St John's Hospital
Ospidéal Naomh Eoin



Annual Report 2023

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 2023

Contents

Foreword 3

Executive Summary 4

Governance & Management 15
- Board 16
- Audit Committee 18
- Risk, Quality & Safety Committee 23
- Nominations & Governance Committee 28
- Senior Medical Staff 31

Drugs & Therapeutics Committee 34

Health & Wellbeing Committee 41

Infection, Prevention & Control Committee 44

Radiation Safety Committee 47

Departmental Reports 49

Audited Reports and Accounts 107

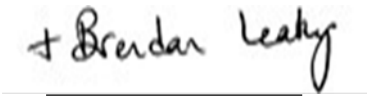
Foreword

I am delighted to present our Annual Report and Audited Accounts for 2023. The report covers the period from 1st January to 31st December and gives an overview of our progress and performance over that period. The year's achievements demonstrate again that our staff continue to work at their very best, committed to delivering high quality care to our patients. In the report you will read how we have continued to develop and improve our services, with a number of new services introduced in 2023.

I was delighted to personally welcome Health Minister Stephen Donnelly on the 30th June to formally launch the opening of our weekend MAU service. It was a great boost for the entire staff to welcome the Minister to our hospital, appreciating the time he took to meet with staff in person and see first-hand the work they do. We were pleased to highlight to the Minister our ambitions for the future of St John's, including our plans to extend and expand our care on many levels, not least through our capital development proposal. On this matter, we were encouraged to hear from the Minister that further capital investment would be made in the Midwest to improve bed capacity. It was also reassuring to hear support from the local public representatives who were present during the Minister's visit. The Board will carry on advocating for this very necessary development to develop our clinical service models into the future. We continue to progress our work on the strategic assessment report and acknowledge the support and guidance of Professor Colette Cowan and Mr Joe Hoare in relation to our work in this area.

Other developments included the launch of our new ambulatory Diabetes service providing specialist endocrinology care to a greater number of patients in the Midwest. We also received support from the HSE to further develop our Bowel Screening Service and continued to progress other integrated services such as the Midwest TB clinic and Women's Health physiotherapy service. These developments affirm confidence in performance and the high standard of care the hospital is known for.

I would like to thank all the staff for their dedication and commitment to the provision of first-class patient care. In particular, I thank Emer Martin for her dedicated leadership as CEO. I would like to thank our 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 healthcare 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 2023 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, complex operational pressures and staffing challenges. Despite these pressures, our staff have continued to work tirelessly to deliver compassionate, high quality care and meet rising service demands.

Our performance is guided by our six strategic objectives as outlined in our Strategy 2022-2027 and I am pleased to highlight that progress was made across all six areas. It is crucial that we have a clear vision and purpose statement, a shared set of values that underpin what we do, and agreed strategic priorities to set how we will achieve our vision.

The Strategy is a roadmap enabling St. John's to play a key role in addressing capacity requirements in the Mid-West, developed by the Board and Executive Management Team following deep consultation with all staff, partners at the University of Limerick Hospital Group, University of Limerick, GPs, St. John's Hospital Patient Partnership Forum and the 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.

- ***Strategic Goal 1: Developing our Infrastructure***

The capital development proposal addresses the necessary capacity requirement to tackle public waiting lists by accommodating a very significant proportion of the scheduled care work in the region. It provides solutions to the critical needs associated with the public waiting lists.
According to NTPF data in November 2023, St John's had the 20th busiest endoscopy list and 22nd busiest elective surgery list in the country. The work on our capital development plan is moving at pace, with the Strategic Assessment Report well under way. We have also made significant progress in reducing patient waiting times, with many patients now waiting 12 months or less for elective procedures compared to the long backlog that existed at the end of the Covid pandemic in 2022. It is reassuring to see scheduled care activity return to pre-pandemic levels, as we continue to focus attention on improving access to our hospital services including the number of new patients seen in our outpatient clinics and medical assessment unit.

- ***Strategic Goal 3: Driving Excellence in Patient Experience***

In relation to quality and innovation, we were delighted to gain national recognition by HSE Spark who sponsored our IT based quality improvement programme initiative to boost patient flow and discharge planning through the creation of a patient flow data management system. We value the

opportunity to have played a key role in this joint project initiative, strengthening our working partnerships with the University of Limerick and HSE national innovation team.

Undoubtedly, our patients and staff benefit significantly from such collaborative relationships, The Rapid Innovation Unit (RIU), an outlet of the Department of Science and Engineering at the

University of Limerick works jointly with clinical stakeholders at St John's and across UL Hospitals Group to bring patient-centric, innovative solutions from the development laboratory to the bedside with the help of 3D printing.

- ***Strategic Goal 4: Investing in our People and their Wellbeing***

We faced particular challenges in nurse staffing levels in 2023 which unfortunately led to a period of industrial action at the end of the year, resulting from a national and global shortage of highly skilled staff nurses. Similar recruitment challenges were shared by other hospitals locally and nationally. We highly value our nursing staff and acknowledge the challenges that they faced on a daily basis to maintain safe patient care. This was not a position that nursing staff wanted to be in or that the Board or management team wanted for the hospital and we worked hard together to resolve matters as quickly as possible. A resolution to the issues was proposed by the end of December under the auspices of the WRC and the case adjourned until the New Year (2024) for a final resolution to be agreed. The relationship between our staff and the quality of care is well established, demonstrated by the national patient experience survey results and feedback received from our patients and their families. Throughout this period, it is reassuring to acknowledge that patient care remained a priority for all parties concerned, with a clear commitment to jointly resolve the issues encountered in these difficult circumstances.

- ***Strategic Goal 5: Developing Partnerships with key Stakeholders***

Enhancing opportunity for innovation and collaboration
Throughout 2023, we continued to seek opportunities for collaboration and innovation in healthcare, education & training and community outreach.

In the month of June, we enjoyed a top-class performance from dancers of Scoil Rínce Uí Bhriain who performed for staff as part of our Health and Wellbeing initiatives.
This was a unique event which created great enjoyment for our staff and allowed the young dancers to experience an outdoor performance in a healthcare setting.

Also in June, two of our experienced nurses, Sinead Carroll and Ciara O'Sullivan, delivered a first aid training workshop as part of a community education project delivered to young persons. We are very grateful for their willingness to support this work.

- ***Strategic Goal 6: Financial Stability and Operational Effectiveness***

Our financial performance has a big impact on what we believe we must do and what we can do, and impacts on our ability to make service improvements.

The rise in activity levels that we saw throughout 2023 had a significant impact on our expenditure, most notably in areas such as inpatient occupancy levels, Injury Unit (IU) attendances, MAU activity and the bowel screening programme. The IU weekend service hadn't been funded since it was commissioned by the HSE, commencing on 28th March 2020; the weekend MAU service commenced on 7th January while annual funding of €1.4m had still not been received by year end, further to formal approved by the Department of Health in March; the bowel screening service hadn't been funded since it commenced in May 2022.

- ***Strategic Goal 2: Timely Access to Scheduled Care***

At the end of the year, the Hospital was noted to have operated at 38% above the Service Level Agreement (SLA) performance metrics across all areas of activity including surgery, medicine, outpatients, endoscopy and urgent care. Our bed day usage saw a 23% increase compared to the same period in 2022. Our inpatient occupancy levels were averaging at 100%, compounded by a 16% deficit in the funded nursing establishment by year end and 10% in the funded HCA complement. Agency usage in both nursing and support staff groups was driven by the extraordinary level of service demand coupled with the vacancy factor. Despite an active cost containment plan, the cost pressures arising from long periods of underfunding for clinical services, insufficient funding of Public Only Consultant Contracts, unachievable income generation targets, inflation costs and high cost agency staff led to a year end deficit of €4,192,000 at 31st December 2023.

