear from you about your experience of using our services. What worked? What could improve? What Didn't work?

We welcome your feedback and we will make sure that you get a full response and that we will learn from this.

Have your Say

There are a number of ways you can tell us about your experience:

- Talk to us now by telling the people caring for you today about your experience.
- Write to us by filling out the form attached to this leaflet. Put this in the Feedback Box, or please give it to a member of staff. You can also send a letter directly to the service; staff will be happy to give you the correct address.
- Email us at qrps@stjohnshospital.ie
- Call us on **061-462110**
Monday to Friday
or **1800 424 555** (HSE Your Service Your Say)

- If you are not able to give us your feedback yourself, you can ask someone you trust, like a relative, carer or advocate to do this for you.

What happens next?

If you have had a good experience or have a suggestion, we will share your comment or compliment with the service or staff member so that we can build on what we do well and improve where needed.

If you have had a poor experience, please tell a member of staff or the person providing your care. They will try to help you straight away, where possible, or within forty eight hours.

You can also make a written complaint and we will respond to you within two working days of receipt of this. We might call or ask to meet you to hear more about it. We will look into your complaint and respond to you within 30 working days or contact you to ask for more time, if needed, and keep you updated every 20 working days after that to let you know what is happening.

If you are not happy with the outcome of your complaint, you can ask for an internal review by St. John's Hospital, or ask for an external review directly from the Ombudsman (www.ombudsman.ie) or the Ombudsman for Children (www.oco.ie)

You can read more about our Feedback Policy on www.hse.ie/yourstay



"We would like to hear from you"

Your feedback matters. It helps us to improve our services. If you have a comment, compliment or complaint please let us know.

Thank You.

PRTNU01003

Radiology

Introduction

The Radiation Safety Committee continued its work in 2021 to ensure that the use of ionising radiation for diagnostic imaging within the hospital is conducted within the framework of a Licensing/Authorisation System operated by the Environmental Protection Agency (EPA) and the legal and administrative requirements of the Department of Health and the Health Information and Quality Authority (HIQA). The Committee's scope includes all of the regulated activities involving ionising radiation that occur in St. John's Hospital.

Performance Highlights

The radiology department successfully completed an onsite EPA inspection in July 2021. Authorising the hospital's licence for the use of ionising radiation in diagnostic imaging examinations, in accordance with the Radiological Protection Act 2021. Many thanks are due to the Radiation Safety Officer's and Radiographers who guided us through the inspection and their impeccable preparation. Support from our Radiation Protection Advisor, Medical Physics team in UHL and our own Quality & Risk department was gratefully received in the lead up to the inspection.

Local Diagnostic Reference Levels (DRL's) have been reviewed and re-established for 2021. Including a number of x-ray & CT examinations not previously included. Local DRL's have also been established for fluoroscopy procedures. A completed National DRL survey was submitted to HIQA in December 2021.

Monthly quality assurance testing is carried out, any discrepancies discussed and reviewed with service engineers and medical physics. Annual quality assurance testing was carried out on all radiological equipment by the Department of Medical Physics, St. James Hospital and reviewed by the Radiation Protection Advisor. Radiation safety badges are reviewed monthly. All of which is discussed and monitored locally as well as at the Radiation Safety Committee meetings.

St John's Radiology department supported all the other Radiology departments across the UHL group:

- Facilitated Ennis General Hospital with scanning their CT patients when the CT scanner at EGH was out of service. (Week of 15th Feb 2021).
- Facilitated Ennis General Hospital with scanning their Ultrasound patients July 2021, due to staff shortages.
- Facilitated Nenagh General Hospitals with scanning their CT patients during the replacement of their CT scanner at NGH (Q3 & Q4 2021).
- Facilitated University Hospital Limerick with scanning their CT patients through 2021, in order to reduce CT waiting times at UHL.

SJL Radiology Department was severely impacted by the cyber attack in May 2021. As the department is reliant on Teleradiology for reporting examinations, SJL had no access to a reporting Radiologist. A work around was put in place by the RSM and CT Clinical Specialist, whereby a Radiologist was sourced and facilitated to come on site to report urgent examinations. Many thanks to Dr. Jim Crotty Consultant Radiologist, who aided us with reporting during this time. Additionally, a huge gratitude is owed to the SJL radiology team, who worked tirelessly to maintain a safe environment for patients imaging and ensured no imaging was lost. The radiology team

adapted to the needs of the hospital during this time and demonstrated great flexibility. In particular thank you to our PACS Radiographer for overseeing this whole period and the clean up operation in the aftermath.

