



St John's Hospital
Ospidéal Naomh Eoin



Annual Report 2022

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 2022

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FOREWORD

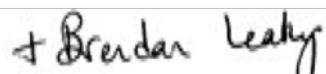
I am delighted as Chairman of the Board to present our Annual Report and Accounts for the year 2022. I would like to acknowledge all our staff who continued to work untiringly during another year of the Covid pandemic. This was another challenging year for staff who were dealing with the tail-end of the pandemic while continuing to manage unprecedented service pressures. It highlighted our staff at their best, committed to delivering excellent care throughout.

The Annual Report sets out our main objectives and key achievements in 2022, summarising progress in many areas of performance throughout the year, such as patient access and waiting lists, examples of digital transformation, our clinical refurbishment programme and patient experience and outcomes. HIQA's national patient satisfaction survey demonstrated once again our high standards of patient care. We achieved scores higher than the national average in all aspects of the survey, gaining results of over 90% in our top three performing questions.

The most notable highlight of the year was the launch of our five-year Strategy 2022-2027. Nine years short of its 250th year, our Strategy sets out a vision for our Hospital over the next five years, underpinned by our mission and values and aimed at responding to the changing needs of the patient population in areas such as chronic disease management, pain services and elective care. The strategy is aimed not only at how the hospital can meet the rapidly changing needs of the public, including through development of our services, but also addresses challenges such as the lack of space and the need for modernisation, which are significantly constraining progress. The strategy was developed by the Board and Executive following deep consultation with all staff, partners at the University of Limerick Hospital Group, UL, GPs, St. John's Hospital Patient Partnership Forum and wider public.

It is built around the hospital's vision of being a leading provider of healthcare services where innovation and excellence are at the heart of the patient experience. The strategy is both patient and people/staff centric but very much contingent on the delivery of the new, state-of-the-art in-patient bed facility that will take the hospital from an 89 bed to 140 bed hospital. The Board will carry on advocating for this very necessary development to develop our clinical service models long into the future. I would like to thank all those who responded to our public consultation when developing our strategy.

Once again, I 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 dedicated leadership as CEO. Finally, I would like to thank the 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 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 2022 provides a summary of our key activity and financial performance. Annual Reports for Board Committee and Hospital Committees are included herein. Financial details are taken from our annual Audited Accounts also included herein.

Annual performance statement from the Chief Executive

It has been another challenging year, dominated by high demand for our services and continued complex, operational pressures. Our staff have continued to work throughout these circumstances to deliver safe, compassionate, high quality care to our patients.

Demand on services grew in 2022 with particular growth in our Medical Assessment Unit, Injuries Unit and inpatient occupancy levels, details of which are outlined on pages 67-71. Workforce staffing challenges have continued, particularly in recruitment of nursing staff, however the relationship between our staff and the quality of care is well established, demonstrated by the national patient experience survey results and other feedback received from our patients and their families.

Throughout 2022, we continued to focus on the restoration of services following the COVID pandemic. In the past year we have worked hard to reducing waiting times in our elective activity for patients waiting longer than 12 months, whilst we have also increased access to care for both scheduled and unscheduled activity.

It is positive to see the improvements in access to care in areas such as the bowel screening service which was initiated in June this year, and also the reductions in the backlog of patients waiting for endoscopy procedures, not least due to our Advanced Nurse Practitioner in Endoscopy who makes a valuable difference to our service. It is also reassuring that our outpatient activity returning to pre-pandemic levels, and we continue to focus on increasing the number of new outpatients in our clinics.

Last year we relocated our Medical Assessment Unit to an upgraded, larger clinical space resulting in an increase in patient attendances by 40%. Our Injury Unit continues to be the busiest IU in the Midwest region and second busiest in the country after Cork. It is easily accessible to our patients with excellent care and waiting times. In line with our Strategy, we will continue to focus on improving our operational efficiency which will be given further momentum in 2023/24 in response to the changing financial regime, nationally.

There was substantial engagement with staff throughout the year on the topic of health and wellbeing, highlighting what staff would like to see the organisation achieve. On behalf of colleagues throughout the hospital, I would like to acknowledge the great leadership and work carried out by the Health and Wellbeing Committee to support staff ideas and improve facilities. I would also like to acknowledge funding received from the HSE Health and Wellbeing fund which to enable the realisation of key Health & Wellbeing projects at St John's.

HIQA's national patient satisfaction survey demonstrated once again our high standards of patient care. We achieved scores higher than the national average in all aspects of the survey, gaining results of over 90% in our top three performing questions.

Our patients continued to benefit from the Rapid Innovation Unit (RIU) initiatives introduced at St John's in 2022. RIU works with clinical stakeholders across UL Hospitals Group to bring patient-centric, innovative solutions from the development laboratory to the bedside with the help of 3D printing. We were delighted to continue developing our partnership with this groundbreaking innovative service, achieving national recognition from the Spark Innovation Programme for developing a bespoke Patient Tracker system at St John's Hospital, thanks to the collaboration between RIU and St John's Hospital staff. We are grateful to Spark for sponsoring the development of this system which has brought significant benefit to patient care.

Our staff are our most valuable asset. We are determined to continue our efforts to create an environment where everyone feels their voices are heard and their views are acted upon. I would like to thank and pay tribute to all our incredible staff who are at the heart of everything we do.

THE YEAR IN REVIEW

Strategic Progress

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.

1. Capital Development

The Board continued to pursue St. John's Capital Development during 2022 in light of the Covid-19 pandemic, which posed significant challenges for the hospital in meeting the required infection prevention and control standards in a 19th century building. Work on our capital development continued throughout 2022 to advocate for the necessary funding to replace the current bedstock. We commissioned further work by the Architect firm, Cullen Payne, to review the plans and assess the feasibility for a greater number of beds on site. Further details are outlined in our Strategy 2022-2027, available on our website.

Minor Capital Funding 2022

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.

2. Access to Services

There was substantial progress made in reducing waiting times throughout 2022, details of which are outlined below in the report. We remain committed to being a hospital of choice and placing patients at the centre of all we do.

2022 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. Regretfully, 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 and provide clinical governance for patient care delivery. 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. St John's continues to work towards ensuring joint service contracts are in place for all consultants who work at St John's and to eliminate unnecessary delay in the appointment of consultants who provide a dedicated service at our hospital.

3. Driving Excellence in Patient Experience

Our vision is to be a leading provider of healthcare services where innovation and excellence are at the heart of the patient experience. 2022 saw another year of excellent feedback from our patients and their families regarding the quality of care they received. There were many initiatives introduced by our staff to improve the quality of patient care as outlined in this report. The section below on Quality and Safety provides further detail of our achievements.

4. Investing in Our People and Their Wellbeing

Recruitment challenges have continued throughout 2022 which mirror the national recruitment climate. I would like to extend sincere thanks to our HR Department who have worked tirelessly this year to expedite recruitment in support of our teams throughout the hospital.

There was substantial engagement with staff throughout the year on the topic of health and wellbeing and what staff wish to see the organisation achieve. We remain committed to investing in our staff and in promoting St John's as an employer of choice.

5. Advancing our Key Partnerships

We believe that delivering the highest quality services to our local population requires strong partnerships in working with our primary, secondary, social care and academic partnerships. We are taking a proactive approach to develop our key partnerships and will continue to do so where it will assist in delivering improvements to care and to the health economy. Slaintecare is a key driver for developing stronger partnerships for the betterment of patient care. It is also important to develop partnerships for mutual organisational support, learning and staff development.

6. Operational Effectiveness and Financial Sustainability

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.

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. After making enquiries, the directors have a reasonable expectation that the services provided by St John's Hospital will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts. 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 2022 and 2021, under the headings of overall expenditure and income, are shown hereunder. The accumulated deficit at 31st December 2021 was €1,040,000, which was brought forward to 2022. The deficit decreased to €950,000 at 31st December 2022.

	2022 €'000	2021 €'000	% Increase/ (Decrease)
(SURPLUS)/DEFICIT B/F FROM PREVIOUS YEAR	1,040	998	
PAY	27,032	25,285	6.9%
NON-PAY	8,616	7,336	17.4%
TOTAL EXPENDITURE	36,688	33,619	9.1%
INCOME	3,179	2,743	15.9%
NET EXPENDITURE	33,509	30,876	8.5%
ALLOCATION FROM HEALTH SERVICE EXECUTIVE	32,559	29,836	9.1%
(SURPLUS) DEFICIT	950	1,040	

Pay Related Expenditure

Pay costs increased by €1,747,000 (6.9%) compared to 2021, mainly driven by the requirement of agency staff to ensure services operate to a safe standard. Pay costs for 2022 also include pandemic special recognition bonus payments of €315,000.

Non-Pay Expenditure

Costs increased by €1,280,000 (17.4%) compared to 2021, driven by:

	2022 €'000	2021 €'000	% Increase/ (Decrease)
MEDICAL & SURGICAL SUPPLIES	2,333	1,806	29.2%
MAINTENANCE MATERIALS	517	382	35.3%
PROFESSIONAL SERVICES	285	108	163.9%
LAUNDRY & CLEANING	945	845	11.8%
X-RAY SUPPLIES	574	482	19.1%

- Medical & Surgical Supplies increased by €527,000 due to higher activity levels and upward inflationary pressures.
- Maintenance Materials increased by €135,000 due to refurbishment projects.
- Professional Services increased by €177,000 as work progressed on Strategic and Capital Development proposals and GDPR compliance.

Income

Income increased by €436,000 (15.9%) compared to 2021. Significant changes occurred in the following categories;

	2022 €'000	2021 €'000	% Increase/ (Decrease)
In-Patient Income	1,751	1,563	12.0%
Outpatient	267	140	90.7%

- In-Patient Income increased by €188,000 as activity increased from pandemic levels.

Allocation from Health Service Executive

The allocation from the Health Service Executive in 2022 was €32,559,000 which was an increase of €2,723,000 compared to 2021.

This allocation was driven by increased activity, inflationary pressures and the need for funding across the following categories:

- Covid-19 funding of €647,000
- Pandemic Special Recognition Funding €315,000

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.

LEGAL & BANKING 2022

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.

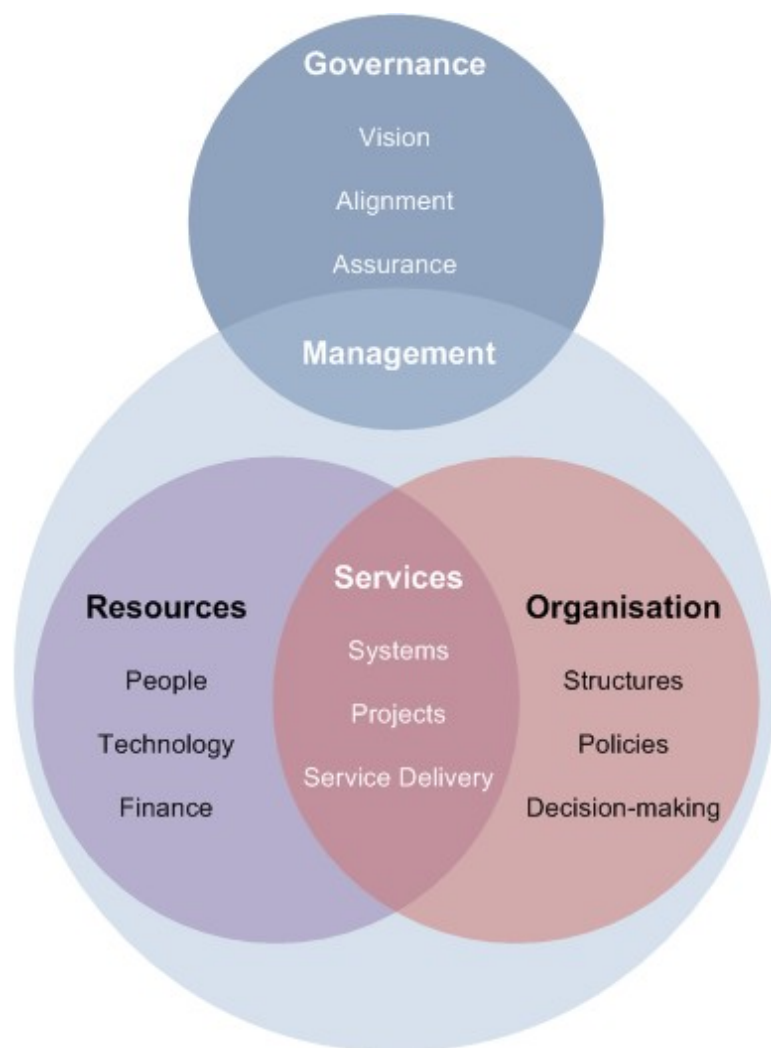
STAFF

I would finally like to thank each member of staff for their contribution to the work of the Hospital throughout 2022. 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 2022
Very Rev. N. Kirwan	Member	On holding Office to September 2022
Mr. Ralph Keane	Member	January – December 2022
Dr Catherine Casey	Member	January – December 2022
Dr Miriam Callanan	Member	January – December 2022
Ms. Anne Fahy	Member	January – December 2022
Ms. Audrey Fehily	Member	January – December 2022
Mr. Richard Leonard	Member	January – December 2022
Cllr. Daniel Butler	Member	January – to May 2022
Cllr. Kieran O’Hanlon	Member	January – December 2022
Very Rev. Canon Garrett	Member	On holding office – September – December 2022
Cllr. Francis Foley	Member	July – December 2022

Attendance at Meetings

For the period 01/01/2022 to 31/12/2022
Management Committee / Board

	Attendance
Most Rev. Brendan Leahy (Chairperson)	5/6
Very Rev. Noel Kirwan	3/4
Mr. Ralph Keane	5/6
Mr. Richard Leonard	6/6
Cllr. Kieran O’Hanlon	2/6
Dr Catherine Casey	6/6
Dr. Miriam Callanan	4/6
Ms. Anne Fahy	6/6
Ms. Audrey Fehily	4/6
Cllr. Daniel Butler	2/3
Cllr. Francis Foley	1/3
Very Rev. Canon Gerard Garrett	1/1
Dr. Fasih Khan	3/6

In Attendance - 01/01/2022 – 31/12/2022

Name	Role
Emer Martin	Chief Executive Secretary
Michelle Rogers	Deputy Chief Executive/ Director of Operations
Michelle Burke	Director of Nursing (January – November 2022)
Nicole O'Donovan	Head of Finance
Olive Moloney	Executive Services Co-Ordinator (March – December 2022)

SUB-COMMITTEE: AUDIT COMMITTEE

The Committee met on 4 occasions during the year.

Attendance at Meetings

<i>For the period 01/01/2022 to 31/12/2022</i>	
Audit Committee	Attendance
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. Michelle Rogers, Deputy Chief Executive	
Ms. Nicole O'Donovan, Finance Manager	
Ms. Olive Moloney, Executive Services Co-ordinator	

The hospital's Audit Committee produced its Annual Report to the Board at its Annual General Meeting in November 2022. 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

2022 Annual Report to Board AGM

Introduction

In accordance with our Terms of Reference, I submit the 2022 Annual Report of St John's Hospital Audit Committee to St John's Hospital Board for your attention.

Activity

Since our previous annual report in November 2021, meetings were held in April, May and September 2022. The final quarterly meeting for 2022 is scheduled for the 7th of December 2022.

April Meeting

Progress Report Q4 2021 – Finance

Ms. Martin presented the Finance Progress Report Q3 Audit 2021. The committee reviewed the report and noted actions taken to date. The Head of Finance provided an update in relation purchasing processes, the setting up of budgetary meetings, income from insurance claims and the review of income procedures in the LIU department.

Progress Report Q4 2021 – Human Resources

Ms. Martin advised the committee that HR policy updates were a priority and that progress had been impacted due to sickness absence of in the department. The committee noted that HR policies including grievance, whistleblowing, disciplinary and recruitment would be approved by the Board.

Internal Audit Report

The committee noted the plan to conduct a further review of the payroll process since Q4 2021. The committee noted substantial progress since the previous audit and that increasing awareness of financial policy and procedures amongst staff is required going forwards.

Cyber Security Report Mazars

The committee noted there were no high priority findings with five medium and four low priority findings and recommendations having been identified. The committee noted improvement

actions and timelines from the management team had been identified.

General Data Protection Regulations (GDPR)

The committee noted that further work is required on record retention periods and developing a central location for GDPR contracts to monitor service level agreements with third parties. It also noted significant progress in GDPR compliance on behalf of the Hospital. The committee was satisfied that risks were being managed and forwarded its report to the Board.

May Meeting

UL Hospitals Group Theatre Review

Ms. Martin updated the committee on the group-wide UL Hospital Group Theatre Utilisation Review by Grant Thornton. On behalf of the Audit Committee, Ms. Martin wrote to the CEO, UL Hospitals Group to highlight that St John's had not been incorporated in any respect in the development of the brief/terms of reference for the theatre audit and that the matter would need to be addressed.

External Audit

Grant Thornton presented a draft summary report of the External Audit which identified no high priority findings or any material uncertainties. The committee noted the new financial system would strengthen the financial processes at St. John's Hospital. Final draft financial statements were reviewed and it 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.

Progress Update from CEO

Ms. Martin advised the committee that the ICT Manager would resign in June 2022 and the position would be renamed as: Head of Digital Transformation and Information Technology incorporating Cyber Security experience. The committee noted the revised job title and essential criteria reflected service needs and also noted progress with recommendations from the cybersecurity audit.

September Meeting

Update on UL Hospitals Group Theatre Review

Mr. Paul Hooper of Grant Thornton was invited to attend the Audit Committee to give a presentation on the Groupwide Theatre Review. Mr Hooper explained this was a productivity review, assessing the extent to which theatre capacity is utilised within UL Hospitals Group with a focus on identifying improvements. Following the presentation, the Committee noted its support for St John's Hospital to participate in the review.