The Hospital wrote many times to the HSE during the year to request that the funding shortfall be addressed. The cost improvement plan was reviewed and updated regularly to manage and control expenditure. It was clear by year end that further work would be necessary in 2024 to address funding issues, reduce the use if agency staff and maintain a strong focus on other financial control measures to work towards an improved year-end financial position for 2024.

The Year in Review

Service Delivery

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

Capital Development

The Board continues to pursue St. John's Capital Development during 2023 due to

significant challenges for the hospital in meeting the current required infection prevention and control standards in a 19th century building. Work on the Strategic Assessment Report for a new bed block is under way. Condition Surveys carried out in all acute hospitals in 2018-2019 have highlighted the need for urgent refurbishment and new build capital works at St John's. A draft report was issued on the Condition Survey in June 2020 which largely supported the case St. John's Hospital had been making for years for capital development on St John's hospital site. Hospital representatives met with the local HSE Estates Manager and agreed amendments to the draft report. The HSE referred to additional beds already prioritised for the UL Hospitals Group which were at commissioning stage, stating that in partnership with the Sláintecare Programme office, it had started planning for the location and number of further additional acute and community beds, as set out in the Bed Capacity Review. It was further anticipated that planning for the additional bed capacity would be influenced by broader reform of the health care system and by population projections and assessment of needs, of which St John's sees itself as a core and necessary stakeholder.

Our risk profile

We carefully identify, monitor, and manage risks which may impact on our ability to continue providing care. We do this through a detailed operational risk register and our Board Assurance Framework. The Framework provides a structure for the management of the principal risks to delivery of the Hospital's strategic objectives. Each of the corporate strategic risks on the Board Assurance Framework receives scrutiny in-year by the respective Board Committee to which they are aligned, and the Framework is considered on a consolidated basis at each Board meeting. Departmental and corporate risks are reviewed through the respective management meetings and escalated to the Executive Team and Board level as appropriate. Executive and Service Head meetings provide an opportunity for discussion of high-scoring risks. This includes an opportunity for testing of actions that have been identified to mitigate the risk, and consideration of the progress reported.

Performance and Service Delivery

The Hospital uses its performance management framework to gather and analyse complex information across a range of quality, operational and financial measures and indicators. This allows the Board to ensure effective action is being taken to address risks or uncertainty to the delivery of plans and objectives. External assessment of St John's Hospital is an important part of this risk and control environment.

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

Succession Planning for Consultant Staff

2023 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 remained unresolved at year end in relation to Dr Lee's replacement post. St John's cannot function fully

without Consultants being employed directly by St John's to work with the hospital's executive team and the Board. All of our replacement consultant posts are designed to have a dedicated service commitment to the Group, with a significant portion of their work being undertaken at St John's. The matter is presently ongoing with the HSE.

Capital Funding in 2023

St. John's Hospital sought funding for the Capital Development Bedblock feasibility study. We also submitted an extensive application under the HSE's National Equipment Replacement Programme for 2023. We received grant approval for Anaesthetic equipment for our Theatre department. We are grateful to the HSE for replacing these necessary medical equipment items to enable us to continue carrying out services.

Quality and Safety

Health Information and Quality Authority (HIQA)

St John's did not receive any inspections from HIQA during 2023.

National Patient Experience Survey

The National Patient Experience Survey was paused by HIQA this year due to other quality improvement works taking place nationally.

Public Sector Energy Performance

St. John's Hospital continued to work towards the government's objective to improve public sector energy efficiency We were on target for 2023. Energy conservation/efficiency improvement will continue to be a major consideration in all future works.

Health and Safety Authority (HSA)

There was no inspection in 2023

National Incident Management System (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.

National Incident Management Framework (NIMF)

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.
The Board Risk, Quality and Safety Committee plays a key governance role in overseeing our quality, risk and safety practices and in driving quality improvements. Further details are in the reports below.

Hospital Governance

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.

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 established, established in 2021, remains available to support and advise staff on how best to manage the virus and any further pandemic issues that may arise.

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.

Irish Voluntary Healthcare Association /Voluntary Healthcare Forum (VHF)
The VHF re-launched as IVHA in December 2023.
The role of IVHA is to act as a support network for the voluntary health and social care sector, to advocate to government on behalf of its members and to assist in preparation of position papers on behalf of members relating to fundamental reform to the Service Arrangement and governance models for Section 38 organisations.
IVHA commissioned UCD to undertake an extensive review of the governance relationships between the State and Section 38 organisations in 2019, whereby UCD reported its findings in November 2020, resulting in the development of partnership principles to inform how the HSE and Section 38 agencies will work together going forwards.

(Annual Compliance Statement (ACS) 2023
St. John's Hospital signed its eight Annual Compliance Statement in May 2023. 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.

(Service Level Arrangement (SLA) 2023
The Service Level Arrangement (SLA) for 2023, our annual contract of services with the HSE, was signed by St. John's Hospital CEO in August and the CEO, UL Hospitals Group. The SLA was issued to St John's by the HSE in July 2023.

University of Limerick Hospitals Group (UHLG) Performance Meetings
St John's Executive team met with the ULHG executive team monthly to review performance against service targets. 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 directed by the group executive and nurse staffing issues at St John's, affecting service delivery and expenditure

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 2023 and 2022, under the headings of overall expenditure and income, are shown hereunder. The accumulated deficit at 31st December 2022 was €950,000, which was brought forward to 2023. The deficit increased to €4,192,000 at 31st December 2023.

	2023 €'000	2022 €'000	% Increase/ (Decrease)
(SURPLUS)/DEFICIT B/F FROM PREVIOUS YEAR	950	1,040	
PAY	31,429	27,032	16.3%
NON-PAY	9,056	8,616	5.1%
TOTAL EXPENDITURE	41,435	36,688	12.9%
INCOME	2,070	3,179	(34.9%)
NET EXPENDITURE	39,365	33,509	17.5%
ALLOCATION FROM HEALTH SERVICE EXECUTIVE	35,173	32,559	8.0%
(SURPLUS) DEFICIT	4,192	950	

Pay Related Expenditure

Pay costs increased by €4,397,000 (16.3%) compared to 2022, mainly driven by the requirement of agency staff to ensure services operate to a safe standard.

Non-Pay Expenditure

Costs increased by €440,000 (5.1%) compared to 2022, driven by:

	2023 €'000	2022 €'000	% Increase/ (Decrease)
DRUIGS & MEDICINES	1,139	976	16.7%
MEDICAL EQUIPMENT	652	438	48.9%
CATERING PROVISIONS	431	326	32.2%
HEAT, LIGHT & POWER	350	226	54.9%
CLEANING & WASHING	1,031	945	9.1%

- Patient related expenses increased due to higher activity levels and upward inflationary pressures.
- Heat, Light & Power increased due to a number of unit price increases.

Income

Income decreased by €1,109,000 (34.9%) compared to 2022. Significant changes occurred in the following category ;

	2023 €'000	2022 €'000	% Increase/ (Decrease)
In-Patient Income	600	1,751	(65.7%)

- In-Patient Income decreased by €1,151,000 due to our reliance on Consultants who are on Public Only contracts.

Allocation from Health Service Executive

The allocation from the Health Service Executive in 2023 was €35,173,000 which was an increase of €2,614,000 compared to 2022.
This allocation was driven by increased activity, inflationary pressures and compensation for the reduction in our patient income.

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.

The 2023 Set of Financial Accounts are at page 107.

Legal and Banking 2023

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 2023 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.