Objectives 2022

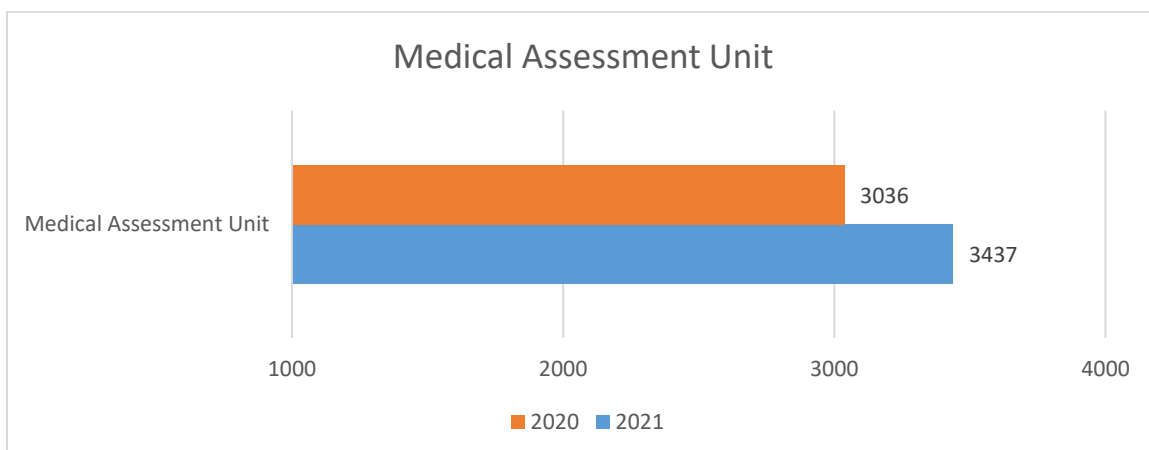
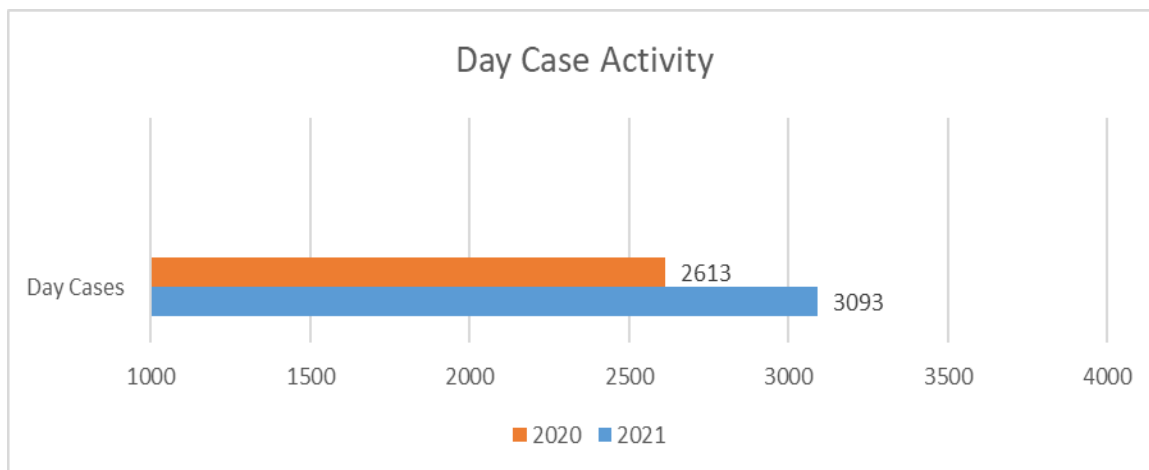
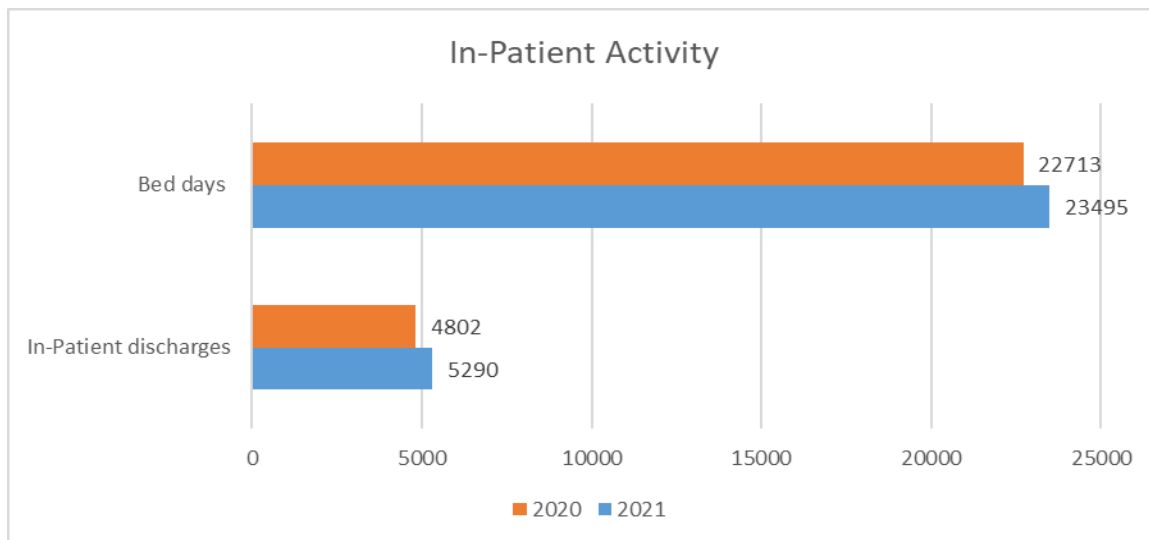
- Recruitment and retention of staff.