Progress Update from CEO

Ms. Martin updated the committee on progress with review of HR policies. The committee noted the appointment of an interim ICT Manager in August 2022 who will prioritise addressing items highlighted in the Internal Auditor's Cybersecurity audit. The committee noted that the

cyber-attack audit was on-going.

Internal Audit Reports presented by Mazars

i) Payroll Function

An update was provided on the Payroll function since the initial payroll audit conducted in November 2021. The committee noted significant progress since the previous audit. Improvements are ongoing and payroll will be re-audited in another 6 months.

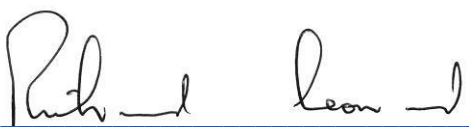
ii) Insurance Claims

A review of the Insurance Claims was presented. Key finding related to lack of income due to consultants not being registered on the Specialist Register with the Medical Council. The committee noted the detailed findings and recommendations. The Committee was satisfied that risks were being managed and that processes for Insurance Claims have been strengthened.

Performance Review and Evaluation

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

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: 24 November 2022

SUB-COMMITTEE: RISK, QUALITY AND SAFETY COMMITTEE

The Committee met on 4 occasions during the year.

Attendance at Meetings

For the period 01/01/2022 to 31/12/2022

Board Risk, Quality & Safety Committee	Attendance
Ms. Audrey Fehily Chairperson	4/4
Ms. Anne Fahy, Member	2/4
Dr. Fasih Khan, Member	2/4
Ms. Emer Martin, Member	
Ms. Noreen Kennedy, Member	
Ms. Geraldine Creaton, Member	
Ms. Michelle Burke, Member	
Ms. Elma Herbert, Member	
Ms. Olive Moloney, Member	

The hospital's Risk, Quality and Safety Committee produced its Annual Report to the Board at its Annual General Meeting in November 2022. 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 Risk, Quality and Safety Committee Annual Report is reproduced on the following pages.



RISK, QUALITY & SAFETY COMMITTEE

2022 Annual Report to Board AGM

Introduction

In accordance with our Terms of Reference, I submit the third 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 2021 to the Board, meetings were held in February, May, September and November 2022.

February 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 - A hip fracture was reported as a serious incident since previous meeting in November 2021.

- One new claim was notified in Q4 2021 relating to alleged injuries suffered by a service user following to a Trans Vaginal Mesh procedure.
- Compliments and Complaints received.
 - Complaints - main themes include: Communication between patient and doctor. Cellulitis developed post operatively and post discharge.
 - Compliments – Main themes include: the fantastic care received, kindness of staff and the exceptional hospital experience.
- NIES National in-patient experience survey results were very positive and St. John's scored above the national average in all areas. Overall rating of 9.1

May 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- One Category 1 Major/Extreme incident in Q1, 2022 rated as extreme due to a 73 year old patient testing positive for Covid-19 and passed away. HCAI review tool used and cause of death was stroke.
- Two new claims were notified in Q1, 2022 relating to relating to a patient claiming delayed diagnosis. The second claim is in relation to staff member claim of contracting Covid-19 in the course of their work and suffering effects of long Covid.
- Compliments and Complaints received.
 - Complaints - main themes include: Communication issue, the cancellation of an appointment and poor discharge planning.
 - Compliments - main themes include: excellent standard of care, the professionalism of staff and the first-rate hospital experience.
- Corporate Risk Register update and controls in place

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- One category 1/Major incident in Q2 was rated as extreme due to a Covid-19 related death.
- It was noted that two new claims were notified in Q2, 2022 - one claim related to medical negligence/ failure to diagnose, the second was for respiratory arrest during a scope.
- Compliments and Complaints received.
 - Complaints – main themes include: all communication related.
 - Compliments – main themes include: kindness and empathy of staff, excellent care and attention received and the efficiency of appointments.
- Corporate Risk Register update and controls in place

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

November Meeting

Copies of reports from the following Committees were reviewed:

1. Drugs & Therapeutics
2. Infection Prevention & Control
3. Nutrition & Hydration

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 - Category 2/moderate - 33 Moderate Incidents were reported in Q3 2022.
- It was noted that two new claims were notified in Q3, 2022 - A member of staff sustained an injury when returning a confused patient to the hospital.
- Compliments and complaints received –
 - Complaints: One complaint was received in Q3, 2022 via *Your Service Your Say*. Main theme of complaint was a communication issue, Covid transmission and medical management.

- Compliments: some themes include: the exceptional care, kindness and understanding, the efficiency of the treatment and, the first-class treatment received.
- Corporate Risk Register update and controls in place

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.

Recommendation to Board

The Committee wants to particularly emphasise the urgency to the Board of pursuing the Capital Plan 150 bed block to address infrastructure and isolation facility issues.

Performance Review and Evaluation

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

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 QR&S Committee

Date: 24 November 2022

SUB-COMMITTEE: NOMINATIONS AND GOVERNANCE COMMITTEE

The Committee held a virtual meeting during the year.

Attendance at Meetings

<i>For the period 01/01/2022 to 31/12/2022</i>	
Nominations and Governance Committee	Attendance
Dr. Catherine Casey, Chairperson	1/1
Dr. Joseph Lee, 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 2022. 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

2022 Annual Report to Board AGM

Introduction

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

Activity

The Committee had several discussions throughout 2022 and held one face to face meeting. Since our report in November 2021 to the Board, a virtual Committee meeting took place on the 22nd of November 2022.

November Meeting

The Committee, at the request of the Board, considered the reporting arrangements to the Board based on the pending appointment of a Clinical Director (CD) to St John's Hospital in the very near future. Funding approval for this post was received by the HSE on 12th October 2022.

The Committee considered the impact of this appointment for medical governance accountability arrangements within the Hospital and implications for the Medical Board, Board and Constitution. The Committee concluded that the roles of CD and Chair of the Medical Board must remain separate. The CD will attend Board meetings as a member of the Executive Team.

The Committee also considered an appropriate replacement for Mr Con Murray who resigned as Board member in 2022.

The Committee noted that there are currently 11 Board Members and the optimal complement is 12 Board Members.

The Committee recommended that a person with a background in Media and Publicity skills would be beneficial to the Hospital and the Board.

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

Signed: Dr. Catherine Casey
Chairman
St John's Hospital Nominations & Governance Committee

23 November 2022

SENIOR MEDICAL STAFF

ANAESTHETISTS:

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
Andrew Scott
Dr Babar Abbasi
Dr Izhar Ahmad
*Mr Jehan Zeb Khan
*Mr Nasir Ahmad
*Mr Nisar Ali

SURGEONS:

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

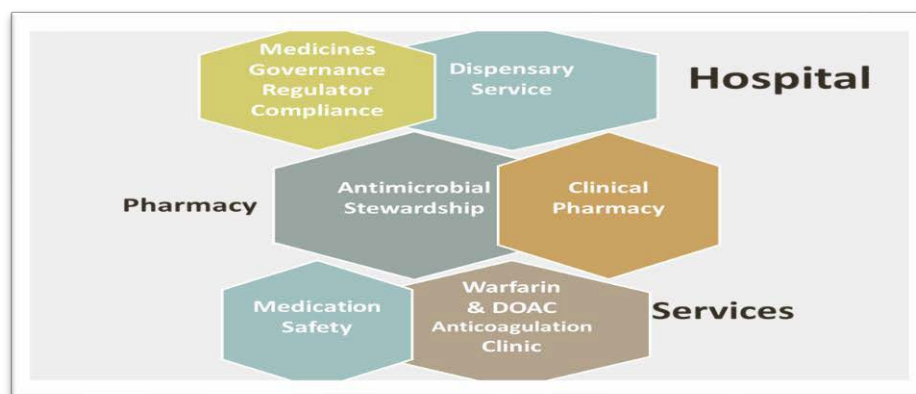
*Eoin Noctor	Endocrinology Service
*Mamoun Abdelrahman	Urology
*Mr Subhasis Giri	Urology
*Mr Thomas Jacob	Urology
*Mr Tony Moloney	Vascular Service
*Mr Yasser Abdeldaim	Vascular Service
*Mr Mekki Medani	Vascular Service

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

Drugs & Therapeutics Committee



INTRODUCTION



The Drugs & Therapeutics Committee is responsible for expert governance oversight on the use of medicines.

It is multidisciplinary in structure, involving representative staff in the medicines use process: CEO, Hospital Consultants (Medicine, Anaesthesiology & Microbiology), Medical Registrar, Nursing (Director of Nursing and Nurses at management and clinical grades; Risk Management; and the Hospital Pharmacy (Chief Pharmacist and Senior Clinical Pharmacists grades). It also includes a Community Pharmacist.

The Drugs & Therapeutics Committee functions as The Resuscitation Committee when the Resuscitation Officer attends.

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

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

Committee Highlights during 2022

- **New committee members**

During 2022, committee and subcommittee membership changed: Dr I. Ahmed assumed Chair of the Drugs & Therapeutics Committee. Ms S Carroll joined the committee as in her role as Resuscitation Officer, while Ms. O. Moloney and Ms S Coakley joined the Medication Safety Working Group, a subcommittee of the Drugs and Therapeutics Committee

- **Pandemic response**

As the COVID 19 pandemic continued throughout 2022, the hospital achieved successful management and implementation of strategies and nationally approved drug information resources for the treatment of COVID 19.

- **HIQA Safer Better Healthcare Standards**

The hospital participation in the Pilot HIQA Inspection under its new monitoring approach to the Safer better Healthcare Standards occurred during March 2022. Focussed on four key areas, two of which directly affect the remit of the Drugs & Therapeutics Committee. The resulting report brought positive feedback to the Committee on the medication safety programme and antimicrobial stewardship programme. Staff experience during the new approach to inspection was both positive and illuminating.

- **Switch from Hospital-based infusion to home injection**

All patients on gastrointestinal biologic drug infusions were successfully switched to subcutaneous injections, which they collect from their community pharmacist and self-administer. Patient follow-up is now managed at Dr Skelly's UHL Clinic. This transition from infusion to injection improved the patient experience, reducing significantly the time spent in hospital associated with management of their illness.

- **Increased medication use in our in-patient population**

A Pharmacy study on 'The Patient's Medication burden' revealed a dramatic increase in the average number of medicines taken by hospital inpatients, increased pressures on both facilities and knock-on effects on workload of doctors, nurses, and pharmacy at admission, during the patient stay and at discharge. A decision was taken to evaluate the data further with a repeat study to capture trends and then work on potential solutions.

- **Drug shortages affecting the hospital**

Drug shortages continued to be a challenge for the hospital pharmacy, reflecting the situation experienced nationally and globally. Since the beginning of 2022, the Hospital Pharmacy has managed forty-four drugs shortages impacting the hospital, Potentially critical shortages involved drugs used in surgery, antibiotics, and radiological pharmaceuticals. Work done day-in day-out throughout 2022 effectively managed the ongoing risk to hospital patients, both surgical and medical, associated with drug shortages.

Quality Initiatives/Improvements achieved during 2022

- **Student Nurses**

The committee approved revisions to the Safe Use of Medicines Policies, Procedures and Guideline revisions to include a procedure for Student Nurse Administration of medicines. This procedure standardises practice in St John's Hospital with all hospitals where UL student nurses have their placements.

- **Success with reducing antibiotic use**

Reduction in the usage of Fluoroquinolone usage was achieved in 2022 as a result of focus across all disciplines. Referral to a clinical pharmacist for patient counselling on potential adverse effects of Fluoroquinolones was sustained to equip the patient appropriately prescribed a quinolone to recognise adverse effects and not delay in seeking medical assistance.

- **Promotion of best practice antibiotic prescribing**

Antimicrobial Stewardship focus on education to improve documentation of proposed duration of antibiotics and to promote IV to Oral Switch through use of the Antimicrobial

Guidelines assessment tool.

- **Antimicrobial Stewardship Rounds implemented**

Quarterly consultant Microbiologist and Antimicrobial Stewardship Pharmacist rounds were successfully embed into practice as a continuous feature of the antimicrobial stewardship programme, despite the continuing challenges of COVID 19 pandemic.

- **Best practice for post-operative opioid usage**

The committee undertook a review of HSE Guidance for Opioid Prescribing for Acute non-cancer pain, post-operative pain and post procedure pain, carrying out a gap analysis and seeking expert local feedback. This resulted in the integration of national guidance into e-formulary. A review of current practice showed positive results. Patient information leaflets (pain management) were also updated with national information.

- **National Guidelines & Medication Safety Alerts**

The Drugs & Therapeutics Committee reviewed and responded to Medication Safety Alerts and National Guidelines issued by agencies including the Health Products Regulatory Authority (HPRA) and HSE. The committee advised amendments as appropriate to the eFormulary, IV Drug Zone and Policies, procedures or guidelines. Among alerts reviewed were:

- Potassium Permanganate
- Codeine
- Opioids
- Immunoglobulin use in Neurological Conditions

- **Managing the patient's pain at presentation to LIU**

Successful implementation of a Paracetamol Protocol in the Local Injuries Unit revealed positive experience for patients who received access to pain relief prior to doctor review. Ongoing audit is intended to monitor patient satisfaction and quality measures.

- **Initiatives in Medication Safety awareness**

The theme of WHO World Patient Safety Day September 2022 was medication safety and entitled 'Medication without Harm'. An initiative promoted two aspects of medication safety to staff: firstly, a new online HSELand training called Medication without Harm, and secondly, a campaign called 'SAY-1, which promoted a quality improvement response to the National Patient Experience Survey to 'Tell patients about side-effects'. Both were well received by staff.

- **Medication Safety Training**

A focus on ongoing training as well as a standardised induction on Medication Safety continued in 2022 despite the challenges of delivering this during the continuing COVID 19 pandemic. Twenty five separate learning themes were delivered throughout the year to nursing, medical and pharmacy teams.

- **A new diabetes chart**

The committee identified the Diabetes Chart for improvement and approved a baseline audit that will underpin chart redesign, along with a project committee that included the CMN Diabetes Care, Medical Consultant and Pharmacist.

- **Resuscitation**

The welcome appointment of a resuscitation officer led to committee review and updating of resuscitation policy and procedures, quarterly audit reports and evaluation of staff training needs.

- **Managing Allergy & Anaphylaxis**

A quality improvement initiative to review the Allergy & Anaphylaxis Policy was started in 2022. The Review group for this policy includes Consultant Anaesthetist, Resuscitation Officer and Senior Clinical Pharmacist. Redesign aspects include collaboration between Pharmacy Technicians and the Rapid Innovation Unit. This is expected to positively impact in 2023.

Strategic Goals 2023

- Oversight and approval of the Antimicrobial Stewardship Programme and the Medication Safety Programme
- Review impact of Transitions of Care Committee and The Deteriorating Patient Committee on the work of the Drugs & Therapeutics Committee
- Promote quality improvement projects including
 - Diabetes Chart redesign pilot and evaluation
 - Managing the Patient Pill Burden
- Promote development of drug information resources, including formulary and drug policies
- Promote online training to support and improve safety and efficacy of medicines, specifically antimicrobial stewardship eLearning and Medication Safety eLearning
- Promote drug-related clinical audit

Completed by: Geraldine Creaton

Title: Chief Pharmacist, Secretary of the Drugs & Therapeutics Committee

Date: 30/08/2023

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 saw the successful return of the Christmas tree for the grounds.
- The Committee re-introduced a Christmas dinner for staff and held a Christmas Draw. Staff were encouraged to wear their festive jumpers in the Staff Restaurant for the event. These initiatives were appreciated, bringing some Christmas spirit to St. John's over the festive period.
- In conjunction with the Operation Transformation television series, the Committee shared weekly healthy recipes with staff.
- 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 John's 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.
- A very successful Fun Run in aid of the Irish Heart Foundation took place on Wednesday, March 2nd 2022. It was very popular with staff, with goody bags and refreshments provided; a total of €190 euro was raised.
- The committee worked hard to decorate the hospital for events such as Valentine's Day, Easter, Diwali and even providing some treats to mark Limerick's involvement in the All Ireland Final.
- A successful coffee morning was organised to support the Kevin Bell Repatriation Fund and a Ukrainian family staying with a colleague; over €1,000 was raised, and staff greatly enjoyed the morning.
- H&WB organised a mental health day to coincide with mental health week on October

10th 2022, with free pastries, a mental health quiz and yoga at lunchtime.

- A hugely popular 4-week mindfulness session was run in November/ December thanks to HI funding.
- A vending machine was secured for the canteen and is now in operation; it has been very successful.
- Flowers continue to be planted outdoors in the garden planters and offer beautiful colour and cheer to staff.
- All artwork obtained through Healthy Ireland funding is now up around the hospital for both staff and patients to enjoy.
- The Flu Vaccination Campaign achieved a 52% vaccination rate for staff.

Objectives 2023

- To install new outdoor shelter and improve outdoor facilities
- To create a new Health & Wellbeing room for staff
- Celebrate St. John's Day annually
- To install sanitary facilities for staff
- Irish Heart Foundation Health checks
- Mindfulness sessions to support the wellbeing of staff
- Provide Staff draw for staff at Christmas and build on decorating the grounds
- To establish a nursing lead/champion for MECC in the hospital
- Promote NRT by having a Stop Smoking Promotion

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 wonderful hospital staff and will continue work hard to enhance and promote better health and wellbeing for its service users and staff.

Infection Prevention & Control Committee



INTRODUCTION

St John's Infection Prevention & Control Committee (IP&C) department is fortunate to have support from Senior Management, Patient Services, ADON Nursing group and allied healthcare professionals to promote infection control systems, processes and procedures for service users and staff.

The team work in partnership with the COVID Management group to ensure the workplace is COVID 19 safe as far as reasonably practicable and COVID delisting protocols are successfully implemented. The IP&C department aims to optimise patient care through the prevention, alert micro-organism surveillance, investigation, liaison, education, research and control of healthcare acquired infection (HCAI) in line with AMRIC guidance and Consultant Microbiologists.