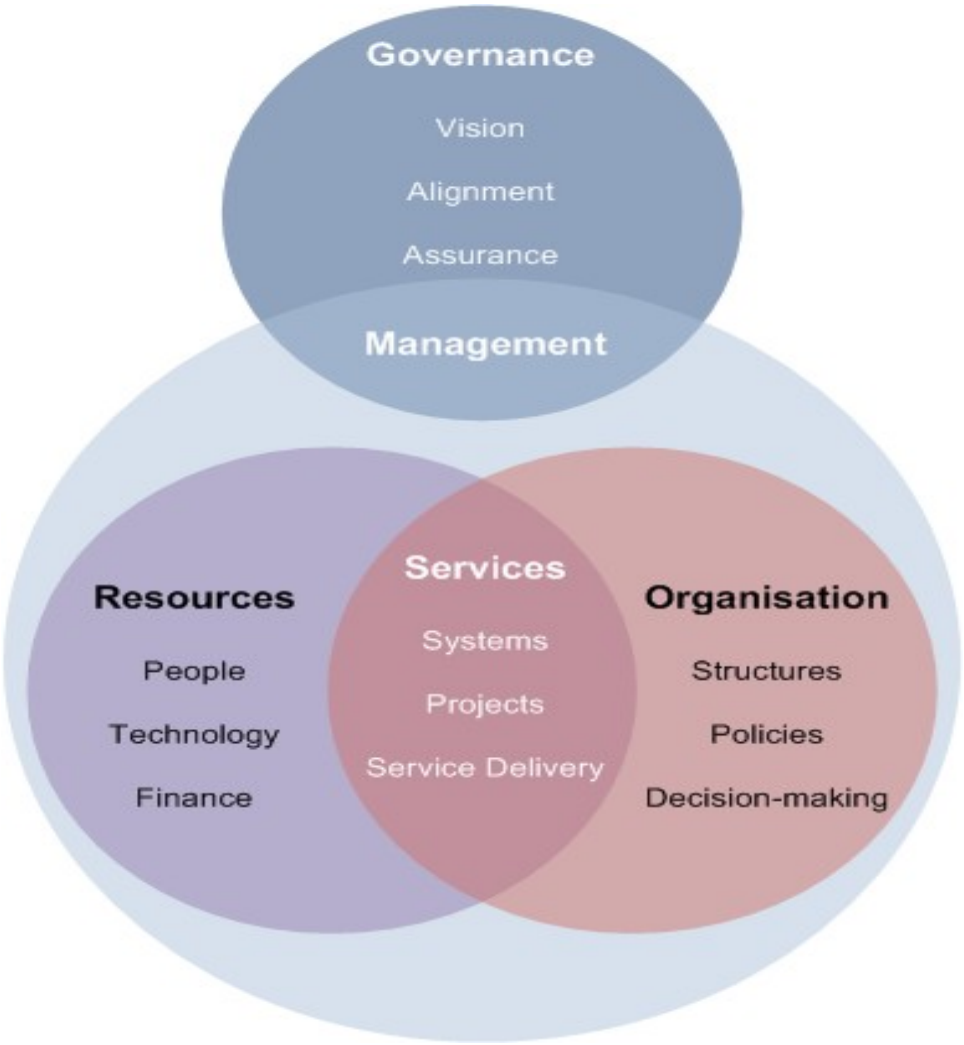
Staff

I would finally like to thank each member of staff for their contribution to the work of the Hospital throughout 2023. 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. 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 of Directors

Member	Role	Appointment Period
Most Rev. B. Leahy, D.D.	Chairperson	On holding office
Dr Fasih Khan	Member	January – December 2023
Mr. Ralph Keane	Member	January – December 2023
Dr Catherine Casey	Member	January – December 2023
Dr Miriam Callanan	Member	January – December 2023
Ms. Anne Fahy	Member	January – December 2023
Ms. Audrey Fehily	Member	January – December 2023
Mr. Richard Leonard	Member	January – December 2023
Cllr. Daniel Butler	Member	January – to May 2023
Cllr. Kieran O'Hanlon	Member	January – December 2023
Very Rev. Canon Garrett	Member	On holding office
Cllr. Francis Foley Cllr. Gerard Mitchell	Member	January – June 2023 July – December 2023

Attendance at Meetings

For the period 01/01/2023 to 31/12/2023
Management **Committee / Board**

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

In Attendance - 01/01/2023 – 31/12/2023

Name	Role
Emer Martin	Chief Executive (Secretary)
Michelle Rogers	Deputy Chief Executive/ Director of Operations
Eileen Hayes	Director of Nursing (May – December 2023)
Nicole O'Donovan	Head of Finance
Olive Moloney	Executive Services Co-Ordinator

Sub-Committee: Audit Committee

The Committee met on 3 occasions during the year.

Attendance at Meetings

For the period 01/01/2023 to 31/12/2023

Audit Committee	**Attendance**
Mr. Richard Leonard, Chairperson	3/3
Mr. Ralph Keane, Member	3/3
Ms. Catherine Sheehan, Member	3/3

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 2023. 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.

Ospidéal Naomh Eoin
St John's Hospital
Cúram Gairmiúil agus Atruacha
Professional and Compassionate Care

AUDIT COMMITTEE

2023 Annual Report to Board AGM

Introduction

In accordance with our Terms of Reference, I submit the 2023 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 2022, meetings were held in March, September and November 2023.

March Meeting

Progress Report Q4 2022 – Finance
Ms. Martin provided an update in relation purchasing processes, income from insurance claims and the review of income procedures in the LIU department. The Committee noted the controls in place.

Progress Report Q4 2022 – Human Resources
Ms. Martin advised the committee that a new Head of HR and Organisational Development had been appointed. The committee noted that a schedule of HR policy updates were being finalised and ready for the next meeting.
The Committee also noted that the HR Intranet site is to be developed further to provide easier access to policies and HR template forms for both managers and staff. The Committee noted the details.

Internal Audit Plan 2023
Mazars presented an outline of the internal audit plan for 2023. The Committee noted the areas of focus in 2023 being; IT Security and Capex/Operational Procurement. It was proposed that the Cyber Security follow up review commence in April 2023 focusing on the five medium priority

findings identified in the 2022 Audit. Mr. Magner proposed that the Capex/Operational review commence in June 2023 and would focus on improving efficiency, compliance, and eliminate irregularities or fraud. The review will focus on vendor selection and evaluation, controls around purchase orders, purchase requisition, three-way match and invoicing and payment controls. The Committee noted that there will be a follow up review of previous findings for payroll and insurance claims to ensure the recommendations were implemented and it was suggested that this review commence in Q2/Q3 2023.
The Audit Committee signed off the Internal Audit Plan for 2023.

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.

2022 Financial Audit – Grant Thornton
Grant Thornton presented the Audit Findings Report for the financial year 2022 to the Committee, outlining the Internal Controls recommendations and the management response. The Committee noted that there were no significant findings identified by the auditors. The Committee noted that a Vacancy Approval process has been implemented by the hospital to strengthen recruitment procedures and to ensure a clear rationale for each approved post.

Cyber Security Report

The Committee noted that the hospital was progressing with a Cyber Security programme and had drafted a Cybersecurity Policy for the hospital. The Committee noted the progress in addressing the Legacy Server Operating Systems with a significant number of legacy items replaced. The I.S. Disaster Recovery Policy document was approved by the Committee.

General Data Protection Regulations (GDPR)
The committee noted that there had been a lot of progress in terms of; governance and assurance, record of processing and lawfulness, breach management and updated GDPR policies since Mazars collaborated with St. John's hospital. .the GDPR improvements since the collaboration with Mazars. The Committee also noted that Mazars have commenced a Data Retention project of non-clinical data in the Hospital. Clarity awaited from the HSE on data retention periods for healthcare records. The committee was satisfied that risks were being managed and forwarded its report to the Board.