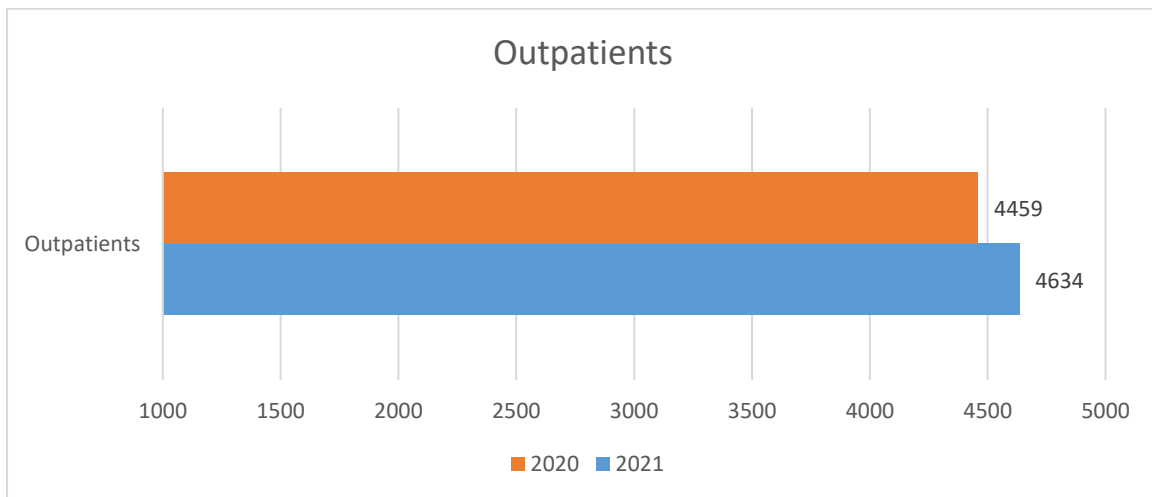
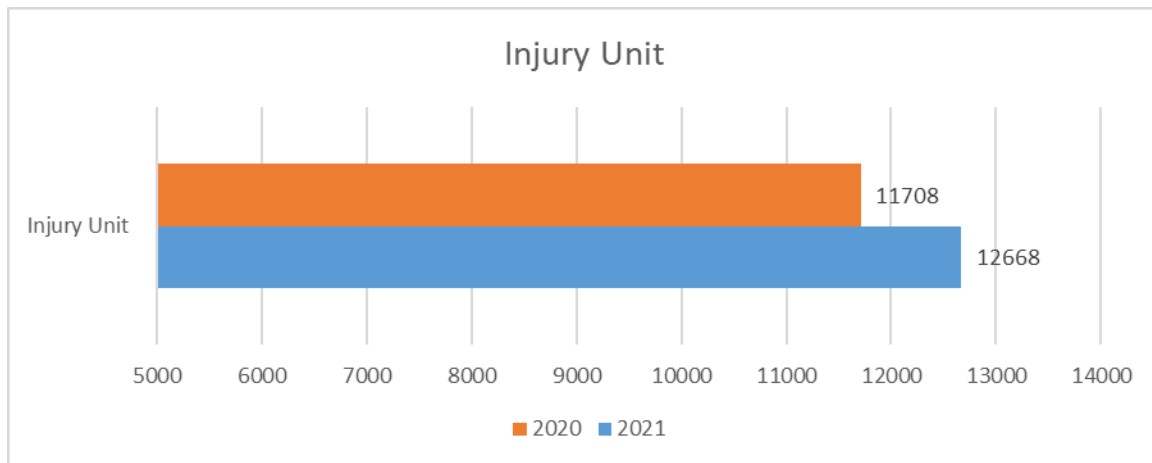
Conclusion

Again 2021 has been a busy and turbulent year for Radiology. The Radiology department and its staff have shown great dedication to the hospital and its patients. Demonstrating huge flexibility during the cyber attack while still battling COVID 19.