Service Highlights during 2022

- The set-up of an IP&C IT interface "ICNET" alert micro-organism ward report page to view IP&C patients in wards as a real time document for ADON group and IP&C CNM2. This was achieved in collaboration with UHL CNM2 Informatics.
- Delivered advice and training to staff in relation to infection prevention and control Point of Care Risk assessment (PCRA) to be carried out for every patient interaction especially alert-microorganism cases.
- Attended the successful launch of a new Five Year Strategic Plan July 2022 for St John's Hospital to meet future integrative service needs for efficient patient outcomes.

Quality Initiatives/Improvements achieved during 2022

- Maintenance projects were prioritised with IPC collaboration in the project group in conjunction with IP&C AMRIC funding approval for infrastructural works.
- Created learning opportunities within the MDT/CSF in relation to evidence based infection prevention and control care delivery through conferences, poster competitions and networking groups.
- The establishment of peripheral venous catheter (PVC) working group and liaising with CNM3, UHL PVC lead to review policy and implement new updated PVC Care bundle with a VIP score in all clinical areas via INEWS booklet to ensure consistency in UHLG.
- Evaluate audit results and research findings to identify areas for quality improvement in collaboration with nursing management and MDT colleagues including: quarterly audit completion of hand hygiene, PVC bundle, U/C bundle audits, PPE, Hospital acquired infections and ensure shared learning is communicated from outbreaks.
- Continue to support the Antimicrobial Clinical Pharmacist in sustaining Cdiff awareness among NCHD and nursing group.
- The IP&C department worked collaboratively with QRPS department in closing out COVID-19 transmission incidents for category 2 patients in NIMS for patients that were

discharged.

- The implementation of the Isolation Table to guide patient placement prioritisation of patients that require single room isolation for ADON group.
- Ongoing implementation to support the implementation of the IP&C Annual Programme 2023 that embeds the focused approach of the IP&C department for delivery of the service for St John's hospital and UHLG .

Strategic Goals for 2023

- Ongoing implementation to support the implementation of AMRIC projects as per timeframe
- Provide expert advice to the Patient Flow/ ADT Team, ADON group and nurse managers in determining patient placement in applicable situations.
- To establish an IP&C link champion group in the hospital.
- To drive and encourage high level participation in IP&C training programmes for Nursing, allied healthcare colleagues and key stakeholders as appropriate for learning and development in good IP&C compliance principles of standard and transmission based precautions, hand hygiene, risk and non-risk waste management poster.
- Implement a macerator pilot plan in collaboration with Hygiene Services Committee. To support QRPS and Maintenance Department in the implementation of the biosystems reusable sharp boxes hospital wide.
- Awaiting the final authorised publication of the Irish NCEC HSE IP&C guidance document in Quarter 2 2023 to provide policy direction for the future IP&C practitioners.
- To roll out clinical ward education sessions about ICNET alert-microorganisms in Q4 2023.
- To continue submitting business intelligent unit date (BIU) data as per HSE requirements.
- To continue and maintain HIQA preparation works for IP&C standards compliance.

Completed by: Margaruite O'Connor

Title: CNMII Infection Prevention Control

Date: 24-02-2023

Nutrition & Hydration Committee



INTRODUCTION

St John's hospital Nutrition & Hydration Committee is dedicated to providing the highest standards of nutritional care to our patients. This annual report outlines our activities and achievements over the past year.

The Nutrition and Hydration Committee met quarterly in 2022. The work of the committee is supported by a Multidisciplinary team comprising of Dietician, Director of Operations, Medical Consultant, ADON/ DON, CNMII general wards, HCA's, Catering Officer/ Supervisor & Executive Services Co-ordinator.

Elma Herbert continued in the role of chairperson and the Terms of Reference were updated to extend the role of chairperson from one year to two.

Highlights

A HSE audit team visited the hospital in March 2022 and audited Compliance with the National Clinical Guidance (no.22): Nutrition Screening and the Use of Oral Nutrition Support for Adults in the Acute Care Setting (2020).

The audit team found a moderate level of compliance, and made recommendations in relation to staff training in MUST & Refeeding and an action plan was developed to address any gaps identified during the audit.

PPPG's

The following guidelines were updated in 2022

1. Guideline on Nutritional Screening. (Malnutrition Universal Screening Tool) and use of oral nutritional support for adults in the acute hospital setting
2. Guidelines on refeeding Syndrome
3. Guidelines on the referral to the dietician.
4. Guidelines to aid patients choosing menu options
5. Procedure to be followed in a patient misses a meal
6. SOP for referral to SALT
7. Guidelines for the use of Catering White Boards

Patient Experience Survey

In May 2022, the National Inpatient Experience was conducted and the results were as follows;

How would you rate the hospital food – 7.9

Were you offered a choice of food – 9.5

Were you offered a replacement meal at another time – 5.6

Did you get enough help to eat your meal – 9.3

The committee welcomed the high scores and an action plan was put in place to address areas of weaknesses which was related to a replacement meal not being offered.

Actions included;

- The display of an all-day menu at ward level
- The communication with nursing staff to advise that replacement meals are available
- The provision of a 'snack' bag in ward serveries that include a sandwich, fruit, biscuits for patients who are admitted at night.

Audit

Regular audit is an essential part of ensuring that we are delivering high-quality nutritional care to our patients. Over the past year, we have carried out a number of audits to monitor our compliance with key nutritional standards, including:

Audits conducted quarterly include;

- Audit of protected mealtimes
- Audit of compliance with MUST
- Audit of whiteboards
- Audit of re-feeding

The results of these audits have been used to identify areas for improvement and to develop action plans

Irish Heart Foundation – Healthy Eating Award

Re-certification of the Healthy Eating Award and achievement of a Gold Award by the Irish Heart Foundation.

2023 Objectives

The objectives of the committee for 2023 include the strengthening of the audit process. The appointment of a staff grade dietician to support the work of the Dietician and N&H committee.

We recognise the importance of patient satisfaction and experience in achieving good nutritional outcomes. As such, we have implemented a number of initiatives to improve the patient experience, including:

- Providing patients with information about nutrition and hydration during their hospital stay.
- Ensuring that patients are involved in decisions about their nutritional care.
- Encouraging patients to provide feedback on their nutritional care through surveys and other feedback mechanisms.

Conclusion

In conclusion, the Nutrition and Hydration Committee of St John's Hospital has made significant progress over the past year in delivering high-quality nutritional care to our patients. We remain committed to continuous improvement and will continue to monitor our performance closely to ensure that we are delivering the best possible care to our patients.

Radiation Safety Committee



INTRODUCTION

The Radiation Safety Committee continued its work in 2022 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.

It is the responsibility of the Undertaking to delegate operational responsibility to an individual (Radiation Protection Officer) or team (Radiation Protection Unit) for the implementation of occupational and public radiation protection arrangements. The Undertaking has taken the very progressive decision to establish an RPU to fulfil the duties of the RPO at St John's Hospital. The Undertaking must ensure that the RPO/RPU has appropriate expertise and resources to carry out its' role. The chair of the RPU reports back to the Radiation Safety Committee.

Highlights 2022

- All adult Local Diagnostic Reference Levels (DRL's) were reviewed and re-established for 2022. Paediatric DRL's have been established for the first time nationally under; middle childhood, early adolescence and late adolescence – upper extremity and lower extremity.
- Radiation safety badges were reviewed month and were discussed and monitored locally as well as at the Radiation Safety Committee meetings.
- Monthly quality assurance testing was carried out, any discrepancies discussed and reviewed with service engineers and medical physics.
- Annual quality assurance testing was carried out on the CT scanner by the Department of Medical Physics, St. James Hospital. Annual QA on all other radiological equipment was carried out by the Department of Medical Physics UHL group. All reports were reviewed by the Radiation Protection Advisor.
- Policies, Procedures, Protocols and Guidelines are continually updated under the guidance of the Radiation Protection Advisor, in line with national recommendations.

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 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.

Service Highlights during 2022

- Introduction of bean to cup coffee machine, which has increased canteen revenue by €12,000 per year.
- Upgraded coffee brewers to improve quality of complimentary staff coffee.
- Establishment of St. John's day annual staff BBQ in conjunction with the Health and Wellbeing Committee.
- Establishment of St John's Christmas Lunch for Staff
- Introduction of Diwali, Eid celebrations for international employees.
- Regular theme days in staff restaurant to help improve staff morale and increase revenue.

Quality Initiatives/Improvements achieved during 2022

- Participation in HSE Happy Hearts initiative and receipt of gold award.
- Introduction electronic food ordering in conjunction with current suppliers.
- Introduction of electronic invoice sign off in conjunction with finance department to help reduce use of paper.
- All catering department documentation now stored on the F drive to reduce use of paper and increase security.
- Introduction of HACCP audits to ensure all hygiene systems are being complied with.
- Introduction of FSAI HACCP system in conjunction with EHO to stream line system.
- Menu options now available for late night admissions.
- Patient menus now displayed on wards for convenient viewing by patients.
- Successful recruitment drive in conjunction with Human resources department to stabilise staffing shortages.
- New menus designed for staff restaurant to provide more variety whilst increasing revenue.
- Introduction of to go cups which has helped compliance with HSE green initiative and reduced department spend on disposable cups.

Strategic Goals for 2023

- Work in conjunction with the CEO and Deputy CEO to assist in developing and designing the new catering department in conjunction with the proposed new hospital build at St. John's Hospital.
- Work with Facilities Manager to improve the current structure of the Catering Department to ensure compliance with IS340.
- Introduce digital signature pads in conjunction with ICT Dept. to reduce use of paper when getting training records and HR documentation signed off.
- Introduction of new staff uniforms in conjunction with HR dept.
- Introduction of customised service trays with St John's hospital logo to eliminate use of one use disposable paper doyleys and ensure compliance with HSE's green initiative, have a more hygienic tray and use of a coloured tray to help identify patients who require assistance.
- Work with Limerick college of Art and design to complete a wall mural in canteen and staff common room.
- Continued work with Health and Wellbeing committee to introduce new ideas to help improve staff morale.
- Continued development of patient menus in conjunction with dietician.
- Continued development of menus with Chefs to improve offering in staff restaurant.
- Introduction of cashless payment system in staff canteen to improve integration with finance department.
- Catering Officer to complete manual handling training with staff in Catering Dept. to help reduce reliance on Occupational Health Nurse.
- Continue to work with procurement department to ensure best value and quality is sought for the Catering Department from suppliers.
- All mandatory training on schedule to be completed by end of Q1.
- Performance reviews on schedule to be completed by end of Q1.

Dietetics

Introduction

The senior dietitian provides dietetic service to all in-patients 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 are 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 the quarterly meetings, 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 provided to nurses and health care assistants, on nutrition education, also nutrition education talks are given to medical staff where possible.

Service Highlights 2022

The Dietitian continues to provide a comprehensive dietetic inpatient service to support inpatients referred by medical teams.

The Dietitian 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, Catering, Pharmacists.

The Guidelines of Nutrition Screening and use of oral nutrition support were updated by the Dietician, in line with New Clinical Guideline No.22, for review with F.N.H committee members in 2022. The nursing care plan/pathway documentation, the management action plan for MUST screening was updated also 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 and this document is currently in use. Education was provided to nursing to ensure that staff were aware of this practice. All new staff nurses received this education as part of their induction programme.

Audits were completed on compliance with Malnutrition Screening & Management in co-operation with other F.N.H members and the reports were presented at the quarterly Nutrition and Hydration meetings.

The Dietician facilitated the clinical placement of MSc. Dietetic Students from UL, over a 4-week period in May and June 2022

Objectives 2023

1. Continue to work with hospital management to grow the dietetic department.
2. Continue to provide a comprehensive service to all referred in-patients.
3. Ensure nutrition care pathways and care plans are utilised correctly by appropriate staff.
4. provide education sessions to Medical, Nursing, Healthcare as service allows Continue to identify and amend any nutrition policies or guidelines
6. Continue to audit, as service allows.
7. Be a support and resource to the catering department
8. Continue to facilitate clinical placements of Masters Dietetic students from UL in 2023
9. Continue to work with the multidisciplinary teams of the hospital, in line with Nutrition Best Practise Guidelines.

Conclusion

The Dietitian provides and will continue to provide a quality driven service in line with National Guidelines as outlined above, and will ensure regular nutrition education programs are run, as well as reviewing policies / guidelines when required.

Human Resources

Introduction

The Human Resources & Occupational Health Department is responsible for human resource 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.

While 2022 continued to present challenges with recruitment and retention of staff across all disciplines, significant progress was made in filling of key posts throughout the hospital. Highlights included;

In total 69 staff started work in St John's and 54 staff retired or resigned during 2022. This showed an improvement year on year and St John's Hospital organisational & strategic commitment to staff recruitment & retention is evident.

The HR department continue to monitor employee welfare through the management of attendance, the provision of an accessible Occupational Health Service and the close monitoring of all sick leave. While numbers of staff availing of sick leave due to Covid-19 was high at the beginning of 2022, this number slowly reduced throughout the year. Overall a positive picture emerged with a number of staff on long term sick leave opting to avail of a phased return to work. Department Heads, Occupational Health & HR worked together to offer employees the option of a phased return when fit to do so. This strategy has been warmly embraced by both the employees and the department heads. SJH Managing Attendance Policy was reviewed and updated and approved by the Board Audit Committee. An occupational health referral form was developed and is used by all department heads when referring an employee to Occupational Health.

SJH vacancy approval panel was established in 2022 to oversee and approve all recruitment decisions as an internal control measure for staff census and expenditure. The VAP panel comprises the CEO, Deputy CEO/Head of Operations, Human Resource Manager and Head of Finance. Following the identification of a vacant post due to retirement, resignation or other business need, a Vacancy Approval Form is completed by the Service/Department Head in the first instance with first level approval by the Executive Lead for the department followed by review and authorisation, if appropriate, by the Vacancy Approval Panel.

The HSE dignity at Work Policy was adopted by SJH and training in Dignity at Work included in mandatory training for all staff within St John's.

In 2022 there was continued investment in professional development of staff from multiple

disciplines. Staff members availed of supports to continue professional development and partake in further learning. The development of staff through further training and development is essential to ensure that staff increase their knowledge and skills and prepare for greater responsibility, future change and job opportunities within the organisation. Strong links exist between University Limerick and St John's Hospital.

Performance Achievement was a KPI for 2022 and managers were assisted through information sessions provided in collaboration with UHLG to achieve objectives and meet KPI's within departments. 33% compliance was achieved in Performance Achievement by the end of 2022. While this is a low compliance rate, it has proven challenging nationally and regionally following implementation. SJH supports the concept of performance achievement and objective setting, measuring and monitoring and will continue to work with department heads to improve compliance throughout all areas / departments.

St John's Hospital promotes a culture which welcomes and encourages a diverse multi-cultural workforce. We are seeing increasing numbers of staff from Non EEA areas apply for posts and begin work in St John. Interviewees are offered the opportunity to have their interview conducted by Zoom to allow prospective employees to partake and this has led to several successful recruitment campaigns. The HR department continues to assist managers and committees in promoting a positive work culture and in welcoming international employees to St John's.

An employee handbook was designed and delivered during 2022. This handbook is an essential guide for new employees in the organisation, detailing departmental functions, mandatory training, organisational structure and other relevant information. The handbook was developed in collaboration with department heads and provides the necessary information to allow new staff to be on boarded efficiently and effectively.

Medical manpower is a critical function of the HR department. In 2022, there were five NCHD (non-consultant hospital doctor) rotations in January, April, July, October and November. The GP SHO scheme changed from 6 monthly rotations to 4 monthly rotations. This commenced in November 2022. Rotations will be every April, July & November.

In July 2022, St John's hospital applied to be part of the International Medical Graduate Training Initiative (IMGTI) programme and were successful. This scheme provided the hospital with 1 registrar and 1 SHO. The SHO was an extra resource to the hospitals overall NCHD numbers.

Work began in December 2022 on the development of a HR system which when implemented will provide accurate, real time data and automating many of the HR functions, thereby moving away from the current manual system.

Service Objectives 2023

- The HR department will focus on the delivery of St John's key strategic people priorities and outcomes.
- Recruitment and retention will remain a key areas of focus in 2023.
- 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.
- Complete a workforce analysis, looking at current staffing levels in all areas, anticipated future needs and implementing plans to deliver on any deficits which exist.
- Reduce agency staff spend by proactively managing staffing levels, managing attendance and anticipating future needs.
- Increased focus on learning and development for staff throughout the organisation.
- Ensure the HR system is fully implemented and that all managers are trained and supported in the use of it.
- Continue to review and update all HR policies, implement relevant policies.
- Provide training for managers in implementation of policies.
- Develop a fit for purpose employee induction.
- IMGTI scheme, seek an increase in numbers for July 2023 to 2 registrars and one SHO.

Conclusion

The Human Resource Team will continue to work with staff and managers across the organisation to provide support and advice. The team will act as ambassadors for the hospital as the first point of contact for all perspective employees and promote the commitment of the hospital to each employee and support a culture of dignity, openness and diversity and inclusion.

Occupational Health

Service Highlights during 2022

Occupational Health – Staff

The addition of a new permanent part-time clerical officer at the end of Q2 has proven to be a very valuable addition to the team to allow clinical staff focus less on clerical activities. A temporary CNM II was appointed as permanent/part-time in Q4 2022. The CNM II will strengthen resources within the department to provide the necessary services to staff.