September Meeting

Progress Report Q1 2023 – Finance

Ms. Martin advised the Committee that there are systems in place for approval of maintenance works, all works must be signed off by the Head of Facilities and D/CEO. The Committee noted the progress in improving the Pharmacy ordering process.

Progress Report Q1 2023 – Human Resources

The Committee noted that the new admissions office provides protected time for patients to read and sign their paperwork. The Committee noted the progress in finalising HR policies; Overtime, Grievance and Disciplinary policies.

Progress Report Q1 2023 – Cyber Security

The Committee noted that the hospital is progressing with its Cyber Security programme. The Committee noted that there are several policies being reviewed including: electronic communications policy, email usage, internet usage, remote access and password policy. The Committee noted that an inventory of legacy systems has been compiled and action plan to mitigate /eliminate associated risks including costs.

Internal Audit Report

Mazars provided an update on the Cyber Security Audit review conducted in August 2023 which outlined 9 priority recommendations; 5 medium priority and 4 low priority recommendations. The Committee noted the progress since the initial audit in 2021.

November Meeting

Progress Report Q3, 2023 – Finance

Ms Martin updated the Committee on the Procurement function. The Committee noted that with the exception of Pharmacy and Catering, all orders are processed through the central procurement team and a sequential purchase order (PO) number is generated in SAP. It was also noted that All POs are matched with a Goods Receipts note (GRN) and invoice prior to payment. Monthly reports are generated from SAP identifying high value POs and open POs and are discussed with the Procurement Officer. The Committee approved the closure of this recommendation.

Progress Report Q3, 2023 Human Resources

The Committee noted that work is ongoing in respect of the schedule of HR policy updates. Ms. Martin recommended the closure of the updating of the HR Intranet site and the Staff Handbook, both of which have been completed. The Committee approved the closure of these items.

Progress Report Q3, 2023 – Cybersecurity

Ms. Martin updated the Committee that the hospital is progressing with its Cyber Security programme. The interim ICT Manager has drafted a Cyber Incident Response Plan policy

document and it is before the Board Audit Committee for approval. The Committee noted the progress in the ICT policies. The Committee noted that the ICT department has upgraded/decommissioned approx. 9 servers in the last year that were running legacy operating systems. The ICT department is replacing the oldest remaining server in Q3, 2023 and plan on replacing another 8 in 2024. Ms. Martin recommended that this item stays open until all legacy servers are replaced.

Internal Audit Report - Review of Procurement and Pay Controls presented by Mazars

Mazars provided an update on the review of Procurement and Pay Controls outlining five medium priority findings and recommendations. The Committee noted the positive aspects of the audit and that all the five priority findings were ranked as medium risks. The Committee noted that the hospital will look at the recommendations and prepare responses.

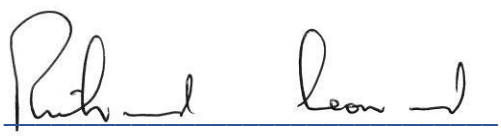
Internal Audit update

Head of Finance Ms. O'Donovan provided an update on the internal payroll audit, pay arrears, progress on updating department policies and the positive impact that the new HR system will have on improving manual tasks. Ms. O'Donovan provided an update on the Insurance Claims Audit and confirmed that the Public Only Consultant Contracts (POCC) now in place for newly hired Consultants results in the inability to claim private fees from insurance companies. Consultants on previous contract types will move to the POCC in due course. The Committee noted that this has a substantial impact to the hospitals income generation and will be addressed by the HSE in the 2024 Budget allocation.

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:  **Date: 28 November 2024**

Richard Leonard
Chairman
St John's Hospital Audit Committee

Sub-Committee: Risk, Quality & Safety Committee

The Committee met on 4 occasions during the year.

Attendance at Meetings

For the period 01/01/2023 to 31/12/2023	
Board Risk, Quality & Safety Committee	**Attendance**
Ms Audrey Fehily Chairperson	4/4
Ms Anne Fahy, Member	3/4
Dr. Fasih Khan, Member	2/4
Ms Emer Martin, Member	
Ms Noreen Kennedy, Member	
Ms Geraldine Creaton, Member	
Ms Eileen Hayes, 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 2023. 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.

Ospidéal Naomh Eoin
St John's Hospital
Cúram Gairmiúil agus Atruacha
Professional and Compassionate Care

RISK, QUALITY & SAFETY COMMITTEE

2023 Annual Report to Board AGM

Introduction

In accordance with our Terms of Reference, I submit the fourth 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 2022 to the Board, meetings were held in January, April, July and November 2023.

January 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 Extreme: 3 Covid-19 positive patients related deaths. Major: 2 patient falls resulting in fractures.
- The hospital was notified of four new claims in Q4, 2022 alleging: : Appendectomy not carried appropriately, Injury sustained during Fire in Theatre, TVT Mesh and Inadequate and Defective diagnosis, care & treatment.
- Compliments and Complaints received.
    - Complaints - main theme: Communication.
    - Compliments – Main themes include: the wonderful care received, kindness of staff and the exceptional hospital experience.

April Meeting

Copies of reports from the following Committees were reviewed:

1. Audit, Research & Innovation
2. Drugs & Therapeutics
3. Infection Prevention & Control
4. 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- No Category 1 Major/Extreme incident reported in Q1, 2023
- One new claim was notified in Q1, 2023 relating to relating to a patient claiming on-going and significant pain post posterior vaginal repair.
- Compliments and Complaints received:
    - Complaints - main themes include: Communication.
    - Compliments - main themes include: excellent standard of care, the professionalism of staff and the first-rate hospital experience: “Everyone from start to finish was friendly, helpful, kind and informative”
- Corporate Risk Register update and controls in place

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

July Meeting

Copies of reports from the following Committees were reviewed:

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

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: No category 1 No Major/Extreme incident reported in Q2, 2023.
- It was noted that one new claim was notified in Q2, 2023 which relates to a perforation that occurred in UMHL and patient had subsequent exploratory surgery in St. Johns Hospital (Both UMHL and St. Johns are named as Defendants on Personal Injuries Summons)
- Compliments and Complaints received.
    - Complaints – No formal complaints made in Q2, 2023.
    - Compliments – main themes include: excellent care and attention received and the professional, kind and reassuring nature of the staff.
- 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. Audit, Research & Innovation
2. Drugs & Therapeutics
3. Infection Prevention & Control
4. 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 1/Major – 1 Category 1 Major Incident was reported in Q3 2023 – Grade 4 Pressure Ulcer.

- It was noted that one new claim was notified in Q3, 2023 Compliments and complaints received which relates to a misdiagnosis of fracture when the patient attended LIU.

    - Complaints: Two formal complaints were received in Q3, 2023. Main theme of complaints were communication and safe and effective care.
    - 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 new 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** **Date:** **28th November 2024**
Chairperson
St John's Hospital QR&S Committee

Sub-Committee: Nominations & Governance Committee

The Committee held a virtual meeting during the year.

Attendance at Meetings

For the period 01/01/2023 to 31/12/2023	
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 2023. 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.

Ospidéal Naomh Eoin
St John's Hospital
Cúram Gairmiúil agus Atruacha
Professional and Compassionate Care

NOMINATIONS & GOVERNANCE COMMITTEE
2023 Annual Report to Board AGM

Introduction

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

Activity

The Nominations & Governance committee considered governance issues for St John's in light of the delay in appointment of replacement Consultant posts and consultant appointments throughout the hospital. It was noted this issue has been highlighted at previous Board meetings during the year and that UHLG Executive have been asked to remedy the element of the issue which is attributable to the HSE. The Committee highlighted that without an adequate cohort of medical consultants appointed to St John's, the Consultant and Hospital governance structures are adversely affected, posing a significant risk to patient services, the hospital and the Board. The Board noted that this unresolved issue had led to difficulties with NCHD training and subsequent loss of accredited intern posts in St Johns by the local training body and the IMC. The number of visiting consultants to St John's from UHL was noted.