Activity Statistics







Audited Report & Accounts



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

St. John's Hospital
Financial Statements
For the financial year ended
31 December 2021

St. John's Hospital
Financial Statements
31 December 2021

Contents	Page
General Information	1
Responsibilities of the Chief Executive and the Board	2
Statement of the Board Members' Responsibilities in respect of the Annual Financial Statements	3
Independent Auditor's Report to the Board of St. John's Hospital	4
Certificate of Chief Executive Officer and Chairperson	8
Non Capital Income and Expenditure Account	9
Capital Income and Expenditure Account	10
Balance Sheet	11
Cash Flow Statement	12
Accounting Policies	13
Notes to the Financial Statements	18

St. John's Hospital

General Information

Address: John's Square
Limerick
V94 H272

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 Chief Executive and the Board

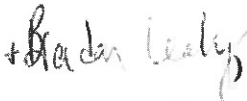
Year ended 31 December 2021

The Chief Executive is required by the Hospital Constitution to keep accurate accounts of all receipts and payments on behalf of the Charity and such account shall be audited by the Auditors appointed by the Board. The Board shall approve the annual audited accounts and will furnish the Trustees the annual audited accounts for their review. Copies of the accounts so audited shall be furnished by the Chief Executive to the Authority. The Board is required, in accordance with the guidelines and accounting standards issued by the Department of Health, to:

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

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

On behalf of the Board:

+ Brendan Leahy D.D. ) Chairperson

Emer Martin ) Chief Executive

Date: 26 May 2022

St. John's Hospital

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

Year ended 31 December 2021

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

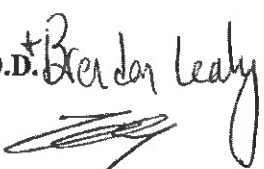
Section 36 of the Health Act 2004 requires St. John's Hospital to prepare the annual financial statements in such form as the Minister for Health may direct and in accordance with accounting standards specified by the Minister.

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

- select suitable accounting policies and then apply them consistently
- make judgments 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

Emer Martin ) Chief Executive

Date: 26 May 2022

Independent Auditor's Report to the Board of St. John's Hospital

Opinion

We have audited the financial statements of St. John's Hospital ("the 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 2021, 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 applicable law and 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").

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 2021 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)') and applicable law. 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, including the Ethical Standard for Auditors (Ireland) issued by the Irish Auditing and Accountancy Supervisory Authority (IAASA), and the ethical pronouncements established by Chartered Accountants Ireland, applied as determined to be appropriate in the circumstances for the entity. 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.

Independent Auditor's Report to the Board of St. John's Hospital

Conclusions relating to going concern

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

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

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

Other information

Other information comprises information included in the annual report, other than the financial statements and the auditor's report thereon, including the Responsibilities of the Trustees and the Board and the Statement of the Board Members' Responsibilities in respect of the Annual Financial Statements. 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.

Independent Auditor's Report to the Board of St. John's Hospital

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

As explained more fully in the "Responsibilities of the Chief Executive and the Board" 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, including FRS 102 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 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 hospital'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

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

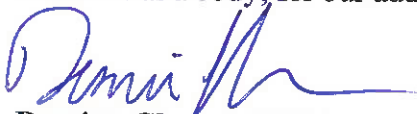
exists related to events or conditions that may cast significant doubt on the hospital's ability to continue as a going concern. If they conclude that a material uncertainty exists, they are required to draw attention in the auditor's report to the related disclosures in the financial statements or, 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 hospital to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves 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 members, 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.



Damian Gleeson FCCA

For and on behalf of

Grant Thornton

Chartered Accountants & Statutory Audit Firm

Limerick

Date: 26 May 2022

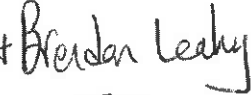
St. John's Hospital

**Certificate of Chief Executive Officer and Chairperson
for the year ended 31 December 2021**

We certify that the financial statements of St. John's Hospital for the financial year ended 31 December 2021 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 9 to 30 and the statement of accounting policies, on pages 13 to 17, give the true and fair view of the state of affairs of the hospital at 31 December 2021 and of its income and expenditure and cash flow for the year then ended.

On behalf of the Board

+ Brendan Leahy ) Chairperson
Emer Martin ) Chief Executive

Date: 26 May 2022

St. John's Hospital
Non – Capital Income and Expenditure Account for the year ended 31 December 2021

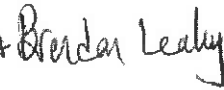
	Note	2021 €'000	2020 €'000
Cumulative Non-Capital (Surplus)/Deficit B/F From Previous Year		998	1,038
Pay			
Salaries	23	20,010	19,993
Superannuation and Gratuities	23	5,275	4,462
		25,285	24,455
Non-Pay			
Direct Patient Care	23	3,521	3,273
Support Services	23	2,492	2,414
Financial & Administrative	23	1,323	1,153
		7,336	6,840
Gross Expenditure for the Year Includes Deficit from previous year		33,619	32,333
Income	23	2,743	3,254
Net Expenditure for the Year		30,876	29,079
Determination from HSE		29,836	28,081
Deficit C/F to Following Year		1,040	998

With the exception of fixed asset depreciation which is dealt with through the Capitalisation Account, all recognised gains and losses for the year ended 31 December 2021 have been included in the Income and Expenditure Account.