Covid-19

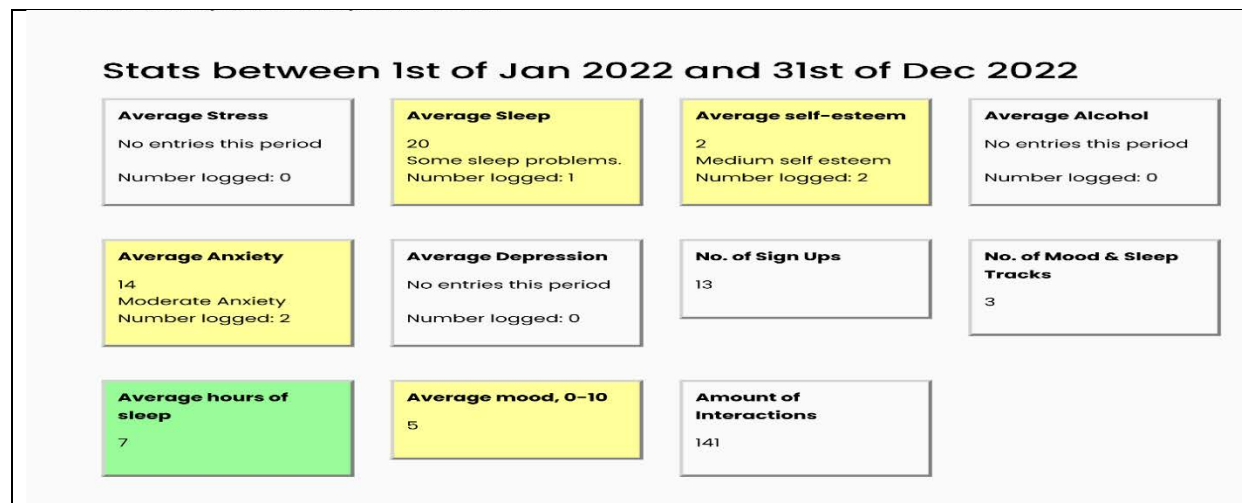
While Occupational Health involvement in contact tracing was discontinued nationally in December 2021, Occupational Health maintained involvement in the areas of contact management, long Covid absence and staff support for general advice throughout 2022.

Training /study days provided

- Blood Borne Viruses. Increased frequency of this training particularly during the summer months. This training was provided in the classroom and on wards to ensure that as wide an audience as possible was captured. NCHDs have this training in the first few weeks after induction. Occupational health will continue to offer several options for training with early morning sessions on the wards in addition to classroom based setting. 3 Blood/body fluids exposure injuries recorded in 2022 down from 6 in 2021
- Manual Handling Training. 12 sessions of patient manual handling were delivered with additional sessions of office health and safety training. Presently only one facilitator to deliver this training with plans for additional staff to be trained and share this workload.
- VDU Eye assessments: New employees whose role includes screen time of 1 hour or more per day require a VDU eye assessment which is carried out during the initial meeting with Occupational health. 67 staff were offered their bi annual appointments for these assessments with an uptake of just over 50%.
- VDU workplace assessments: Occupational health CNMII are both trained to conduct DSE assessments and will support with DSE assessments of staff throughout the hospital.

Employee Assistance Programme

Inspire Therapeutic and Wellbeing Services continues to provide confidential counselling services and resource to support staff and below is a report of the first year of activity. In order to promote this very valuable service we have incorporated information on this service to the JRA meeting with an introduction to the online portal. An awareness campaign is planned for Q1 2023.



Most viewed resources			
Most popular pages		Most popular PDF Resource	
Page Name	No. of views	PDF Name	No. of views
Online Self Help	14		
5 Ways to Wellbeing	12	Anxiety Overview	2
Resource Library	11	Sleep Factsheet	2
iHelpr	10	Sleep and nutrition	2
Dashboard	6	Anxiety Factsheet	1
Mood Tracker	5	Panic Attack Factsheet	1
Anxiety Course	3	Alcohol, Bouncing Back	1
Sleep Factsheet	2	Mindfulness at Christmas	1
COVID-19	2		
Sleep and nutrition	2	Stress in the workplace	1
		Stress and Diet	1
		A good nights sleep	1

Quality Initiatives/Improvements achieved during 2022

- Respiratory Surveillance in CSSD – Spirometry recommenced in mid-2022 with appropriate follow-up for 30% of staff monitored.
- Member of Health & Safety Committee
- Member of Infection Control Committee.
- Member of the Hygiene Committee.
- Member of the Health & wellbeing Committee.
- Member of Radiation Safety Committee – TB surveillance – due to the increased volume of new hires from areas where TB incidence is high – an increased number of X-rays to rule out TB has been undertaken. In 2022, one case of latent TB was identified and treated with effect.
- While the flu vaccine campaign was not under occupational health control, the department supports the campaign by running clinics and providing clerical support where possible.
- 50 Job Risk Assessments were completed in 2022 on new St John's employees not included are all NCHD's whose records and vaccinations status were assessed and followed up on as required. Approximately 100 pre placement medicals were processed in 2022.
- 40 Occupational health physician clinics were held in 2022 with an average attendance of 4 employees per session.

Strategic Goals for 2023

- Implementation of New Updated Occupational Health System
- Training of additional manual handling instructors

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.

Service Highlights during 2022

The beginning of the year was partly spent continuing to deal with the fallout of the previous year's cyber-attack. The HSE had engaged a third-party consultant in the wake of the attack who recommended a number of hardening measures to be carried out to all HSE and Voluntary hospitals I.T. security postures. St. John's underwent an audit on these measures in March, carried out by Deloitte on behalf of the HSE. Of the assurance levels available (Unsatisfactory, Limited, Moderate and Satisfactory), St. John's Hospital was rated as Moderate when the audit results were released at the end of June. We were found to be Non-Compliant with four of the 14 recommendations. One of which was enforcing password length and complexity which was remedied immediately while the remaining three were of a more technical nature that caused us to experience disruption to our I.T. environment when we first attempted to implement. These were overcome and we became fully compliant in November.

A national HSE project to upgrade the common Radiology system, NIMIS, began in earnest in early 2022. This involved the rolling out of the updated software and some operating system configuration changes to the majority of the hospital client pcs. Go-Live for the new version of NIMIS was mid-June and, while there were some teething problems nationally, it went relatively smoothly in St. John's. As a consequence of this project we were able to:

1. Obtain 5 x NIMIS reporting pcs with clinical grade monitors as part of the project. These were deployed to the Ground Floor, First Floor, LIU, MAU and Outpatients for clinician use.
2. Decommission our old Citrix environment, which was needed to run NIMIS on Windows 10 pcs.

Quality Initiatives/Improvements achieved during 2022

1. Upgraded our data backup server and attached tape drives to aid with potential disaster recovery.
2. Replaced all Windows 7 client pcs bar two remaining. One is running the legacy Occupational Health system until it is replaced later in 2023 and the other is a vendor-owned computer in Cardiac Assessment that is due to be replaced in early 2023.
3. Upgraded our WSUS Windows Update server to ensure client operating systems remain up to date with the latest software patches.
4. Hardware and software upgrades to our Mitel phone system server and software upgrades to our InAttend software used in Reception.
5. Rolled out digital televisions to all areas of the hospital which completely replaced the existing analogue televisions. This enabled us to provide a much wider range of television channels with higher definition picture to each location.
6. Upgraded our Winscribe digital dictation system to the latest version, improving performance and stability.
7. Replaced one of two air conditioning units servicing the primary server room.
8. Implemented SAP-B1, the new Finance system.
9. Began implementation of Softworks, the new HR system.
10. Decommissioned 9 servers running legacy operating systems and replaced with servers running later operating systems where applicable.
11. Replaced 16 client pcs with newer models as part of the ongoing rolling client hardware refresh.
12. Participated in SPARK-funded delayed discharge system in conjunction with CRSU and RIU.

Strategic Goals for 2023

1. Upgrade the existing Motorola wireless infrastructure which is end-of-life.
2. Upgrade the existing cardiac arrest paging infrastructure which is end-of-life.
3. Implement multi-factor authentication for remote Citrix users.
4. Upgrade existing SQL server to latest O/S, version of SQL & migrate databases.
5. Implement OPAS-G2, the new Occupational Health system, delayed from last year due to the overall HSE project being delayed.
6. Continue implementation of Softworks HR system from testing to go-live.
7. Investigate voice recognition digital dictation system to replace existing.
8. Upgrade existing mail server to latest O/S, version of Microsoft Exchange.
9. Complete rollout of delayed discharge system to MAU and CRSU initially.

Conclusion

In July 2022, the I.T Manager left after 17 years' service and one of the department's Support Technicians left to take-up alternative employment in April. Recruiting a replacement technician proved challenging, and the vacancy was not filled until late 2022.

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.

Completed by: Eoin Noonan

Title: (A) I.T Manager

Date: 09/02/2023

Nursing

Introduction

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). The Clinical Skills Facilitator has a key role to play in working with newly qualified and junior staff nurses.

We have a strong collaborative relationship with the Faculty of Health Sciences and the Kemmy Business School at the University of Limerick 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 Development (ONMSD), both HSE funded education organisations. The regulatory body for nursing is the Nursing and Midwifery Board of Ireland. St Johns' had its last inspection from NMBI in 2019 and the environment was recognised as *conducive to the learning and training of student nurses*.

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

Service Highlights during 2022

- Two CNM's completed the Bespoke eight-day Leadership programme through the CNME (September – December).
- International Nurse's Day on May 12th was celebrated with refreshments and activities to mark the occasion.
- St John's Hospital has four Registered Advanced Nurse Practitioners in Emergency Care with a vision to increase working towards reaching its target of becoming the first ANP-led Injury Unit in Ireland.
- Currently waiting lists have reduced by 29%. Bowel Screening is well established.

- Staff nurse Catherine Burke completed a Literature review on “The factors that influence nurses in their escalation of care in response to patients EWS” – Article was published in the Journal of Clinical Nursing in March 2022
- In collaboration with the clinical placement coordinator and university of limerick the surgical day ward learning outcomes were revised and updated to include pre-assessment experience so that students now follow the patient’s journey from start to finish.
- The Diabetes Nurse, held a hypo awareness week in October 2022 in conjunction with Ascencia (glucose monitor company). New hypo boxes were developed for all departments in conjunction with the innovation unit with a redefined checklist produced. The diabetes nurse also held a world diabetes day in November 2022 in conjunction with Sanofi (insulin company), Ascencia and Lifescan (glucose monitor company).
- Standardisation of all Adult Resuscitation trolleys across the hospital, in conjunction with the UHL Hospital group.
- The Injury Unit extended opening hours to provide a seven-day service. In 2022 we had **17,166** patient attendances to our Injury Unit. An increase of **33%** since 2021 with increases again noted in our final quarter.
- Expansion of services – patient numbers through our MAU have increased in 2022 and we continuously review the potential for increased capacity in the department. Current figures stand at 14 per day with 10 through the bed bureau and 4 from the emergency department.

Quality Initiatives/Improvements achieved during 2022

- Bowel Screen commenced in May 2022 with two endoscopy rooms opened two days per week on Monday and Wednesday. Bowel screening is performed by the Advance Nurse Practitioner who is registered with the bowel screen programme under the governance of specified consultants. Since commencing the bowel screening programme, 189 patients have been screened. Insourcing sessions were very successful in 2022 and will continue in 2023.
- St John’s Hospital entered the SPARK Innovation Programme in 2022 and were awarded funds for a hospital wide **"Digital Patient Status Tracker"** in recognition and support of the innovation among our teams. Currently designing and developing system to meet service needs.
- 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.

Strategic Goals for 2023

- Retention and recruitment of nursing staff is a focal point in 2023. Develop recruitment and retention strategy to further strengthen nurse staffing levels and skill mix. Continuous development of the workforce to ensure retention and development of key talent. Safer staffing – full review of staffing WTE with renewed recruitment drive to ensure safer staffing providing quality care.
- 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.

- Continue to support nurse specialist and advanced nurse practitioner roles to enhance patient care and experience at St John's Hospital
- Continue to work collaboratively with other departments and specialities to enhance service provision to patients
- Continue to promote the importance of Infection, Prevention and Control measures in helping to keep patients and staff safe.
- Further develop professional networking relationships for all grades of nursing staff with University of Limerick Hospital Group
- To utilise patient experience and feedback to inform how we deliver care
- Develop Nurse Led Services
- Developing a nursing strategy for St John's Hospital in 2023.
- Policies- updating and developing hospital policies to ensure evidence-based practice is delivered.
- Audits – empowering staff to undertake audits in care to ensure delivery of quality care to all patients. Staff and patient safety is our priority. We plan on showcasing the work that is being completed for the benefit of all.
- Mandatory training to date for all staff to ensure quality care for all patients. CSF team working on developing a new database for improved access to statistics of training completed.
- Expansion of services – patient numbers through our MAU have increased in 2022 and we continuously review the potential for increased capacity in the department. Current figures stand at 14 per day with 10 through the bed bureau and 4 from the emergency department.

Completed by: Eileen Hayes

Title: I/DON

Date: 22.02.2023

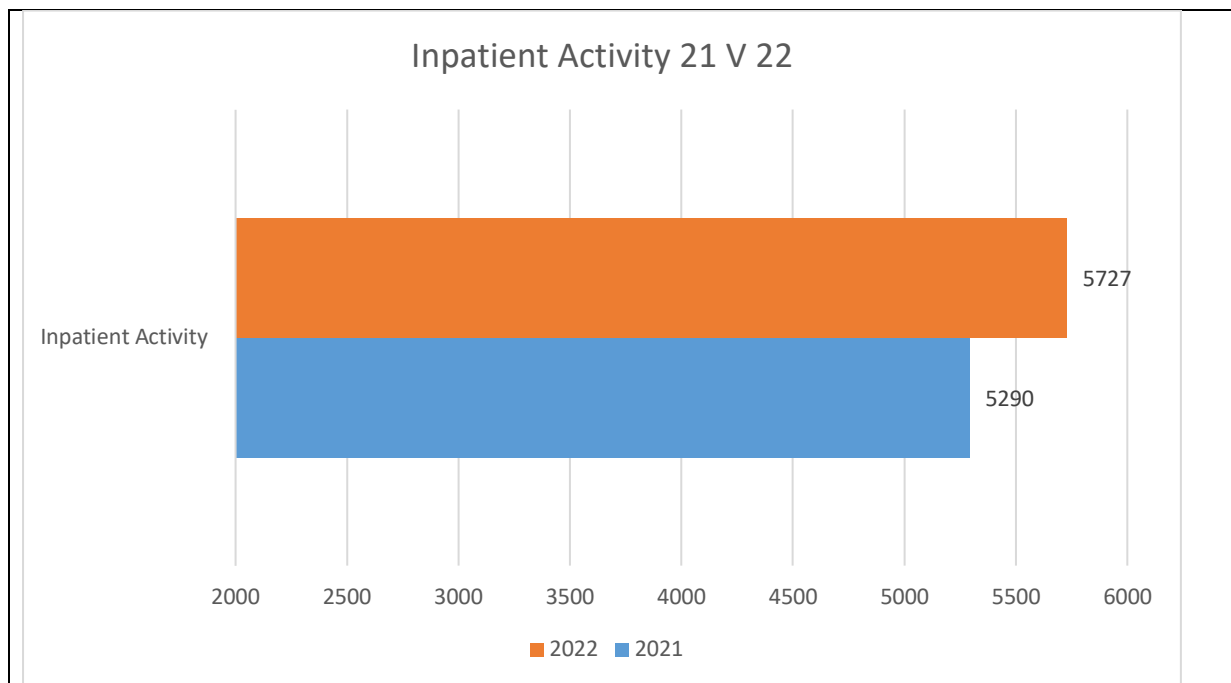
Patient Services

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.

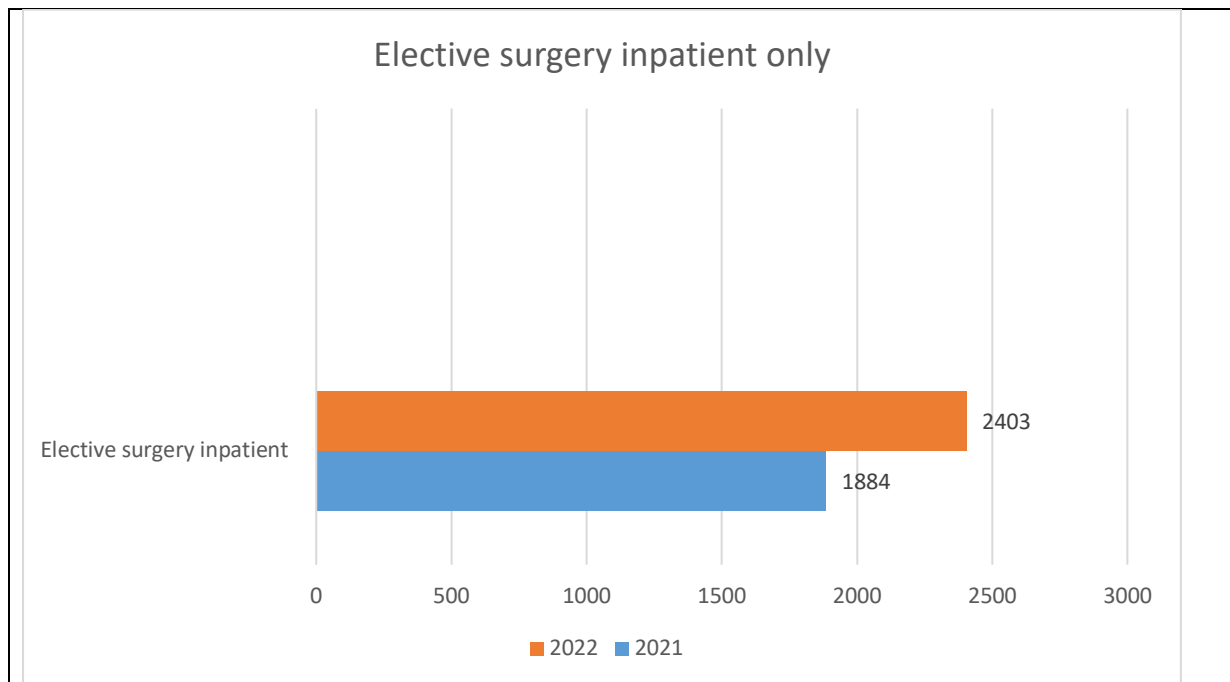
The Patient Services Manager is supported by a team of highly skilled and dedicated clerical and porter staff. The Patient Services Manager has overall responsibility for the administrative day-to-day management of operational services affecting patients within the hospital. Patient Services strive to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

This report will compare activity levels between 2021 and 2022.