The lack of legally binding contract to St John's Hospital further to ULHG stipulation that all consultant contracts report to 'ULHG' executive is having a major impact on medical Governance in the hospital. It was proposed by the Committee that an essential amendment to the HSE (ULHG) contract takes place to allow for appropriate governance and reportage to the CEO in St Johns. The Committee proposed that the Board Chairman write to Mr Bernard Gloster CEO HSE with a copy to the Minister highlighting the significant risks and vulnerability, and to confirm legal opinion regarding consultants working in St Johns and not reporting to the CEO of the Hospital. The Committee recommended that the Board consider informing the Charity Regulator re risk in lack of appropriate Governance in relation to the Consultants and that this risk is noted on the Corporate Risk Register and remain so until resolved.

The Committee also considered an appropriate replacement for Mr Con Murray who resigned as Board member in 2022. A professional with a background in healthcare governance and policy was recommended as replacement. The Board approved the proposal.

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 **Date: 7th November 2024**

Chairman
St John's Hospital Nominations & Governance Committee

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 Associate Clinical Director
*Liam Casserly
Andrew Scott
Dr Babar Abbassi
Dr Izhar Ahmad
*Mr Jehan Zeb Khan
*Mr Nasir Ahmad
*Mr Nisar Ali
Dr Moises Olaverria
Dr Faizal Wahab

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.

Medical Staffing:

Medical staffing, particularly at consultant level, continues to be a challenge, but has improved considerably in the last year. The hospital has appointed Dr Moises Olaverria as a permanent Respiratory Physician. The hospital has appointed Dr Ali Sheikh to a new temporary post as Consultant Physician with an interest in diabetes/endocrinology, and Dr Faizal Wahab as temporary Consultant Physician in General Internal Medicine. They each cover the Medical Assessment Unit (MAU) two days weekly also. Dr Eithne Mulloy (retired

Respiratory Physician) has been appointed as temporary Associate Clinical Director for St. John's Hospital, and she also covers the MAU one day weekly. These appointments have strengthened our medical team and governance, improved consultant cover in the MAU and the wards reducing the need for agency locums.

The in-patient medical service continues to be very busy, and a particular challenge has been trying to keep beds free for elective surgery, rather than filled by A & E patients from UHL. All services have worked very hard to keep elective surgery going with minimal bed resources, and we have managed to keep cancellations to a minimum. The MAU has become extremely busy with over 40% increase in patient numbers in the last year, partly because of extended opening hours seven days weekly. A major focus is admission avoidance, which has been very successful, with only 13% of patients admitted last year. St. John's is now seeing over 500 patients annually.

Business Plan for 2024

Our aim is to increase the number of permanent physicians to at least five: currently we have only two permanent appointments and three temporary physicians. This is a priority for the coming year.

The pressure on MAU is likely to continue to grow, we are currently open 7 days weekly but there have been HSE proposals to extend that to 24 hours daily. That would entail major financial and staffing challenges both medical, nursing and diagnostics and is beyond our current resources but we hope to work with all parties to continue to improve the vital service that the MAU provides.

Completed by: Dr. Eithne Mulloy
Title: Associate Clinical Director
Date: 10th July 2024

Drugs & Therapeutics Committee



Introduction

St John's Hospital's Drugs & Therapeutics Committee is among the hospital's longest established committees. It is a multidisciplinary committee and comprises Hospital Management, Medical, Nursing, Risk Management and Pharmacy.

The focus of the committee is on medicines governance, promoting, supporting, monitor and making recommendations on medicines use to provide optimal care for our patients.

The Drugs & Therapeutics Committee has oversight of the hospital's Antimicrobial Stewardship Programme, which strives to make the best use of antibiotics to manage infections, while preserving their effectiveness into the future.

The Hospital's Medication Safety Programme is also overseen by the Drugs & Therapeutics Committee. This programme promotes safe systems and practices, as well as effective monitoring to eliminate where possible, or reduce potential harm associated with medication use, while optimising best patient outcomes.

Challenges

o Drug Shortages

Drug shortages intensified throughout 2023 with over 200 shortages active throughout the year. These had the potential to impact the hospital business and for example, lead to procedure cancellation but this challenge was met with a prioritised plan to divert significant pharmacist time into sourcing alternatives and delay or defer some quality improvement projects to allow sufficient time for this task.

Clinical Pharmacists supported Consultants and NCHDs where a shortage could not be resolved, to recommend an alternative available medicine for the affected patient during their admission and enable a continuation of treatment post-discharge. Pharmacists also communicated recommendations to nursing teams to keep them up to date on current shortages and recommended alternatives. Strategies introduced by nursing teams included the transfer of the patient's medicines if moved to another ward during their admission, thus preventing drug wastage and reducing potential for the patient missing drug doses.

Managing drug shortages over a sustained period of time was unavoidably associated with an increase in acquisition costs of medicines. Additional workload associated with processing increased numbers of invoices from diverse suppliers impacted in both Pharmacy and Finance Dept.

o Specific Antibiotic Stewardship challenges

Antibiotic stewardship is the effort to measure and improve how antibiotics are used. Some antibiotics may be switched for intravenous to tablet form under certain criteria as the patient responds clinically to treatment. This was targeted for improvement in 2023. One of the new

approaches taken was that clinical pharmacists carried out a trial of a written prompt to assist prescribers.

C difficile rates attributed to patient exposure to specific antimicrobials (Clindamycin, Cephalosporins, Co-amoxiclav, Ciprofloxacin and Carbapenems) was noted to be on the increase. Staff education sessions took place to increase awareness. Practical steps to meet this challenge included staff education on the latest HSE C difficile guideline and the development of an evidence-based 'Stop' algorithm for Clinical Pharmacists to use a prompt for teams.

Communicating effectively is one of the hallmarks of good antimicrobial stewardship. A deficit was noted and the result was focused education sessions on the requirements for a Microbiologist/NCHD consult. These requirements now inform part of NCHD induction to Antimicrobial stewardship and are incorporated whenever the Antimicrobial Guidelines are discussed.

o Medication Safety Challenges

The 'Medication Burden' has increased further.
The 'Medication Burden' is the number of medicines that a patient is taking in a given day prior to admission. An audit of medication burden, repeated in 2023, showed an exponential increase on the two previous audits undertaken (2022 and 2016). The audit result highlighted the significantly challenged medicine storage facilities with deficits both at ward and in the Pharmacy. It identified process challenges, for example, the increased time taken to carry out drug administration rounds. It also revealed challenges for prescribers to successfully document admission medicines, and then after the patient's hospital stay finishes, to have sufficient time to complete the discharge prescription. The time factor was also a challenge for clinical pharmacists initiating the medication reconciliation process: the time required to complete this process has more than doubled.

Recommendations to meet these challenges include redesign of the drug administration round, investment in automated dispensing cabinets, creation of dedicated patient's medicines storage areas by the bedside or in the care area, new approaches to drug ordering and a focus on deprescribing, partnered with the patient. None of these could be achieved during 2023.