The net deficit in both years arises from continuing operations.

The financial statements, which include the accounting policies and notes, which were drawn up in compliance with the accounting standards laid down by the Minister for Health & Children, were approved by the Board on

On behalf of the Board

+ Brendan Leahy ) Chairperson

Emer Martin ) Chief Executive

Date: 26 May 2022

St. John's Hospital
Capital Income and Expenditure Account for the year ended 31 December 2021

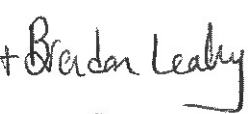
	2021 €'000	2020 €'000
Capital Income Sources		
HSE - Capital Grant	600	900
HSE-Charge on non-capital Income & Expenditure	14	10
HSE-Non-Capital Repayment of Loan Capital	-	-
Fund-raising - Capital only	-	-
EU Grants	-	-
Disposal, Net Proceeds of	-	-
Other	22	407
Total Capital Income	636	1,317
Capital Expenditure		
Land	-	40
Buildings	14	-
Work-In-Progress	-	-
Equipment	600	1,246
Vehicles	-	-
Other	-	-
Capital Expenditure- Capitalised	614	1,286
Capital Expenditure-Not Capitalised	6	61
Total Capital Expenditure	620	1,347
Opening (Surplus) from previous year	(905)	(935)
Closing (Surplus) to following year	(921)	(905)

With the exception of fixed asset depreciation which is dealt with through the Capitalisation Account, all recognised gains and losses for the year ended 31 December 2021 have been included in the Income and Expenditure Account.

The net (surplus) in both years arises from continuing operations.

The financial statements, which include the accounting policies and notes, which were drawn up in compliance with the accounting standards laid down by the Minister for Health & Children, were approved by the Board on

On behalf of the Board

+ Brendan Leahy ) Chairperson

Emer Martin ) Chief Executive

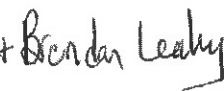
Date: 26 May 2022

St. John's Hospital
Balance Sheet as at 31 December 2021

	Note	2021 €'000	2020 €'000
<u>Fixed Assets</u>			
Tangible Assets	12	10,363	10,461
Financial Assets		-	-
		10,363	10,461
<u>Current Assets</u>			
Debtors	13	3,907	3,113
Stocks	14	347	329
Investments		-	-
Cash in hand and bank balances		611	272
		4,865	3,714
<u>Creditors-Amounts Falling Due Within One Year</u>			
Creditors	15	4,984	3,348
Bank loans and overdraft		-	459
Obligations under Finance Leases		-	-
		4,984	3,807
Net Current Assets		(119)	(93)
Total Assets Less Current Liabilities		10,244	10,368
<u>Creditors-Amounts Falling Due After One Year</u>			
Bank Loans		-	-
Obligations under Finance Leases		-	-
		-	-
<u>Capital & Reserves</u>			
Non-Capital Income & Expenditure Deficit		(1,040)	(998)
Capital Income & Expenditure Surplus		921	905
Capitalisation Account	17	10,363	10,461
		10,244	10,368

The financial statements, which include the accounting policies and notes, which were drawn up in compliance with the accounting standards laid down by the Minister for Health & Children, were approved by the Board on

On behalf of the Board

+ Brendan Leahy ) Chairperson

Emer Martin ) Chief Executive

Date: 26 May 2022

St. John's Hospital
Cash Flow Statement as at 31 December 2021

	Note	2021 €'000	2020 €'000
Net Cash Inflow/(Outflow) from Operating Activities	18	1,071	92
<u>Returns on Investments and Servicing of Finance</u>			
Interest Paid on Loans and Overdraft		(7)	(8)
Interest Paid re Finance Leases		-	-
Equity Dividends Received		-	-
Interest Received		-	-
Net Cash (Outflow) from servicing of Finance		(7)	(8)
<u>Capital Expenditure</u>			
Expenditure from HSE Capital		(614)	(1,286)
Add back unpaid Capital Expenditure		-	-
Add back movements in finance lease obligations		-	-
		(614)	(1,286)
Capital Expenditure - Not Capitalised		(6)	(61)
Payments from non-capital, re acquisition of fixed assets		(150)	(39)
Receipts on sale of fixed assets		-	-
Net Cash (Outflow) from Capital Expenditure		(770)	(1,386)
Net Cash Inflow(Outflow) before Financing		294	(1,302)
<u>Financing</u>			
HSE Capital grant received		482	910
Receipts from other sources -acquisition of fixed assets		22	407
		504	1,317
Increase in investments		-	-
Capital element of finance lease rental repayments		-	-
Cash Inflow from movement in Debt and Lease Financing		-	-
Net Cash Inflow from Financing		504	1,317
Net Cash Flow		798	15
Increase in Cash and Bank	19	339	266
Decrease/(Increase) in Bank Loans < 1 Year & O/D	19	459	(251)
Increase in Bank Loans > 1 Year	19	-	-
Changes in Net Cash		798	15