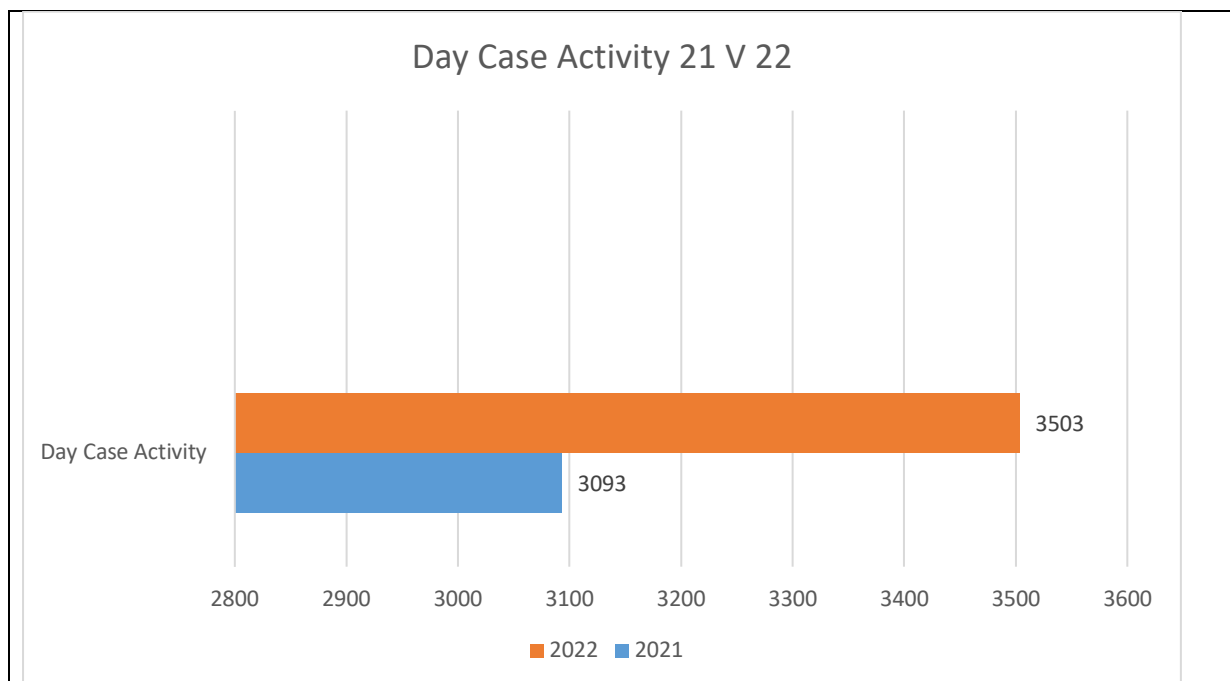
Inpatient Statistics 2021 V 2022



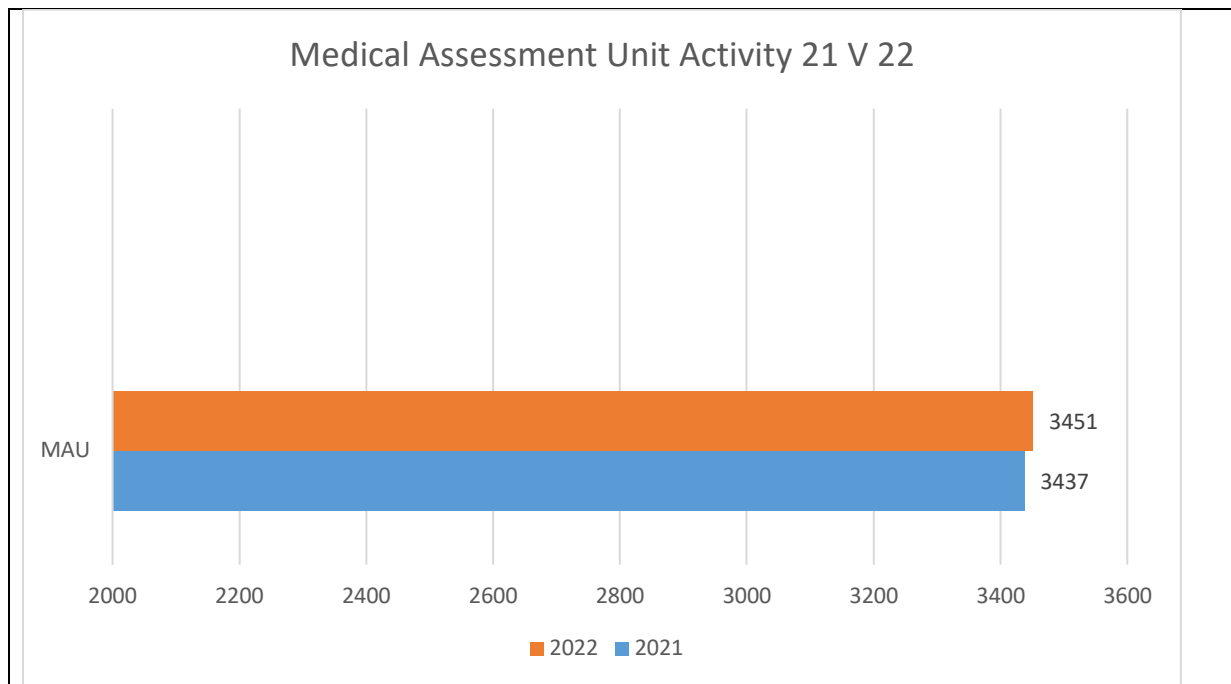
Elective Surgery – Inpatient



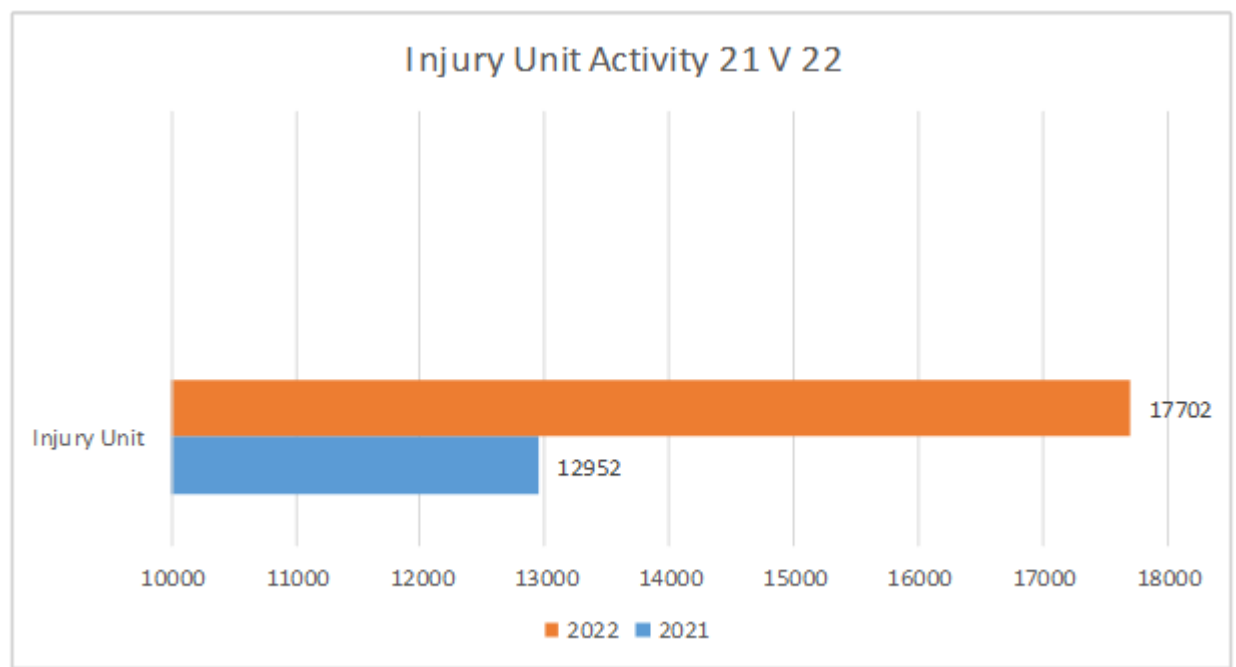
Day Case Activity 21 V 22



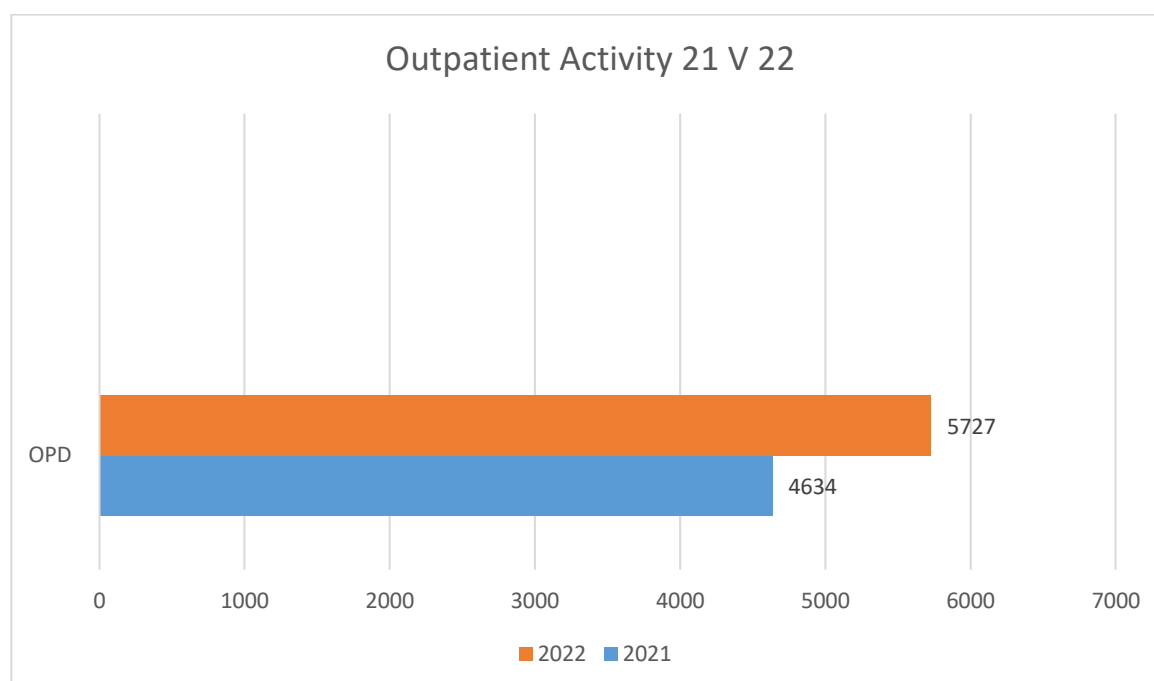
Medical Assessment Unit Activity 21 V 22



Injury Unit Activity 21 V 22



Outpatient Activity 21 V 22



Objectives 2023

- 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

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 2023 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. 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 2023 within Patient Services.

Haemovigilance

Introduction

The 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. The role also involves assessing, classification and analysis of non-conformances relating to transfusion standard operational procedures, reporting clinical incidents; liaising with laboratory, nursing, medical staff, various committees and relevant organisations.

Achievements in 2022

- Successful Irish National Accreditation Board (INAB) audit was carried out remotely in 2022- with no non- conformances detected in SJH.
- Continued success with new Android PDA' roll out from 2021.
- Major Haemorrhage simulation day took place in Theatre was carried out in Saturday 12 Nov 2022 along with the support and governance of Dr. Khan Consultant Anaesthetist and the enthusiasm of theatre nursing management and staff. A positive response has encouraged more plans for 2023.
- New Helmer freezer installed in the Blood fridge room within the Lab. This equipment is far superior in size and has a defrosting action.
- Training of new staff has increased within Haemovigilance so areas where information, advice and posters were required, same was implemented with more ideas in progress. Adapted education like PDA workshops, one to one staff training, ward demos and any specific requests were also implemented throughout.
- Attended National Haemovigilance Office in St. James Hospital, Dublin for newly appointed Haemovigilance Officers in June 2022.
- Involvement in Documentation control and changes within the Haemovigilance UHLG.

Objectives for 2023

- 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.
- Ongoing staff recruitment so delivery of good quality tailored education for nurses coming from various backgrounds and across seas.

- To set up an Information stand regarding Haemovigilance role/ National Blood donation day 14th June of each year.
- Deliver another PDA workshop in Theatre - 2023
 - Plan annual MH simulation day again for 2023.
 - Deputy for HVO when staffing allows for same.
 - Continue with relevant and new education for HVO role – 2023.

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. 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.

Pharmacy

Introduction

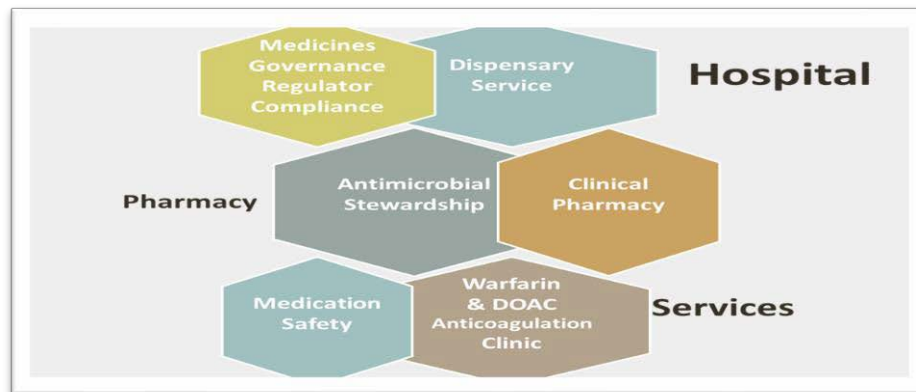


Figure 1 St John's Hospital Pharmacy Service

The most common intervention in healthcare globally is the use of medicine.

The Hospital Pharmacy Team of Pharmacists and Pharmacy Technicians are the key stakeholders responsible for medication management and safety in the hospital environment for inpatient, outpatient and Day Care patients and support the seamless transition of care for patients moving within the healthcare system.

We deliver a clinical patient-centred service within or associated with multidisciplinary teams and manage the supply chain for medicines for the hospital.

The Pharmacy Team works collaboratively as members of multidisciplinary committees to support the hospital's mission to *'provide the highest possible standard of care and treatment in a professional and compassionate manner to every person who avails of our service', 'faithful to our tradition'*.

The systems operating in the Hospital Pharmacy work to enable us to meet our goals:

- Safe, effective and economic use of medicines
- Medicines optimization to enable the best possible patient outcomes
- Delivery of quality medicines information and education

Support personnel assisting the Hospital Pharmacy include a Pharmacy Porter and a Clerical Officer.

This third year of the COVID 19 pandemic remained challenging for the Pharmacy Team. The contingencies plan remained active for sustained periods throughout the year. Compounding this reality were ongoing national and global medicines shortages.

Performance Highlights.

Medicines Governance / Regulator Compliance:

- Participation in the HIQA pilot inspection was a good experience of the new approach to inspection and represented a validation of safety and monitoring systems in antimicrobial stewardship, medication safety, dispensing and drug information
- Development of a Clinical Pharmacy application was vitally important to focus appropriate clinical pharmacist time to patients with higher acuity to enable improved outcomes, while providing measurable data for key performance indicators and regulatory compliance.
- Departmental readiness for full implementation of the EU Falsified Medicines Directive (FMD) to protect patients against “fake” medicines was completed. A permanent FMD Pharmacy Technician was successfully recruited. ‘Go live’ is expected in 2023.
- Approved APPEL (Affiliation for Pharmacy Practice Experiential Learning) and having successfully trained pharmacy students up to BSc level, this year we welcomed our first Pharmacy Intern. The Pharmacy Intern completed certification and achieved her Masters of Pharmacy qualification by year end.

Digital Transformation

- Ms C Johansson successfully completed an MSc in Digital Transformation. As part of her MSc, she led a project on a Clinical Pharmacy Application. Following training of clinical pharmacists and with IT support, this application was introduced to support optimal delivery of pharmaceutical care to patients.
- The Clinical Pharmacy Application is a caseload, workflow and analytics system. A triaging feature prioritised patients according to their acuity so that higher risk patients were seen first and more often. Clinical pharmacy tasks for individual patients are opened, assigned and closed out, ensuring that no patient or task was lost to follow-up. A structured pharmaceutical care plan facilitates communication to the multi-disciplinary team.
- The quantitative analysis provided by the application gives safety and business insights to the clinical pharmacy service, which were used to improve medication safety.
- C Johansson was chosen to present at the Irish Medication Safety Network Annual Conference 2022. Her project poster was among prize winners at the ULHG Patient Safety & Quality Conference 2022.

Dispensary Service

- Drug shortages continued to increase, diversify and intensify throughout 2022 and became a significant daily pharmacy activity to prevent patient harm through omission. Proactive management of drug shortages and timely dialogue with Consultants and Clinical Nurse Managers meant disruption to hospital service provision was successfully averted.
- As a first priority for the dispensary service, Pharmacy Technicians collect out of -hours drugs books from wards each morning. A new layer was introduced into this process. A preliminary review is now carried on the ward in conjunction with the morning drug orders. Where newly ordered drugs are stocked in the drug press or sent on previous day, assistance is given to locate these. This approach has received a positive response from new nurses.
- A 'green' initiative to redesign Drug Stock Top-Up communication documentation while maintaining effective communication to the wards CMNs on the quantity and types of drugs supplied to the ward has successfully reduced paper and ink usage.
- A pharmacy Technician-led improvement of the CPR 1st Line drug kits involving Rapid Innovation Unit and Resuscitation Officer was rolled out across the hospital.
- Intensive management of nationally approved COVID 19 treatments involving microbiologists and suppliers continued during 2022 and assured availability to drug treatments whenever required.
- A re-audit of the patient medication burden (Polypharmacy) revealed an increase of 5 medicines per patient (13.5 in 2016 versus 18.5 in 2022). This is a significant increase in medicines usage and has a knock-on effect on drug procurement and storage, regulatory compliance, dispensing and invoice processing within the pharmacy, and increase pressure on ward drug storage, pharmacy porter workload and clinical pharmacist activity.