The challenge of changing staff
One of the challenges to sustaining a medication safety programme is significant changes to staff occurring at all levels, Reliance on established risk management systems, committees and working groups, and regular weekly learning helped steer the programme forward, albeit in a slower but determined manner. These helped us to maintain 'an organisation with a memory' (L Donaldson, NHS, 2002)

One particular project supported by the Drugs & Therapeutics Committee exemplifies this challenge, the Diabetes Chart Improvement Project. The project team changed a number of times during 2023 as staff changed. Each of the changes was yet another 'restart' and slowed the delivery of a revised chart significantly with efforts to bring new people on board, while retaining enthusiasm for this improvement. In the end, being obliged to report back to the Drugs and Therapeutics Committee on any progress at each meeting stabilised and strengthened each restart. This project is expected to deliver a new diabetes chart in in late 2024, with new plans to develop a user education package.

Quality Initiatives

o Hospital-associated Venous Thromboembolism prevention

The National VTE Programme (NVTEP) was established in October 2022 to provide support and guidance to acute hospitals on the prevention, diagnosis, management and long-term care of venous thromboembolism (VTE). It advised that hospitals ensure that they deliver VTE prophylaxis as appropriately tailored to each inpatient's risk and other factors within 24 hours of the decision to admit.

The committee monitors compliance Venous Thromboembolism (VTE) prophylaxis guidelines as part of the Medication Safety programme. 2023 saw completion of the governance role with Hospital-associated VTE as a separate item on the agenda of each committee meeting. In addition to guideline compliance review, should a hospital-associated VTE occurs, new recommendations for prevention / improvement that result are brought to committee for approval and action.
Compliance with VTE prophylaxis guidelines improved steadily throughout the year. Structured education sessions on risk assessment and appropriate VTE prophylaxis, compression stocking measurement and regular communication of the compliance rate formed a support to doctors, nurses and pharmacists in delivering this result.

o Some Antibiotic Stewardship Quality Improvement initiatives

Nationally developed educational training was promoted to nursing staff to equip them to support best antimicrobial stewardship practice. Locally developed focused training on specific drugs, such as vancomycin, was developed and provided to nurses during the year by the antimicrobial pharmacist.

Analysis of data on use of the antibiotic, Meropenem, throughout the year led to the development of a new data capture methodology that successfully identified prescriptions in compliance with recommendations from Consultant Microbiologist and presented a clear and confident picture of appropriate stewardship of meropenem.

Significant improvement in the use of the Fluoroquinolone group of antibiotics was noted in 2023, revealing a positive result for the hospital in this category for the first time in ten years and after much collaborative effort.

o Initiatives for Medication Safety

A pharmacy-led multidisciplinary learning project, 'Medication Safety Monday', achieved a milestone in 2023. Modelled on and associated with St James's Hospital Medication Safety Microlearning, just shy of 200 pieces of medication safety microlearning were delivered to healthcare staff since inception. Weekly themes alerted staff to safety issues with medicines and responded to specific incidents by recommending strategies to reduce or prevent recurrence.

Consultant-led training on incident analysis and prevention strategies occurred at NCHD training sessions. Pharmacists attended weekly to present medication safety learning opportunities and

delivered post-induction training.

A nurse-led Drug Administration improvement project ‘preventing interruptions to drug rounds’ began in 2023 as a pilot. Education of nursing staff, and other healthcare staff working on wards was undertaken make everyone aware of the project and maximise impact. A report with recommendations is expected in early 2024.

A second drug administration project led by Clinical Skills Facilitators promoted insulin safety. A blue label to alert staff to ‘blood glucose monitoring / insulin in use” and prevent potential missed doses and missed monitoring opportunities was embedded into practice.

A Medication Safety Walkabout initiative began during 2023 to enhance staff awareness of and engagement with the Medication Safety Programme. The Walkabout also opened up discussion on incident reporting, HIQA inspection preparedness and provided an opportunity for staff feedback and comment. Walkabouts were undertaken by members of the Medication Safety Working Group. An improved culture of incident reporting was noted in 2023.

o Policy updates that made a real difference

Several significant policy updates were undertaken throughout the year.

- The Anaphylaxis policy update was a significant collaboration between Pharmacy, Resuscitation Officer, Doctors and the Rapid Innovation Unit to deliver a newly designed and simplified anaphylaxis kit, aligned with national standards and a fresh approach to the promotion of anaphylaxis training.

- The expansion of the list of intravenous drugs approved for nurse administration under our Intravenous Drugs Policy demonstrated in adapting to the patient profile. Changes to this policy are supported by the development of quick references and education sessions.

- Second Dose Iron Infusions Standard Operating Procedures approved by the committee for the new Ambulatory Unit supported efficiencies in bed management and enhanced patient experience.

- The Safe Use of Medicines Policy was updated regarding the Role of the Student Nurse. Approved changes reflected revisions made at other sites across the Group where Student Nurses are trained, enabling a standard approach for hospitals facilitating student nurse placements.

1. Recruit committee members to fulfil our potential as a Voluntary Hospital operating within a rich and diverse healthcare system locally:

 The Community Pharmacist representative and the GP representative positions are both currently vacant.

2. Based on the rising medication burden, invest in medication storage infrastructure to deliver best practice models of care:

- Develop business plan to engage with automation in medication management
- Develop new models of drug provision at the bedside
- Develop business case and model for near patient storage

3. Strengthen documentation to support clinical governance:

- Close-out of Diabetes Chart Improvement; develop education plan to implement
- Publish next edition of General Prescribing & Administration Chart
- Reimagine Surgical Prescribing & Administration Record; also include standardised surgical VTE risk assessment tool and prophylaxis recommendation

4. From audit results and building on clinical service developments, strengthen academic, research and innovation profile and capability:

- Develop a research focus on dementia and Care of the Elderly
- Partner with a university
- Implement National Clinical Guideline 21, Appropriate prescribing of psychotropic medication for non-cognitive symptoms in people with dementia

5. Strengthen clinical governance and engagement to ensure the highest quality of care to patients:

- Review and update the hospital's allergy policy to reflect a practical approach to allergy recognition; roll out a supporting educational programme
- Develop the eFormulary platform to make it a repository of information and a 'one-stop shop' for Front Line Staff
- Innovate on how we deliver medication management for patients with Parkinson's Disease.

o The Drugs & Therapeutics Committee membership and structure was strengthened during 2023. New members included an additional Medical Consultant and a Nurse Prescriber representative.

o Removal of the incorporation of the Resuscitation Committee into the Drugs & Therapeutics Committee took place during 2023. It was agreed that the recently established

Deteriorating Patient Committee was a more suitable ‘home’ for the Resuscitation Committee. Governance of resuscitation drugs remains with the Drugs and Therapeutics Committee.

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

- A new Health and Wellbeing Room was set up for all staff in the hospital to enjoy.
- 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.
- In October, the Irish Heart Foundation provided lifestyle assessment checks for staff.
- St John's was very successful with funding from Healthy Ireland this year. A total of €10,000 was obtained following the submission of a business plan to install a new outdoor covered seating area with new paving. The garden and outdoor eating facilities continue to be very popular.
- Free sanitary facilities are now available for staff.
- 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.
- The Committee helped co-ordinate a variety of Christmas activities. 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.
- Flowers continue to be planted outdoors in the garden planters and offer beautiful colour and cheer to staff. In September, staff from the hospital attended the National Health & Wellbeing conference will be held in University Hosptial Limerick. This was a wonderful event and very insightful. Multicultural Day was held on the 22nd of November. This was to celebrate the rich tapestry of cultures within our team. Colum McGrath, Clare FM breakfast show came to the hospital as an independent judge. This was a very enjoyable day.

- Exercise and Yoga classes were made available to staff

Objectives 2024

• Celebrate St. John's Day annually

• Irish Heart Foundation Health checks

• 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 wellbeing of 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 2023

To review the Hospital's infection control systems, processes and procedures, to ensure that the risk of transmission of infection is prevented, managed and controlled in accordance with standard 3 of HIQA's Infection Prevention and Control Standards.