St. John's Hospital Accounting Policies

1. General Information

St. John's is an acute General Public Voluntary Hospital. The property is vested in Trustees. St. John's Hospital is a Registered Charity under the Charities Act 2009 (Registered Charity No. 20000394) and is administered and managed in accordance with a Hospital Constitution approved by the Charities Regulatory Authority. The Hospital's main address is John's Square, Limerick.

2. Basis of Accounting

- (i) The preparation of financial statements in compliance with Financial Reporting Standard 102 (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 income.

- (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

3. 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:** Cost, less accumulated depreciation.
- WIP:** Cost.
- Equipment:** Cost, less accumulated depreciation.

4. Fixed Assets and Related Capital Account

Buildings were revalued at 20 October 2015 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

5. 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.

6. 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.

7. Bad Debts

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

8. Debtors

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

9. 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.

10. Creditors

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

St. John's Hospital
Accounting Policies

11. Contingent Liabilities

There were no material contingent liabilities at 31 December 2021.

12. Financial instruments

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

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

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

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

**St. John's Hospital
Accounting Policies**

13. 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.

Income should be accrued in respect of in-patients who have been treated during the year and discharged on or before the year-end but for whom bills had not been issued by the year-end. Regarding patients whose stay in hospital ran on from the year of account into the following year, the accrual should be computed on the basis of patient-days up to the year-end.

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 2021

Insurance : Note 1

Medical Defence

(a) Consultants

(b) NCHDs

Other

Public Liability

Employers Liability

Property

Other

2021 €'000	2020 €'000
-	-
-	-
-	-
1	2
-	-
31	30
26	25
58	57

Misc. Non-Capital Expenditure

On Capital Projects : Note 2

Land

Buildings

Work-In-Progress

Equipment

Vehicles

Other

2021 €'000	2020 €'000
-	10
14	-
-	-
-	-
-	-
-	-
14	10

Miscellaneous Expenses : Note 3

Security

Publications Etc.

Membership / Subscriptions etc.

Interest on Late Payments

Education / Training

Shop / Restaurant Purchases

Other

2021 €'000	2020 €'000
223	205
3	2
-	-
-	-
40	52
-	-
70	86
336	345

St. John's Hospital

Notes to the Financial Statements – 31 December 2021

Analysis of Patient Income : Note 4

In-Patients

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

2021 €'000	2020 €'000
105	91
1,458	1,931
-	-
-	-
1,563	2,022
140	128
-	-
140	128

Out-Patients

Statutory Accident & Emergency Charges
Other Out-Patient Charges

1,703	2,150
-------	-------

Total Patient Income

Income From External Agencies : Note 5

Laboratory
Pathology
Radiology
Commissioning Services
Other

2021 €'000	2020 €'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 / Licenses / Franchises
PP Admin. Charges
Fund Raising - Non-Capital only
Sundries
Equity Dividend Received
Interest received

2021 €'000	2020 €'000
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
35	43
-	-
-	-
35	43

St. John's Hospital

Notes to the Financial Statements – 31 December 2021

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

2021 €'000	2020 €'000
14,961	14,905
634	505
951	907
-	-
88	108
-	-
94	100
168	135
1,715	1,627
-	-
6,674	6,168
25,285	24,455

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

2021 €'000	2020 €'000
29,878	29,079
150	39
14	10
-	-
-	-
164	49
29,714	29,030
862	748
30,576	29,778

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

2021 €'000	2020 €'000
-	-
-	-
-	-
-	-
-	-

St. John's Hospital

Notes to the Financial Statements – 31 December 2021

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

2021 €'000	2020 €'000
29,836	28,081
(27,212)	(26,351)
2,624	1,730
1,730	1,565
(1,730)	(1,565)
-	-

Total Balance of Approved Non-Capital Determinations Due From HSE

2,624	1,730
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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

600	900
(467)	(900)
133	-
-	-
-	-
-	-

Total Balance of Capital Grants Due From HSE

133	-
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Gross Total Due From HSE Capital & Non-Capital