Antimicrobial Stewardship

- Released in 2022, Antibiotic Consumption data for 2021 showed improvement in antimicrobial stewardship: 16% decrease in antibiotic consumption, 31% decrease in fluoroquinolone use and a 12% decrease of Broad Spectrum Penicillin use. Full compliance was achieved with national policy for meropenem. All of these were positive despite the ongoing COVID 19 pandemic.
- Effective management of COVID 19 treatments according to national guidelines occurred using established links with Microbiologists and Consultants and consistent communication with clinical teams.
- Quarterly antimicrobial stewardship rounds were undertaken by the Consultant Microbiologist and Antimicrobial Pharmacist. These rounds helped to support Medical Teams in the optimal prescribing of antimicrobials and to measure the quality of antimicrobial prescribing.
- Specific education sessions on antimicrobial stewardship were given at NCHD meetings. Feedback on key performance indicators for antimicrobial stewardship were shared with Medical Teams. Where KPIs were not achieved, the learnings were shared by with the

Medical Teams via Antimicrobial Stewardship Round bulletins which were shared at the Multi-disciplinary Team meetings and at Medical Teaching sessions

- See Drugs & Therapeutics Committee annual report for further information on other aspects of antimicrobial stewardship led by Pharmacy.

Clinical Pharmacy

- Clinical Pharmacists welcomed the Clinical Pharmacy Application introduced to support optimal delivery of pharmaceutical care to patients and caseload management. While effort is required daily to input each patient's data and update clinical tasks, overall experience with the application is overwhelmingly positive.
- Happily, we saw a temporary gap in clinical pharmacist support to CRSU resolved by summer of 2022 with the arrival of Ms. C O'Brien MPSI. As well as providing enhanced clinical services to CRSU patients and supporting the multidisciplinary team, this clinical pharmacist follows patients in other areas of the hospital under the care of consultant leading the CRSU. Training in and use of the Clinical Pharmacy Application provided measurable data into the level of clinical pharmacy provided to these particular patients. This Clinical Pharmacist also represented Pharmacy at the 'Falls' multidisciplinary committee.
- In 2022, clinical pharmacists resumed attendance at weekly ward rounds, where possible. They also attended MDT meetings led by Clinical Nurse Managers on each ward.

Medication Safety

- Medication safety was among the four elements of the pilot HIQA inspection, which also included aspects of antimicrobial stewardship. Both pharmacists and Pharmacy Technicians engaged with inspectors. At the close-out session and with the resulting report, inspectors commented positively on the medication safety programme.
- Three pharmacist-delivered sessions on Medication Safety Education were embedded into nurse induction during 2022.
- Pharmacy continued to deliver '*Medication Safety Monday*' education, refining it to clinically relevant issues bearing in mind the perceived capacity of staff to engage with bite-sized learning against a backdrop of COVID 19 caseload.
- New alerts were added to individual drug monographs on eFormulary to raise awareness and mitigate risk for the processes of prescribing, dispensing and administration of Sound-alike Look-alike Drugs (SALADs).
- Pharmacists continued to provide education sessions on effective use of the Medical drug chart to new doctors and nurses at induction. These sessions introduced the hospital's standards for prescribing and administration documentation, and the clinical pharmacist charting process, an enhancement of medication reconciliation at admission successfully operating in the hospital.

- Medication Safety Key Performance Indicators continued to be monitored. By year end, five of the six indicators reached or exceeded target. The Medication Reconciliation Rate at Admission indicator dipped in quarter 2 while the CRSU Pharmacist post waited to be filled but regained compliant status following filling of the post. Anaphylaxis training compliance is almost at target. With focussed effort, this is expected to reach target in 2023.
- See Drugs & Therapeutics Committee annual report for information on more aspects of medication safety led by Pharmacy.

Warfarin & DOAC Anticoagulation Clinic

- With appreciation for years of professional excellence and clinical support, the clinic lost a long-serving Phlebotomy Nurse, Ms. G O’Grady, who resigned her post to move to a new area of clinical practice. Her diligence and patient focus helped to set up individualised appointments to protect patients during the early weeks of the COVID 19 pandemic, helping to win patient confidence and enhance satisfaction. Support from Nursing Administration for the provision of a phlebotomy service to support the Anticoagulation Clinic in the aftermath is greatly appreciated.
- The Clinic continues to accept newly diagnosed patients initiated on Direct Oral Anticoagulants (DOACs), which are high risk medicines. Specialist pharmacists have a consultation with each patient to educate and answer patient concerns in relation to these medicines, review compliance and follow-up blood tests results and liaise with the patient’s consultant. It became apparent that some inpatients taking a DOAC prior to admission were unaware of their action and side effects. These patients were referred to the clinic also for management.
- The Clinic Key Performance Indicator, “*Time in therapeutic range*”, exceeded target once again, indicating a well-performing Anticoagulation Clinic.

Objectives 2023

- New Hospital Medicines Management System to be launched nationally: Endeavour to be a pilot site or early user.
- Full implementation of Falsified Medicines Directive (FMD) anticipated for 2023: Ensure process compliance
- Further enhancement of the Clinical Pharmacy Application as follows:
 - Investigate full integration with iPMS
 - Increase security with 2-factor authentication
 - Use data analytics to inform resource management
- Maintain focus on effective drug shortages management: Use all necessary resources to prevent disruption of hospital service provision.

- Acute Hospitals Drug Management Programme:
Maintain links and use resources for best value pharmaceuticals
- Refer *Drugs & Therapeutics Committee* annual report for additional Antimicrobial Stewardship and Medication Safety Objectives

Conclusion

Although technology is part of Pharmacy Practice in the hospital, whether the patient management at the Anticoagulation Clinic or the customisation of the eFormulary to provide local drug information or the software supporting the dispensing and procurement of drugs, 2022 was the year that digital transformation impacted Clinical Pharmacy. It elevated the Clinical Pharmacy Service to a new level and made visible the numerous clinical interventions and recommendations.

This experience of and qualification in digital transformation supports the hospital strategy and sets us well on the way to be at the forefront of implementation of the new national Hospital Medicines Management System, which is just on the horizon.

Report prepared by: Geraldine Creaton

Department: Pharmacy

Title: Chief Pharmacist

Date: 1st June 2023

Physiotherapy

Introduction

As a contributor to St. John's Hospital's health service, the Department of Physiotherapy plays a key role in improving function, mobility and quality of life for referred inpatients and outpatients. Inpatient physiotherapy services have a central impact on patient discharge management and hospital bed management. 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 Virtual Fracture Assessment Clinic (VFAC) support, Pelvic Health, Pain Management and Respiratory.

The main challenges for this department during 2022 continued to be an escalating referral rate throughout the service and the high dependency of the elderly inpatient population adding to the demands on the service.

Highlights 2022

- Further development of this department's supports for the Virtual Fracture Assessment Clinic (VFAC) for minor fractures, as referrals continued to grow in tandem with the increased Local Injury Unit (LIU) attendance rate. With the introduction of additional conditions to the VRAC in May 2022, the attendance of this patient cohort to physiotherapy doubled in the latter half of 2022 and was successfully managed by the physiotherapy service. This department has delivered unresourced supports for the VFAC pathway since its introduction in 2020.
- The recognition of a Senior Physiotherapist in the outpatient physiotherapy role, allowed for the direct input of this therapist as a first contact clinician in the injury unit. This clinician with specific knowledge in the area of musculoskeletal injuries has highlighted the positive impact of physiotherapy on presenting injuries to LIU.
- Corporate responsibility was demonstrated with active staff involvement in hospital committees
 - Health and Wellbeing Committee
 - Falls Collaboration
 - Pressure Ulcer Collaboration
 - Covid-19 Working Group
 - Hygiene Services Team

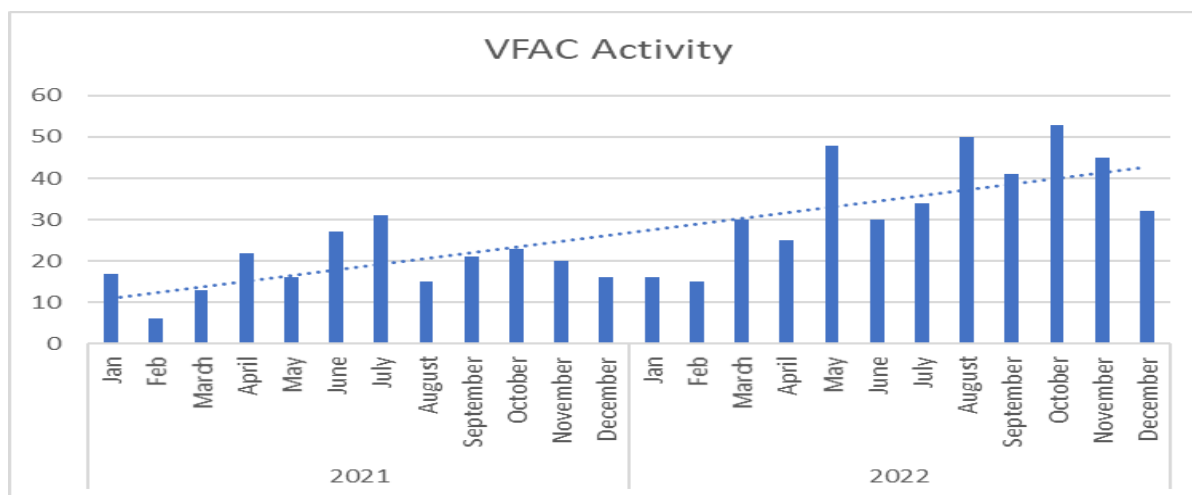
- Experienced physiotherapy staff continued to deliver in their roles as Clinical Educators for the BSc Physiotherapy students from the University of Limerick BSc Physiotherapy programme
- The Performance Achievement process was completed for all physiotherapy staff with a review for each staff member before end of 2022.
- Links maintained with UHLG physiotherapy clinical and administrative working groups e.g. Pelvic Health, Musculoskeletal, Acute/PCCC Physiotherapy managers group (ULHG and CHO3) and Acute Managers (ULHG) information sharing forums.
- Staff mandatory training was maintained at over 90% complete throughout the year.
- Collaborative working by the ULHG Pelvic Health physiotherapists (including St. John's Hospital Pelvic Health Physiotherapist) produced both new and reviewed policy documents which has assisted with coordinated and standardised referral pathways and therapy outcomes for patients.
- Input into a year-long iPMS physiotherapy working group has resulted in the availability of a suite of templates for physiotherapy data and activity reporting.
- The introduction of the musculoskeletal Ankle Physiotherapy Programme has been very positive with less than 5% only requiring face-to-face consultation (i.e. 95% virtual).
- Agreement to support the physiotherapy service with 1.0 WTE clerical support.

Quality Initiatives/Improvements achieved during 2022

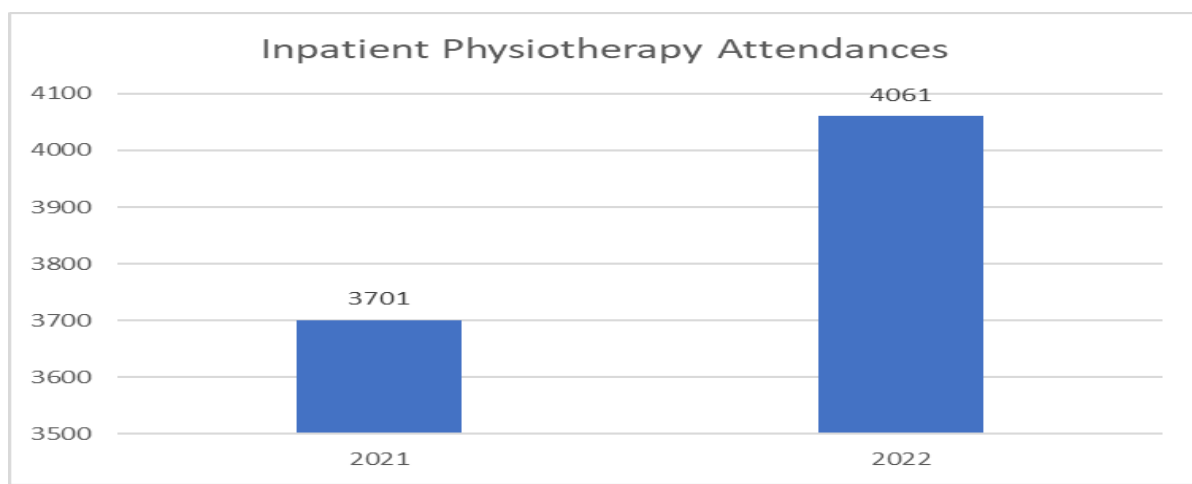
- Blanket referral process initiated for post-operative gynaecology patients
- Physiotherapy input on site in LIU
- Joint development of Pelvic Health documents in UHLG
- iPMS reporting suite developed
- Scheduled meetings of the ULHG Acute Care Physiotherapy Managers group
- Obtain governance for the physiotherapy staff in CRSU
- Audit completed on inpatient frailty presentation
- Business Case completed for Model 2 VFAC physiotherapy support
- Joint review of HSCP input for CRSUs in Nenagh Hospital and St. John's Hospital

Activity Data - VFAC Referrals:

Inpatient Physiotherapy Attendances



Outpatient Physiotherapy Attendances



Objectives 2023

- 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

- Review of VFAC service in line with the National Clinical Programme for Trauma and Orthopaedics.
- Continue to review the physiotherapy input into LIU with a view to the multidisciplinary management of the injured patient with input from a Clinical Specialist Physiotherapist.
- Initiate a review of the inpatient physiotherapy service with emphasis on an adequately resourced quality service delivery in line with national guidelines. This will include a goal of recruiting a permanent Senior Physiotherapist for the CRSU.
- Maintain risk management and the risk register as a live and current issue.

Strategic Goals for 2023

In line with St. John's Hospital Strategic Plan for 2022 – 2027 the goals for the Department of Physiotherapy are:

- To provide more timely access for patients to receive appropriate MDT input, specifically in the area of unscheduled care (LIU and MAU)
- To continue accessing the patient's voice and input for service development
- To support physiotherapy staff in their wellbeing needs
- To maintain the established links with the Learning from Excellence community, promoting this philosophy while delivering a Safety II approach to quality improvement and risk management.

Conclusion

2022 continued to be a challenging year for the Department of Physiotherapy services, with escalating demands from both an increased overall referral rate and an increase in inpatient dependency levels. The Department of Physiotherapy met these demands and delivered a quality patient-centred service with positive therapy outcomes.

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 VFAC service within the ULHG and the role of the model 2 hospital in managing this patient cohort has expanded its scope and this pathway can be further developed through review at both

local and national level with continued investment in physiotherapy resources.

The recognition of the important role the physiotherapist plays in the injury unit has been recognised and with further review of the positive outcomes from this expanded MDT input, future physiotherapy contribution to the non-scheduled areas of care in St. John's Hospital will prove to be clinically beneficial.

Similarly, the role of the physiotherapist in pelvic health has continued to be a prime deliverable for this department for both patient therapy outcomes and also through support for community physiotherapy colleagues.

The commitment, energy, support and enthusiasm of physiotherapy staff in this department creates an innovative, conscientious, caring and pleasant environment for service delivery. The Department of Physiotherapy will continue to deliver and develop on 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.

Martina Ryan
Physiotherapy Manager

6th March 2023

Procurement and Central Stores

Service Highlights during 2022

Maintaining 98-99% Stock Item Continuity of Supply through what proved to be challenging, as the department was impacted by; increased product costs, reduction in market competition, and EU re-certification issues. Increased production costs were the highest experienced in over 15 years. The team managed to achieve sufficient savings to mitigate the increases.

Dedicated delivery assistance allocated for 2hrs per day has assisted the department in centralising the Theatre procurement function through the Hospital's main Procurement Service. The assistance has also allowed us to re-initiate our real-time purchasing system.

Migration & Testing new software system SAGE to SAP. This system is now fully supported.

Maintain a six-week supply of PPE lines to meet the Hospital demands.

The department welcomed Frances Nicholas to the team; we also wished Ciara Long the best in her new career in the Human Resources department.

Quality Initiatives/Improvements achieved during 2022

Centralising the Theatre procurement function through the Hospital's main Procurement Service

Re-Introduction of physical stock counts on a rotation basis

Strategic Goals for 2023

Maintain the 2hrs Delivery Assistance for 2023 providing a real-time free flowing ordering system for the Hospital patients and fellow colleagues.

Keep the high level of achievements in relation to our continuity of supply for stock items.

Continue with favouring high performance vendors where possible,

Limit price increases where possible.

Completed by: Anthony Kilmartin
Title: Purchasing Officer
Date: 22nd February 2023

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 2022. 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 works 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 three staff with a focus on Risk Management, Claims Management, Quality, Incident Management, Patient Safety and Service User feedback, Training, Staff Health & Safety and Open Disclosure.