- To manage any outbreaks in accordance with national standards and to ensure that a report is available pertaining to same

- To ensure that Infection Control Bundles are in place and regularly audited in relation to peripheral catheter care and urinary catheter care

- To achieve the minimum national standard for Hand Hygiene Practice

- To control the use of antibiotics and pharmacy to implement Antimicrobial Stewardship Rounds

- To ensure that all patients have an IPC admission questionnaire completed on admission.

- The HSE Antimicrobial Resistance and Infection Control (AMRIC) National Team and HPSC information are used as a reference guide in providing expert IPC input, guidance and advice to comply with.

Plan for 2024

- Implement a macerator pilot plan in collaboration with HSC SJH in a designated floor
- Implement biosystem to replace reusable sharp box and yellow rigid box system as scoping of the project for implementation from IPC perspective completed

- To await approval to purchase Novaerus Air filtration units for tight spaced multi-bed rooms
- IPCN and CSF formed PVC working group and liaised with CNM3, IVI lead in UHL group and implemented updated PVC Care bundle in all clinical areas, education sessions provided
- To continue IPC education in induction, adaptation, wards and non-administrative staff
- ICNET alert micro-organism ward report page set up in ICNET to view IPC patients in wards for ADON group, IPCN collaborated with CNM2 Informatics in UHL
- IPC daily ward census set up in pdf format to save electronically
- To update and maintain corporate risk register and IPC risk register
- To establish and build an IPC link champion group in clinical floors
- Participate in poster submissions for conferences
- Participate from IPC perspective in cleaning specifications tender
- To continue with IPC UHL weekly telecom meetings for IPCNs

Completed by: Eileen Hayes

Title: Director of Nursing

Date: 19-07-2024

Radiation Safety Committee



Introduction

St. John's Hospital Radiation Safety Committee is dedicated to providing the highest standards of radiation safety to our patients, staff and the general public. The Radiation Safety Committee continues 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.

Highlights 2023:

- EPA inspection: The radiology department successfully completed an onsite EPA inspection in November 2023. The EPA are responsible for authorising the hospital's licence for the use of ionising radiation in diagnostic imaging examinations, in accordance with the Radiological Protection Act 2021.
- Owing to staffing deficits within UHL group medical physics dept. St. John's Hospital management procured additional external medical physics support for the department to develop and review policies, procedures and guidelines.
- Radiation Protection Unit (RPU) established and terms of reference drawn up.
- The Radiation Safety Committee met in May & November 2023, in accordance with its terms of reference.
- All adult Local Diagnostic Reference Levels (DRL's) have been reviewed and re-established for 2023. In accordance with national paediatric DRL's established last year, local paediatric DRL's have been established for St John's Hospital.
- Radiation safety badges are reviewed monthly. All of which are discussed and monitored locally as well as at the Radiation Safety Committee meetings. Issues with the dosimetry provider are ongoing national, but fortunately St. John's Hospital has not been affected.
- Monthly quality assurance testing has been carried out, any discrepancies discussed and reviewed with service engineers and medical physics team.
- Annual quality assurance testing was carried by the Department of Medical Physics, St. James Hospital for ionising radiation imaging modalities. All reports were reviewed by the Radiation Protection Advisor.
- Audit on '*Optimisation of Computed Tomography Thorax / Abdomen / Pelvis Examinations Post Equipment Replacement'* presented at UL Hospitals Group Clinical Audit and Quality Improvement Conference. Presented by Radiographers in conjunction with the UL hospitals Medical Physics Dept. & Dr. Brendan Hogan (Consultant Radiologist, Medica).

Audits are ongoing within the Radiology department, they are discussed at the Radiology Clinical Audit Meetings and subsequently relayed to the Radiation Safety Committee.

Departmental Reports



Catering

Catering Department Service Highlights during 2023

In 2023, the Catering department at St. John’s Hospital successfully implemented several initiatives to enhance service quality and staff morale. We introduced multicultural celebrations in the staff restaurant, promoting a culture of inclusiveness by celebrating diverse cultures and cuisines. Additionally, we supported the St. Johns Day summer BBQ and Christmas staff celebrations, both of which have become key events that promote good morale within the hospital. We submitted an academic poster competition within University Hospital Limerick (UHL) titled 'An Audit of Hospital Mealtimes at St. John’s Hospital', which focused on promoting protected mealtimes. This submission won the competition, highlighting our commitment to improving patient care. We also achieved significant recognition by winning a gold award for Healthy Ireland's Happy Hearts Award, reflecting our dedication to promoting healthy eating and overall wellbeing within the hospital community.

Challenges:

In 2023, the catering department at St. John’s Hospital encountered significant challenges due to increased food costs. To address this issue, we implemented a strategy of continuous review of food items to ensure we obtained the best value and quality. This involved regularly reviewing national procurement food pricing sheets to maintain cost-efficiency without compromising the quality of meals provided to patients and staff.

Quality Initiatives/Improvements Achieved:

Audits of IDDSI Meals: In collaboration with the Speech and Language Therapy (SALT) practitioner and the Dietetics department, we conducted regular audits of International Dysphagia Diet Standardisation Initiative (IDDSI) meals. This initiative was essential in improving the quality and compliance of meals for patients with dysphagia, ensuring their dietary needs were safely and effectively met.

Protected Mealtimes Initiative: To further enhance patient care, we submitted an academic poster titled 'An Audit of Hospital Mealtimes at St. Johns Hospital' to the University Hospital Limerick (UHL) competition. This poster highlighted the importance of protected mealtimes in

promoting patient recovery and ensuring a pleasant dining experience. Our submission won the competition, underscoring our dedication to enhancing meal service quality within the hospital.

Compliance with IS340 Standards: We collaborated closely with Environmental Health Officers (EHO) to ensure the catering department is fully compliant with IS340 standards. All EHO inspections were successfully passed, demonstrating our commitment to maintaining the highest standards of food safety and hygiene.

Catering Department/Service's Business Plan for 2024

Looking ahead to 2024, the catering department has outlined a comprehensive business plan that aligns with the hospital's Strategic Plan (2022-2027):

1. Multicultural Celebration Days in Staff Restaurant: We will continue to organise multicultural celebration days in the staff restaurant to enhance staff wellbeing. These events aim to provide variety, promote inclusivity, boost morale, and create a more enjoyable dining experience for hospital staff by celebrating diverse cultures and cuisines. These events attract staff to work at St John's hospital due to being an enjoyable and inclusive place to work.

2. Financial Collaboration: We will maintain our collaboration with the finance department to achieve and overcome financial challenges. This includes ongoing efforts to manage food costs efficiently and identify opportunities for cost savings without compromising meal quality.

3. Enhanced Meal Choices and Quality: Working closely with the Dietetics department, we will strive to further improve the variety and quality of meals offered to patients. This includes expanding menu options to cater to diverse dietary needs and preferences, ensuring all meals are nutritious, appealing, and in line with the latest dietary guidelines.

4. Sustainability Initiatives: As part of our commitment to environmental sustainability, we will explore and implement measures to reduce food waste and increase the use of locally sourced, sustainable ingredients. This includes moving away from using plastic bottles of water to using water packaged in plant-based materials, enhancing our commitment to sustainability. These actions align with the HSE's Green Procurement policy and broader sustainability goals, such as conserving water, reducing healthcare risk waste, and increasing recycling.