2,757	1,730
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Purchase of Equipment and Vehicles From Non-Capital Account (Capitalised) : Note 11

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

Vehicles Purchased

2021 €'000	2020 €'000
-	-
132	18
-	21
-	-
-	-
-	-
-	-
18	-
150	39
-	-
150	39

St. John's Hospital

Notes to the Financial Statements – 31 December 2021

Schedule of Fixed Assets and Depreciation : Note 12

		Land	Buildings	Work-In Progress	Equipment	Vehicles	Total
		€'000	€'000	€'000	€'000	€'000	€'000
Cost Or Valuation at	1-Jan-21	199	14,491	-	10,152	-	24,842
Transfers from Work-In-Progress		-	-	-	-	-	-
Sub-Total		199	14,491	-	10,152	-	24,842
Additions From Capital		-	14	-	600	-	614
Additions From Non-Capital		-	-	-	150	-	150
Disposals during the year		-	-	-	-	-	-
Cost / Valuation at	31-Dec-21	199	14,505	-	10,902	-	25,606
Accumulated Depreciation at	1-Jan-21	-	5,487	-	8,894	-	14,381
Depreciation charge for year		-	363	-	499	-	862
Disposals–Accumulated Depreciation		-	-	-	-	-	-
Accumulated Depreciation at	31-Dec-21	-	5,850	-	9,393	-	15,243
Net Book Amount at	1-Jan-21	199	9,004	-	1,258	-	10,461
Net Book Amount at	31-Dec-21	199	8,655	-	1,509	-	10,363

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. Subsequent additions under the various headings are stated at cost. In accordance with Department of Health 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 2021

Debtors : Note 13

	2021 €'000	2020 €'000
HSE – Revenue Grants Due	2,624	1,730
HSE – Capital Grants Due	133	-
HSE Debtors	2,757	1,730
HSE Mid-West	20	97
Patients (Closing Ledger Balance)	2,083	2,272
Less: Provision for bad and doubtful debts	(1,119)	(1,178)
Other	26	99
Prepayments	140	93
Non-HSE & Non-HSE Mid- West Debtors	1,130	1,286
Total Debtors	3,907	3,113

An impairment loss of €1,119,216 (2020: €1,178,222) was recognised against trade debtors.

Stocks - Note 14

	2021 €'000	2020 €'000
Drugs & Medicines	128	117
Blood & Blood Products	-	-
Medical Gases	-	-
Medical & Surgical Supplies	196	182
Sterile Supplies	-	-
Pathology Supplies	-	-
X-Ray / Imaging	11	18
Provisions	-	-
Laundry / Cleaning	8	7
Bedding / Clothing	-	-
Furniture / Crockery	-	-
Heat / Power / Light Supplies	-	-
Maintenance Supplies	-	-
Office Supplies	4	5
Computer Supplies	-	-
Shop	-	-
	347	329

An impairment loss of €Nil (2020: €Nil) 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 2021

Creditors - Note 15

Creditors - Capital

Creditors - Non-Capital

PAYE and PRSI

Wages and Salaries

Other

2021 €'000	2020 €'000
-	-
880	690
593	545
2,485	1,202
1,026	911
4,984	3,348

Bank Loans - Greater Than One Year : Note 16

Bank Loans

Deficit Bank Loan Account

Deficit Financing Account

2021 €'000	2020 €'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

2021 €'000	2020 €'000
10,461	9,884
614	1,286
150	39
764	1,325
-	-
862	748
862	748

Balance at year-end

10,363	10,461
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St. John's Hospital

Notes to the Financial Statements – 31 December 2021

Note To The Cash Flow Statement : Note 18

(Deficit) Non-Capital	(1,040)	(998)
Add back Deficit brought forward	998	1,038
(Deficit)/Surplus for current year	(42)	40
Deduct repayment of loan (Capital element) charged against non-capital	-	-
Deduct Interest and Dividend Income	-	-
Add back purchase of equipment from non-capital	150	39
Add back Interest charged against non-capital	7	8
(Increase) in Stocks	(18)	(27)
(Increase) in HSE Debtors (Non-Capital)	(894)	(165)
(Increase)/Decrease in HSE Mid-West Debtors	76	12
Decrease in Non-HSE and Non-HSE Mid-West Debtors	156	979
Increase/(Decrease) in Creditors	1,636	(794)
Net Cash Inflow from Operating Activities	1,071	92

2021 €'000	2020 €'000
(1,040)	(998)
998	1,038
(42)	40
-	-
-	-
150	39
7	8
(18)	(27)
(894)	(165)
76	12
156	979
1,636	(794)
1,071	92