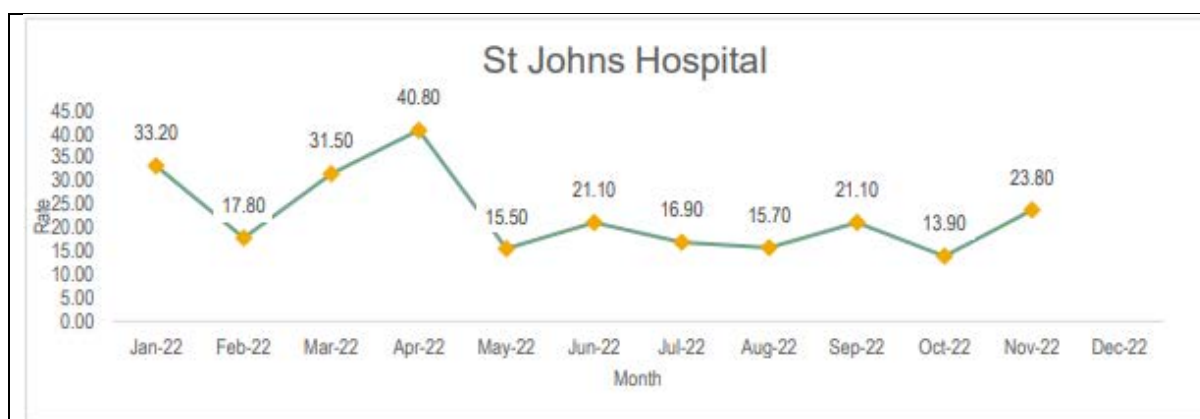
The report encompasses the key activities where this department had a lead responsibility for delivery.

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 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.

In 2022, St John's hospital reported a total of 839 adverse incidents (NIMS). All of these incidents were reported to the National Incident Management System (NIMS) to facilitate incident/ claim management, and to enable learning and comparison with other organisations. For comparison, rate of Clinical Incidents reported per 1000 bed days for 2021 is illustrated hereunder:

Rate of Clinical Incidents reported per 1000 bed days 2022 (HPSIR)



Rate of Clinical Incidents reported per 1000 bed days 2021 (HPSIR)



All Reported Incidents previous 6 years

Year	2022	2021	2020	2019	2018	2017
Total Incidents Reported	839	619	665	515	397	391

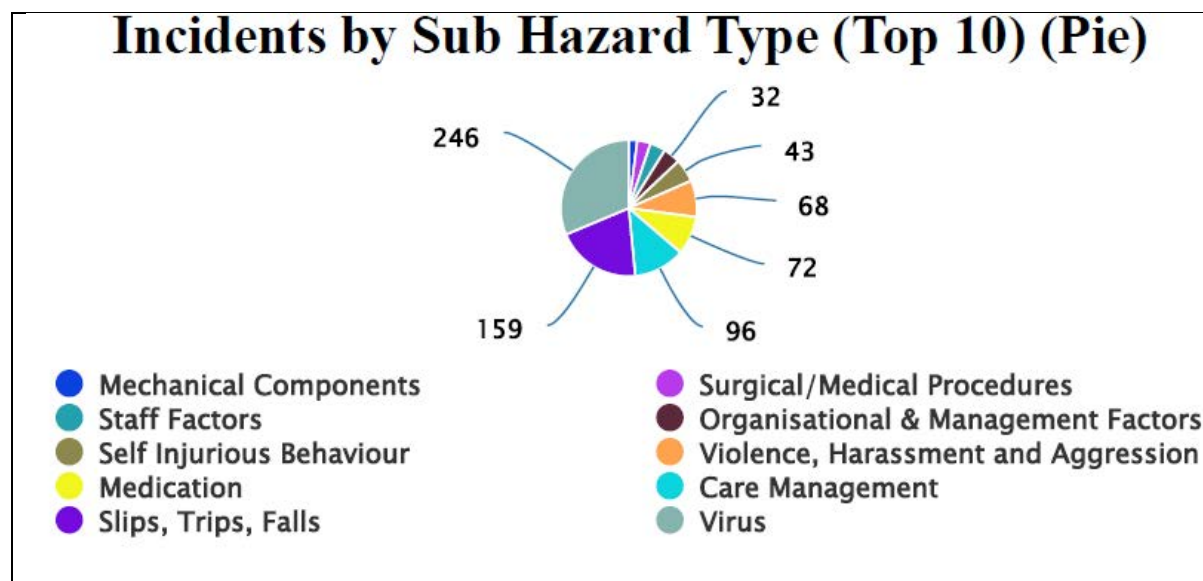
Incident by Severity – 2022

Negligible /Minor	430
Moderate	223
Major	2
Extreme	6

Top Incidents Reported for 2022

Biological Hazards	249
Clinical Care Incidents	202
Physical Hazards including Slips, Trips, Falls	192
Behavioural Hazards -VHA & Self injurious	111
Care/ management	96
Medication Incidents	72

Incidents Occurred 2022



Incident Management

Both interactive National Incident Report Forms (NIRF) and paper NIRF were used in the hospital in 2022, allowing efficient and timely reporting of incidents for departments. Direct entry of incidents is planned for 2023.

All Category 1&2 incidents and Serious Reportable Events were reviewed in line with the Incident Management Framework. Within 5 working days of the occurrence of an incident, a preliminary assessment form is completed for each category 1 & 2 incident by the Department Head where the incident occurred. A decision is made whether further review is necessary by the local/ senior accountable officer at a Serious Incident Management Team (SIMT). 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.

Irish National Adverse Event Study-2 (INAES-2):

Longitudinal trends in adverse event rates in the Irish healthcare system (2015).

14% of admissions were associated with one or more adverse events (12.2% in 2009).



A MDT 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 2022

Review Type	Number
SRE/ Serious Incidents	7
Concise Review	8
Preliminary Assessments	24

KPIs

% of Comprehensive and Concise Reviews Completed within 125 Days of Notification to the senior accountable officer of a Category 1 Incident	100%
% of reported incidents entered onto NIMS within 30 days of notification of the incident	98%
Extreme and major incidents as a % of all incidents reported as occurring	0.95%

Risks

Top 3 Organisational Risks 2022 on the Corporate Risk Register

- Risk of transmission of infection due to challenges of aging physical infrastructure including spacing between beds, lack of hand wash facilities in sluice rooms and in some single rooms.
- Risk of Financial uncertainty due to overspend, cash flow and funding allocation. Inability to meet income targets.
- Areas of non-compliance with Health and Safety standards in aspects of technical and maintenance functions of the hospital.

Claims Management

A claim refers to notification of intention to seek compensation for personal injury and/or property damage where it is alleged the hospital was negligent. The application may be in the form of a letter of claim, an InjuriesBoard.ie application, or a written/oral request.

The QRPS Department 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 claims and third-party property damage.

Summary of Claims – 2022

Total Active Claims as of 1 st October 2022	
Service User	18
Public Liability	1
Staff Member	3
Total	22

The Outstanding Estimated Liability for the hospital for 2022 is €4.22 m. This represents the best current estimate of the ultimate cost of resolving a claim minus the total amount paid on the claim to date. The estimate includes all foreseeable costs such as settlement amounts, claimant legal costs and defence costs (such as fees payable to legal counsel, engineers, consultants etc.). These estimates may be revised on a regular basis in light of any new information received.

Compliments & Complaints

There were 8 stage 2 complaints during 2022 which required the support and oversight of the Complaints Manager. All complaints were closed out by end of 2022 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 2022.

The Complaints Manager provides quarterly reports to Service Head, Board Quality and Safety Committee and the National Complaints Management Team in relation to the number and types of complaints and compliments. The Learning to Get Better Self-Assessment on the handling and management of complaints 2022 was submitted to the National Complaints Governance & Learning Team.

Main complaint theme for 2022 was communication of information to the patient.

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 over 2022 were 296.

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.

100 staff completed Open Disclosure Module 1 on HSE Land in 2022

15 staff completed Module 2 Open Disclosure on HSE Land in 2022

Two face to face sessions on Face to Face Open Disclosure Training were delivered this year, one during Open Disclosure week in October which was very successful.

Compliance was audited against the documentation of Open Disclosure following Category 1 & 2 Patient Safety Incidents, compliance has improved to 60%.

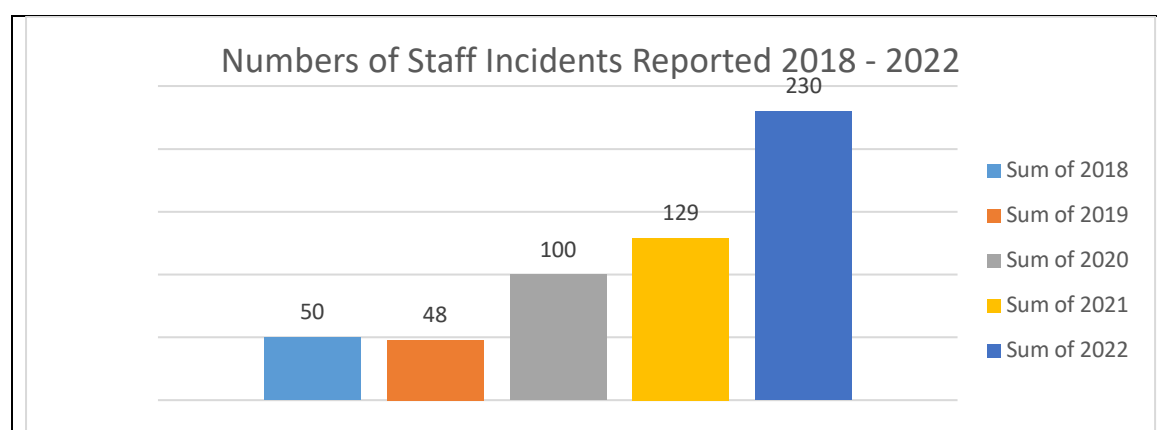
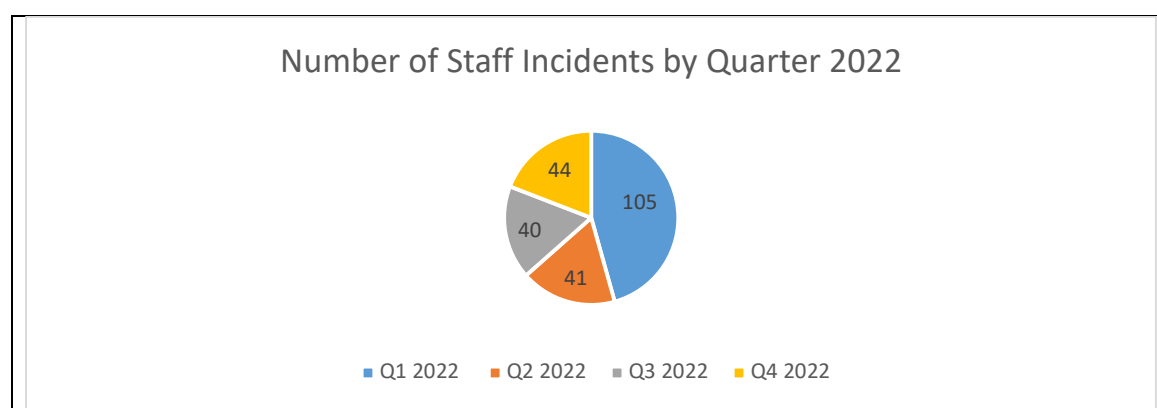
Health & Safety

Health and Safety Committee

The Health & Safety Committee is in place to support risk management processes and to ensure that all significant risks are considered and communicated to the appropriate hospital staff. The Health and Safety Committee is a sub-committee of the Board Risk Quality and Safety Committee. The committee provides a forum for employee consultation on the management of safety, health and welfare within the workplace. The three staff safety representatives are members of the committee, which is chaired by the Deputy Chief Executive. The committee met quarterly in 2022

Staff incidents

Staff-related incidents/ trends were discussed at the all Health and Safety Committee meetings. All staff incidents are reviewed and closed out by Department Heads.



Safety Statements

Review of 95% of departmental risk assessments was completed in 2022.

Fire Safety

On-line theoretical and practical fire training continue based on the Hospital Fire Plan and Departmental Fire Safety Handbooks. The Hospital Fire Plan was reviewed.

Dangerous Goods Safety Audit

Two Dangerous Goods Safety Advisor (DGSA) Audits were carried out in 2022, on 20th June and 15th November. The level of compliance with the guidelines and regulations associated with the segregation, handling, storage and transport of dangerous goods in the hospital was found to be excellent and huge improvements have been made since previous audits.

Including:

- Provision of a covered facility for the safe storage of clinical waste in the main clinical waste yard.
- Additional brackets have been introduced for the safe storage of empty cylinders awaiting collection.
- A plan is in place for Authorised Person training to take place.
- Occupational Monitoring has taken place in the Theatre department.
- Efforts have been made to ensure the segregation of domestic and clinical waste in Theatre.
- Training records have been well maintained for all departments.
- Excellent storage of chemicals in CSSD.
- Excellent disposal procedures in the Pharmacy department.
- Minimal quantity of hazardous chemicals kept throughout the hospital departments.
- Excellent quality of the Chemical Agent Risk Assessments that have been completed.
- Exceptionally high standard of training records, procedures and chemical storage for the Household department.

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 2023.

Environmental Monitoring

Environmental monitoring for anaesthetic gases, formaldehyde and some CSSD detergents was carried out in Q2 2022. All levels were satisfactory and within legal Occupational Exposure Limit Values (OELVs)

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. Training is delivered via a blended approach including on-line courses and face to face training.

Fit-testing

In 2022, the QRPS department assumed responsibility for co-ordinating fit-testing for FFP2 masks for patient-facing staff. Three days of testing were completed in December 2022 and further dates will be arranged for early 2023.

Committee Membership 2022

Committee	QPS Manager	Risk Manager	Deputy Risk Manager
Board Risk Safety Quality	X	X	
Audit Research & Innovation	Chairperson		
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		
Transition of Care	Chairperson		
VHARM Risk Managers Advisory Group		X	
VHARM Executive Managers Group	X		
VHARM Health & Safety Advisory Group			X

National Inpatient Experience UHLG Committee	X		
Quality Risk & Patient Safety UHLG	X		
Open Disclosure National Steering Group	X		
Open Disclosure Work stream-Measurement of Patient Experience	x		
National Complaints Managers Governance & Learning Forum	x		
National Complaints Management System (CMS) Steering Group	x		

2022 at a glance

Fire Training 26 Practical Fire Training Sessions were facilitated in 2022 The theoretical Fire Training programme was reviewed. 2 Classroom-based theoretical fire training sessions were held.	Chemical Training 9 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. 8 face to face sessions: Advanced Skills Training took place on site – patient facing/ telephone contact staff. An online training programme was developed by the Voluntary Healthcare Agencies Group; training is available on ClickHSE.net	Display Screen Equipment Assessment 5 staff members have been trained as DSE assessors and provide DSE assessment for staff within the hospital and working from home.
Audits 2 DGSA audits took place IMF and OD audit of Category 1 and 2 Patient Safety Incidents (IMF tool) Quality & Safety Walk rounds commenced in November	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 updated in 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.

Radiology

Introduction

The Radiology Department consists of the following imaging modalities; X-ray, CT, Ultrasound and PACS - Picture Archiving Systems. Diagnostic Imaging services are provided to Out patients, In patients, GP's, LIU, MAU and Dayward. St. John's Hospital is part of the National Integrated Medical Imaging System (NIMIS). The NIMIS PACS allows users to view images and reports within St. John's Hospital and all other NIMIS sites. Global Diagnostics Ireland provided Radiologist reporting remotely.

Service Highlights during 2022

- Additional radiological support provided to the pain lists in the Dayward.
- Clinical education placement site for BSc Radiography students from UCD & UK Universities and MSc Radiography students from UCC.
- Facilitated pre-surgical Temporal Bone CT scans to UHL patients prior to their scheduled surgery by a surgeon traveling from Belgium. This involved developing a new imaging protocol and training for Radiographers in the scanning and reconstruction of these patients' images.
- Ongoing audits carried out across the department including; Image Quality/ Optimisation for 2022 – linked to DRL's, Justification/ Procedure Mapping CT request Audit, Triple ID/ Justification/ Risk Vs Benefit audit - to mention a few.

Quality Initiatives/Improvements achieved during 2022

It is the responsibility of the Undertaking to delegate operational responsibility to an individual (Radiation Protection Officer) or team (Radiation Protection Unit) for the implementation of occupational and public radiation protection arrangements. The Undertaking must ensure that the RPO/RPU has appropriate expertise and resources to carry out its role. A decision has been made by the Undertaking of St. John's Hospital to establish a RPU to fulfil the duties of the RPO.

Local Diagnostic Reference Levels (DRL's) have been reviewed and re-established for 2022. Including paediatric examinations for the first time under;

- middle childhood,
- early adolescence;
- late adolescence – upper extremity and lower extremity.
-

Radiation safety badges are reviewed monthly. All of which is discussed and monitored locally as well as at the Radiation Safety Committee meetings.

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 the CT scanner by the Department of Medical Physics, St. James Hospital. Annual QA on all other radiological equipment was carried out by the Department of Medical Physics UHL group. All reports were reviewed by the Radiation Protection Advisor.

Performance Appraisal process completed for all Radiographers and Radiographic Aides.

Strategic Goals for 2023

- Recruitment and retention of staff.
- Review staffing requirements to support service demands.
- Strengthen radiation safety practices within the hospital.
- Support the hospitals strategic objectives.
- RPU to be established and terms of reference drawn up.

Completed by: Niamh Allinson

Title: Radiography Services Manager

Date: 22-3-2023

The Official Languages (Amendment) Act 2021

Introduction

The importance of the Irish language as the first official language of the State is recognised as not just a valuable part of the heritage of this island but, more importantly, as a living language among communities throughout the country and in the Gaeltacht in particular.

A new piece of legislation; the Official Languages (Amendment) Act 2021 was enacted on the 22nd of December 2021. This new legislation is a strengthening of the Official Languages Act 2003 which will make a significant contribution to the quality of services in Irish provided to the public by State bodies.

A significant and important aspect of the Act is the introduction of language standards for public bodies to replace the current system of language schemes, which will enable those public bodies which interact more with the public to achieve higher standards. One of the key provisions will be the requirement of public bodies to facilitate people to use their names and addresses in Irish when contacting public bodies. In addition, all new public bodies will be required to have Irish language names.

Section 10A of the Official Languages (Amendment) Act 2021, places a new statutory obligation on St. John's Hospital in relation to advertising, general communications and commercial communications which engage with the public.

The main goals of the Act are:

- 20% of new recruits to the public service will be competent in Irish by the end of 2030,
- Public bodies will be required to facilitate people to use their names and addresses in Irish when contacting public bodies
- And the introduction of language standards for public bodies which places a new statutory obligation for public bodies in relation to advertising, general communications and commercial communications which engage with the public.

The provisions in Section 10A. (Advertising by Public Bodies) of the Official Languages Act (Amendment) 2021 came into effect on 10th October 2022.

Section 10A. (Advertising by Public Bodies) of the Official Languages Act (Amendment) 2021 states that:

(a) at least 20% of any advertising placed by the body in any year shall be in the Irish language, and

(b) at least 5% of any monies spent on advertising by the body in any year shall be in the Irish language through Irish language media. ("Irish language media" means any media where 50 % or more of the content of that media is through the Irish language).

Strategic Goals for 2023:

- Establish an Irish translations support function in the hospital
- Work closely with HR to establish a translation service to meet the advertising requirements of S.10A of the Act.
- Ensure all corporate documents are translated into Irish
- Include the Irish language on all new signage
- Support and encourage staff to attend Irish language courses

2022 Audited Report & Accounts

St. John's Hospital

St. John's Hospital

Financial Statements

**For the financial year ended
31 December 2022**

**St. John's Hospital
Financial Statements
31 December 2022**

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St. John's Hospital

General Information

Address:	St. John's Square New Road 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 2022

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:

St. John's Hospital

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

Year ended 31 December 2022

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:

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 2022, 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 2022 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.

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.

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 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 an on behalf of Grant Thornton

Chartered Accountants & Statutory Audit Firm Limerick

Date:

St. John's Hospital

Certificate of Chief Executive Officer and Chairperson for the year ended 31 December 2022

We certify that the financial statements of St. John's Hospital for the financial year ended 31 December 2022 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 2022 and of its income and expenditure and cash flow for the year then ended.

On behalf of the Board

+ Brendan Leahy D.D.:

Chairperson

Emer Martin:

Chief Executive

Date:

St. John's Hospital
Non – Capital Income and Expenditure Account for the year ended 31 December 2022

	Note	2022 €'000	2021 €'000
Cumulative Non-Capital Deficit B/F From Previous Year		1,040	998
Pay			
Salaries	23	22,759	20,010
Superannuation and Gratuities	23	4,273	5,275
		27,032	25,285
Non-Pay			
Direct Patient Care	23	4,073	3,521
Support Services	23	2,854	2,492
Financial & Administrative	23	1,689	1,323
		8,616	7,336
Gross Expenditure for the Year		36,688	33,619
Includes Deficit from previous year			
Income	23	3,179	2,743
Net Expenditure for the Year		33,509	30,876
Determination from HSE		32,559	29,836
Deficit C/F to Following Year		950	1,040

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 2022 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 D.D.:

Chairperson

Emer Martin:

Chief Executive

Date:

St. John's Hospital
Capital Income and Expenditure Account for the year ended 31 December 2022

	2022 €'000	2021 €'000
Capital Income Sources		
HSE - Capital Grant	87	600
HSE-Charge on non-capital Income & Expenditure	-	14
HSE-Non-Capital Repayment of Loan Capital	-	-
Fund-raising - Capital only	-	-
EU Grants	-	-
Disposal, Net Proceeds of	-	-
Other		22
Total Capital Income	87	636

Capital Expenditure

Land	-	-
Buildings	-	14
Work-In-Progress	-	-
Equipment	121	600
Vehicles	-	-
Other	-	-
Capital Expenditure- Capitalised	121	614
Capital Expenditure-Not Capitalised	-	6
<u>Total Capital Expenditure</u>	121	620

Opening (Surplus) from previous year	(921)	(905)
Closing (Surplus) to following year	(887)	(921)

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 2022 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 D.D.:

Chairperson

Emer Martin:

Chief Executive

Date:

Date:

St. John's Hospital
Balance Sheet as at 31 December 2022

	Note	2022 €'000	2021 €'000
<u>Fixed Assets</u>			
Tangible Assets	12	9,607	10,363
		9,607	10,363
<u>Current Assets</u>			
Debtors	13	4,776	3,907
Stocks	14	350	347
Cash in hand and bank balances		167	611
		5,293	4,865
<u>Creditors-Amounts Falling Due Within One Year</u>			
Creditors	15	5,356	4,984
Bank loans and overdraft		-	-
Obligations under Finance Leases		-	-
		5,356	4,984
Net Current Assets		(63)	(119)
Total Assets Less Current Liabilities		9,544	10,244
<u>Creditors-Amounts Falling Due After One Year</u>			
Bank Loans	16	-	-
Obligations under Finance Leases		-	-
		-	-
<u>Capital & Reserves</u>			
Non-Capital Income & Expenditure Deficit		(950)	(1,040)
Capital Income & Expenditure Surplus		887	921
Capitalisation Account	17	9,607	10,363
		9,544	10,244

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 D.D.:

Chairperson

Emer Martin:

Chief Executive

Date:

St. John's Hospital
Cash Flow Statement as at 31 December 2022

	Note	2022 €'000	2021 €'000
Net Cash Inflow from Operating Activities	18	(534)	1,071
<u>Returns on Investments and Servicing of Finance</u>			
Interest Paid on Loans and		(12)	(7)
Overdraft Interest Paid re Finance		-	-
Leases Equity Dividends Received		-	-
Interest Received		-	-
Net Cash (Outflow) from servicing of Finance		(12)	(7)
<u>Capital Expenditure</u>			
Expenditure from HSE Capital		(121)	(614)
Add back unpaid Capital Expenditure		-	-
Add back movements in finance lease obligations		-	-
		(121)	(614)
Capital Expenditure - Not Capitalised		-	(6)
Payments from non-capital, re acquisition of fixed assets		-	(150)
Receipts on sale of fixed assets		-	-
Net Cash (Outflow) from Capital Expenditure		(121)	(770)
Net Cash Inflow(Outflow) before Financing		(667)	294
<u>Financing</u>			
HSE Capital grant received		223	482
Receipts from other sources -acquisition of fixed assets		-	22
		223	504
Increase in investments		-	-
Capital element of finance lease rental repayments		-	-
Cash Inflow from movement in Debt and Lease Financing		-	-
Net Cash Inflow from Financing		223	504
Net Cash Flow		(444)	798
(Decrease)/increase in Cash and Bank	19	(444)	339
Decrease/(increase) in Bank Loans < 1 Year & O/D	19	-	459
Increase in Bank Loans > 1 Year	19	-	-
Changes in Net Cash		(444)	798

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 St. John's Square, New Road, 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 2 (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 2022.

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 2022

Note 1: Insurance

Medical Defence

(a)) Consultants

(b) NCHDs

Other

Public Liability

Employers Liability

Property

Other

2022 €'000	2021 €'000
-	-
-	-
-	-
1	1
-	-
27	31
25	26
53	58

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

Land

Buildings

Work-In-Progress

Equipment

Vehicles

Other

2022 €'000	2021 €'000
-	-
-	14
-	-
-	-
-	-
-	-
-	14

Note 3: Miscellaneous Expenses

Security

Publications etc.

Membership / Subscriptions etc.

Interest on Late Payments

Education / Training

Shop / Restaurant Purchases

Other

2022 €'000	2021 €'000
212	223
-	3
22	-
-	-
52	40
-	-
118	70
404	336

St. John's Hospital

Notes to the Financial Statements – 31 December 2022

Note 4: Analysis of Patient Income

In-Patients

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

Out-Patients

Statutory Accident & Emergency Charges
Other Out-Patient Charges

Total Patient Income

2022 €'000	2021 €'000
190	105
1,561	1,458
-	-
-	-
1,751	1,563
267	140
-	-
267	140

2,018	1,703
-------	-------

Note 5: Income From External Agencies

Laboratory
Pathology
Radiology
Commissioning Services
Other

2022 €'000	2021 €'000
-	-
-	-
-	-
-	-
-	-
-	-

Note 6: Other Income (Non-Capital)

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

2022 €'000	2021 €'000
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
292	35
-	-
-	-
292	35

St. John's Hospital

Notes to the Financial Statements – 31 December 2022

Note 7: Summary Pay Analysis (Memorandum Only)

	2022 €'000	2021 €'000
Basic Pay	15,506	14,961
Overtime	668	634
Premium Pay	917	951
Shift Allowance	-	-
Holiday / Public Holiday Premiums	98	88
Higher Degree	-	-
Special Nursing	73	94
On call / Standby	193	168
PRSI Employer	1,826	1,715
Travel	-	-
Allowance Other	7,751	6,674
	27,032	25,285

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

	2022 €'000	2021 €'000
Net Expenditure - Current Year	32,475	29,878
<u>Deduct</u>		
Purchase of Equipment from Non-Capital	-	150
Funding of Capital Projects from Non-Capital	-	14
Loan Repayments - Principal Only	-	-
Depreciation on Disposal	-	-
Total Deductions	-	164
Sub-Total	32,475	29,714
<u>Add-Back</u>		
Depreciation charge for Year	877	862
Running Cost of Service	33,352	30,576

Note 9: Road Traffic Accident (Memorandum Only)

	2022 €'000	2021 €'000
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	-	-

St. John's Hospital

Notes to the Financial Statements – 31 December 2022

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

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

Total Balance of Approved Non-Capital Determinations Due From HSE

Capital

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

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

Total Balance of Capital Grants Due From HSE

Gross Total Due From HSE Capital & Non-Capital

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

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

Vehicles Purchased

2022 €'000	2021 €'000
32,559	29,836
(31,259)	(27,212)
1,300	2,624
-	1,730
-	(1,730)
-	-
1,300	2,624

91	600
-	(467)
91	133
-	-
-	-
-	-

91	133
1,391	2,757

2022 €'000	2021 €'000
-	-
-	132
-	-
-	-
-	-
-	-
-	-
-	18
-	150
-	-
-	150

St. John's Hospital

Notes to the Financial Statements – 31 December 2022

Note 12: Schedule of Fixed Assets and Depreciation

		Land	Buildings	Equipment	Total
		€'000	€'000	€'000	€'000
Cost Or Valuation at	1-Jan-22	199	14,505	10,902	25,606
Transfers from Work-In-Progress		-	-	-	-
Sub-Total		199	14,505	10,902	25,606
Additions From Capital		-	-	121	121
Additions From Non-Capital		-	-	-	-
Disposals during the year		-	-	(610)	(610)
Cost / Valuation at	31-Dec-22	199	14,505	10,413	25,117
Accumulated Depreciation at	1-Jan-22	-	5,850	9,393	15,243
Depreciation charge for year		-	364	513	877
Disposals–Accumulated Depreciation		-	-	(610)	(610)
Accumulated Depreciation at	31-Dec-22	-	6,214	9,296	15,510
Net Book Amount at	31-Dec-22	199	8,291	1,117	9,607
Net Book Amount at	1-Jan-22	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 2022

Note 13: Debtors

	2022 €'000	2021 €'000
HSE – Revenue Grants Due	3,742	2,624
HSE – Capital Grants Due	-	133
HSE Debtors	3,742	2,757
HSE Mid-West	91	20
Patients (Closing Ledger Balance)	1,554	2,083
Less: Provision for bad and doubtful debts	(1,038)	(1,119)
Other	249	26
Prepayments	178	140
Non-HSE & Non-HSE Mid- West Debtors	943	1,130

Total Debtors

4,776	3,907
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An impairment loss of €1,037,949 (2021: €1,119,216) was recognised against trade debtors.

Note 14: Stocks

	2022 €'000	2021 €'000
Drugs & Medicines	140	128
Blood & Blood Products	-	-
Medical Gases	-	-
Medical & Surgical Supplies	184	196
Sterile Supplies	-	-
Pathology Supplies	-	-
X-Ray / Imaging	11	11
Provisions	-	-
Laundry / Cleaning	6	8
Bedding / Clothing	-	-
Furniture / Crockery	-	-
Heat / Power / Light Supplies	-	-
Maintenance Supplies	-	-
Office Supplies	9	4
Computer Supplies	-	-
Shop	-	-
	350	347

An impairment loss of €Nil (2021: €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 2022

Note 15: Creditors

Creditors - Capital

Creditors - Non-Capital

PAYE and PRSI

Wages and Salaries

Other

2022 €'000	2021 €'000
-	-
1,249	880
698	593
2,285	2,485
1,124	1,026
5,356	4,984

Note 16: Bank Loans - Greater Than One Year

Bank Loans

Deficit Bank Loan Account

Deficit Financing Account

2022 €'000	2021 €'000
-	-
-	-
-	-
-	-

Capitalisation Account : Note 17

Balance at beginning of year

Additions

Capital Expenditure

Non-Capital Expenditure

Sub-Total Additions

Disposals

At cost

Sub-Total Disposals

Less

Disposals

Depreciation for the year

Sub-Total Deductions

2022 €'000	2021 €'000
10,363	10,461
121	614
-	150
121	764
(610)	-
(610)	-
(610)	-
877	862
267	862

Balance at year-end

9,607	10,363
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St. John's Hospital

Notes to the Financial Statements – 31 December 2022

Note 18: Note To The Cash Flow Statement

	2022 €'000	2021 €'000
(Deficit) Non-Capital	(950)	(1,040)
Add back Deficit brought forward	1,040	998
(Deficit) for current year	90	(42)
Deduct repayment of loan (Capital element) charged against non-capital	-	-
Deduct Interest and Dividend Income	-	-
Add back purchase of equipment from non-capital	-	150
Add back Interest charged against non-capital	12	7
(Increase) in Stocks	(3)	(18)
Decrease/(Increase) in HSE Debtors (Non-Capital)	(1,118)	(894)
(Increase)/Decrease in HSE Mid-West Debtors	(71)	76
Decrease in Non-HSE and Non-HSE Mid-West Debtors	187	156
Increase in Creditors	369	1,636
Net Cash Inflow from Operating Activities	(534)	1,071

Note 19: Analysis of Changes in Net Debt

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 '22 €'000	Cash Flow €'000	Non Cash Changes €'000	At 31 Dec '22 €'000
611	(444)	-	167
-	-	-	-
611	(444)	-	167
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-

611	(444)	-	167
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St. John's Hospital

Notes to the Financial Statements – 31 December 2022

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

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

2022 €'000	2021 €'000
(444)	798
-	-
(444)	798
-	-
(444)	798
611	(187)
167	611

Note 21: Related Parties

No transactions with related parties occurred requiring financial statement disclosure.

Total key management personnel compensation was €167,758 (2021: €174,464). 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 2022

Note 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

2022 €'000	2021 €'000
3,667	3,277
1,821	2,105
1,892	1,529
9,127	7,952
1,588	1,388
2,881	3,632
1,783	127
22,759	20,010
3,674	3,008
599	2,267
-	-
4,273	5,275

Pensions & Refunds
Gratuities / Lump Sums
Others

27,032	25,285
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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

976	965
261	159
65	90
2,333	1,806
3	106
435	395
4,073	3,521

St. John's Hospital

Notes to the Financial Statements – 31 December 2022

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

	2022 €'000	2021 €'000
<u>Support Services</u>		
X-Ray / Imaging Equipment	-	-
X-Ray / Imaging supplies / Contracts On	574	482
Laboratory Equipment	-	-
Laboratory Supplies / Contracts On	108	188
Catering Equipment	-	-
Catering Provisions / Contracts On	326	235
Heat, Power & Light	226	229
Laundry , Cleaning & Washing Equipment	-	-
Laundry , Cleaning & Washing Supplies / Contracts On	945	845
Furniture, Crockery & Hardware	48	26
Bedding & Clothing	42	17
Maintenance Equipment	-	-
Maintenance Materials Supplies / Contracts On	517	382
Farm & Garden Equipment	-	-
Farm Supplies / Contracts On	5	3
Travel & Subsistence	63	85
Transport of Patients	-	-
Vehicles Purchases	-	-
Vehicles Supplies / Contracts On	-	-
	2,854	2,492

St. John's Hospital

Notes to the Financial Statements – 31 December 2022

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

Financial And Administrative	2022 €'000	2021 €'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	12	7
Other		
Insurance - Medical Defence	-	-
Insurance - Other	53	58
Audit	37	47
Legal	-	5
Office Expenses (Rent & Rates, Postage, Phone)	150	132
Office Supplies / Contracts On	257	269
Computer Equipment	-	-
Computer Supplies / Contracts On	572	406
Professional Services	285	108
Bad Debts written off	-	-
Adjustment to Doubtful Debts Provision	(81)	(59)
Misc. Non-Capital Exp. on Capital Projects	-	14
Miscellaneous Expenses	404	336
	1,689	1,323
Total Non-Pay	8,616	7,336
Total Gross Expenditure	35,648	32,621

St. John's Hospital

Notes to the Financial Statements – 31 December 2022

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

	2022 €'000	2021 €'000
Income		
Patient Income		
In-Patient	1,751	1,563
Out-Patient	267	140
	2,018	1,703
Other Income		
Superannuation	423	527
Other Payroll Deductions	370	410
RTA Receipts	-	-
Income from External Agencies	-	-
Canteen Receipts	76	68
Other Income (Non-Capital)	292	35
Total Income	3,179	2,743
Net Expenditure	32,469	29,878

St. John's Hospital

Notes to the Financial Statements – 31 December 2022

Contacts

Chief Executive

If you have a comment for the Chief Executive, contact:

Emer Martin, Chief Executive

Tel: 061 - 462253

Quality Risk and Patient Safety team

If you require information, support or advice about our services, contact:

QRPS

Tel: 061 -462110

Information Governance including GDPR and FOI

If you require information or advice, contact:

www.igo@stjohnshospital.ie

Tel: 061 - 462312

Recruitment

If you are interested in applying for a job at St John's Hospital, contact:

061 - 462247

Further information

If you have a media enquiry or require further information, contact:

Olive Moloney, Executive Services Coordinator

Tel: 061 - 462248