Analysis of Changes in Net Debt : Note 19

Cash in Hand and Bank Balances
Bank Overdraft

Bank Loans

Debt Due within one year
Debt Due after one year

Finance Leases : within one year
Finance Leases : from 2 to 5 years

At 1 Jan '21 €'000	Cash Flow €'000	Non Cash Changes €'000	At 31 Dec '21 €'000
272	339	-	611
(459)	459	-	-
(187)	798	-	611
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
(187)	798	-	611

St. John's Hospital

Notes to the Financial Statements – 31 December 2021

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

	2021 €'000	2020 €'000
Increase in cash in the year	798	15
Cash Inflow/(Outflow) from increase/(decrease) in debt and lease financing	-	-
Changes in net cash resulting from cash flow	798	15
New Finance Leases taken out in the year	-	-
Changes in Net Cash	798	15
Net (Debt) at beginning of year	(187)	(202)
Net Cash/(Debt) at end of year	611	(187)

Note 21. Related Parties

No transactions with related parties occurred requiring financial statement disclosure.

Total key management personnel compensation was €174,464 (2020: €173,618). Key management personnel compensation comprises the Chief Executive and the Deputy Chief Executive.

Note 22. Post Balance Sheet Events

Since the year end the COVID-19 pandemic has continued to have a direct effect on the hospital, the economy and the general population. The Board is closely monitoring the evolution of the pandemic, and while there is no clear indication as to when the impact will be curtailed or eliminated, they will continue to take appropriate actions to mitigate any possible adverse effects on the hospital.

St. John's Hospital

Notes to the Financial Statements – 31 December 2021

23. Non-Capital Income & Expenditure - Details

Pay

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

2021 €'000	2020 €'000
3,277	3,235
2,105	2,252
1,529	2,064
7,952	7,834
1,388	1,311
3,632	3,159
127	138
20,010	19,993
3,008	2,721
2,267	1,741
-	-
5,275	4,462

Pensions & Refunds
Gratuities / Lump Sums
Others

25,285	24,455
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Non-Pay

Direct Patient Care

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

965	888
159	170
90	58
1,806	1,619
106	19
395	519
3,521	3,273

St. John's Hospital

Notes to the Financial Statements – 31 December 2021

23. Non-Capital Income & Expenditure – Details (continued)

	2021 €'000	2020 €'000
<u>Support Services</u>		
X-Ray / Imaging Equipment	-	21
X-Ray / Imaging supplies / Contracts On	482	446
Laboratory Equipment	-	-
Laboratory Supplies / Contracts On	188	338
Catering Equipment	-	-
Catering Provisions / Contracts On	235	236
Heat, Power & Light	229	220
Laundry , Cleaning & Washing Equipment	-	-
Laundry , Cleaning & Washing Supplies / Contracts On	845	807
Furniture, Crockery & Hardware	26	16
Bedding & Clothing	17	11
Maintenance Equipment	-	-
Maintenance Materials Supplies / Contracts On	382	235
Farm & Garden Equipment	-	-
Farm Supplies / Contracts On	3	2
Travel & Subsistence	85	82
Transport of Patients	-	-
Vehicles Purchases	-	-
Vehicles Supplies / Contracts On	-	-
	2,492	2,414

St. John's Hospital

Notes to the Financial Statements – 31 December 2021

23. Non-Capital Income & Expenditure – Details (continued)

Financial And Administrative	2021 €'000	2020 €'000
Loan Repayment Principal		
Non-Capital	-	-
Capital	-	-
Finance Lease Repayment-Principal Element	-	-
Bank Interest		
Overdraft	-	-
Non-Capital Loan	-	-
Capital Loan	-	-
Finance Lease Repayment-Interest Element	-	-
Bank Charges	7	8
Other		
Insurance - Medical Defence	-	-
Insurance - Other	58	57
Audit	47	37
Legal	5	39
Office Expenses (Rent & Rates, Postage, Phone)	132	123
Office Supplies / Contracts On	269	289
Computer Equipment	-	-
Computer Supplies / Contracts On	406	404
Professional Services	108	41
Bad Debts written off	-	-
Adjustment to Doubtful Debts Provision	(59)	(199)
Misc. Non-Capital Exp. on Capital Projects	14	10
Miscellaneous Expenses	336	345
	1,323	1,154
Total Non-Pay	7,336	6,840
Total Gross Expenditure	32,621	31,295

St. John's Hospital

Notes to the Financial Statements – 31 December 2021

23. Non-Capital Income & Expenditure – Details (continued)

	2021 €'000	2020 €'000
Income		
Patient Income		
In-Patient	1,563	2,022
Out-Patient	140	128
	1,703	2,150
Other Income		
Superannuation	527	573
Other Payroll Deductions	410	429
RTA Receipts	-	-
Income from External Agencies	-	-
Canteen Receipts	68	59
Other Income (Non-Capital)	35	43
Total Income	2,743	3,254
Net Expenditure	29,878	28,041