5. Supporting the Strategic Plan: As part of the hospital's 5-year Strategy (2022-2027), the Catering department will support the construction of a new in-patient bed block, increasing the

total number of beds to 131. This includes preparing to scale up our services to accommodate the increased patient capacity by:

- **Menu Expansion:** Developing and testing new menu items to cater to a larger and more diverse patient population.
- **Resource Planning:** Working with hospital management to secure resources necessary to support the increased demand for catering services.
- **Infrastructure Readiness:** Ensuring that our kitchen and dining facilities are adequately equipped and staffed to handle the additional workload.
- **Collaboration with Other Departments:** Strengthening our collaboration with other departments, particularly Dietetics and Nursing, to ensure seamless service delivery as we expand.
- **Protected Mealtimes:** Working with the Nursing department to ensure protected mealtimes are adhered to, facilitating faster recovery times for our patients and providing a more enjoyable mealtime experience.

The catering department remains committed to supporting the overall mission of St. Johns Hospital by providing high-quality, nutritious meals that enhance patient recovery and staff wellbeing. We are dedicated to continuous improvement and innovation in our services, ensuring that we meet the evolving needs of our community.

Completed by: Allen Moore

Title: Head of Catering Services

Date: 1st July 2024

Dietetics

Introduction

The senior dietitian provides dietetic service to all inpatients referred via the medical teams.

All inpatients have a comprehensive food, nutrition and hydration needs assessment completed on admission to hospital by nursing. It includes nutrition screening for risk of malnutrition, identifying existing therapeutic or texture modified dietary requirements, existing requirements for nutrition support, requirement for feeding assistance, identification of diagnosed food allergy or intolerances.

Based on this initial assessment, appropriate referrals are completed by the patients' medical team are received and triaged by the dietitian, using patient prioritisation.

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

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

There are education and training sessions provided to nurses and health care assistants, on nutrition education, nutrition education talks are given to medical staff .

Performance Highlights 2023

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.

Enteral feeding guideline policy was amended and updated then circulated to F.N.H committee.

Nutrition chart for Enteral and Parenteral feeding was updated (in conjunction with pharmacy Department.

2 Audits were completed on compliance with Malnutrition screening (Quarter 1 and 3) and the reports were presented at Nutrition and Hydration meeting quarterly, with action to continue education.

Facilitated the clinical placement of MSc. Dietetic Students from UL, over a 4week period in May 2023

Annual statistical showed 316 new patients were seen and 253 review were seen by the dietitian (1wte)

Received support from management around current gaps in dietetic service, business case worked on, to secure funding for a 2nd dietetic member of staff permanently

Objectives 2024

1. Secure a new staff resource and continue to work with hospital management to grow the dietetic department
2. Continue to provide a comprehensive service to all referred inpatients.
3. Ensure nutrition care pathways and care plans are utilised correctly by appropriate staff. Provide education sessions to Medical, Nursing, Healthcare as service allows
4. Continue to identify and amend any nutrition policies or guidelines
5. Continue to audit as service allows.
6. Be a support and resource to the catering department
7. Continue to work with the multidisciplinary teams of the hospital, in line with Nutrition Best Practise Guidelines.

Conclusion

Summarised from the points made above, the Dietitian provides and will continue to provide a quality driven service in line with National Guidelines, outlined above, with the desire to grow the department with an additional member to help to improve the clinical service available to the hospital dietetic (a dietitian service attached to specific consultants) ensure regular nutrition education programs are run, as well as reviewing policies / guidelines when required.

Human Resources

Our Team - Our Most Important Resource

2023 was a challenging year for our hospital teams, we had significant vacancies across the hospital and increased pressure on services and resources. Despite the challenges, our teams continued to provide excellent service to our patients and rose to meet the demands placed on them.

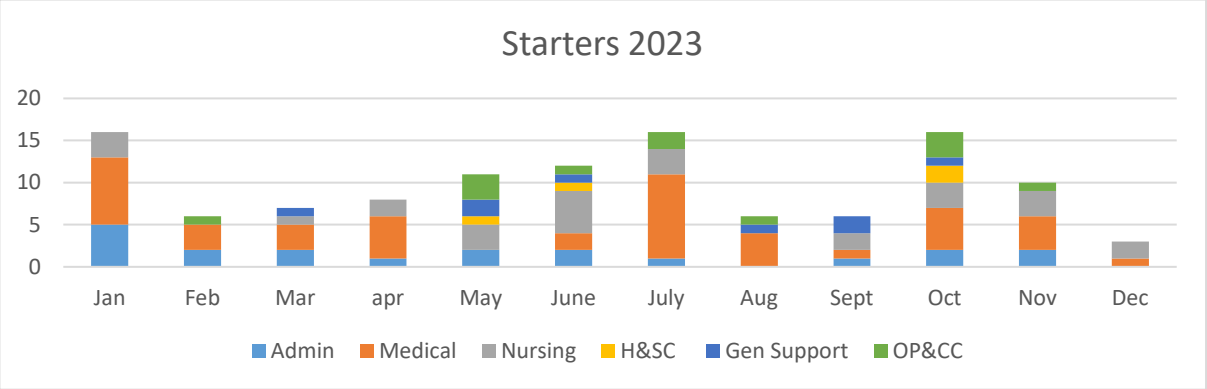
St John's Hospital employs 382 staff with 22 different nationalities represented and this diverse workforce is warmly welcomed and appreciated. To support all our staff, the Human Resources Department continued to develop a comprehensive induction programme for new starters where the Hospital's values, mission, vision and purpose is shared and prioritised and staff are provided with the opportunity to meet other new staff, ask questions, meet key stakeholders and be informed about policies and procedures.

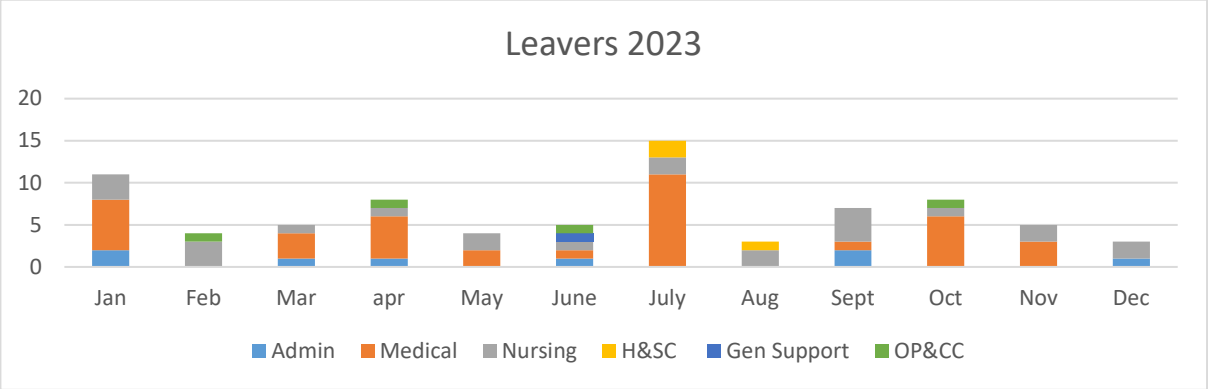
St John's Hospital participates in Non-Consultant Hospital Doctors, NCHD training schemes and the NCHD induction experience received significant investment and enhancement in 2023. A gap analysis was conducted and the hospital was successful in gaining funding for an upgrade of the NCHD rest facilities. The NCHD welcome booklet was updated and special emphasis was placed on providing NCHD's with a feedback mechanism. The appointment of an Associate Clinical Director in 2023 was instrumental in supporting the NCHDs during their placement.

Recruitment

2023 saw a 12% rise in the number of staff employed in St John's Hospital with the total workforce rising from 337 whole time equivalents to 382 whole time equivalents. The HR department processed 117 starters and 78 leavers in 2023 as outlined in the tables below.

In 2023, we welcomed Dr Moises Olaverria, Specialist Consultant in Respiratory Medicine and Dr Elsheikh Ali Muhammed, Specialist consultant in Endocrinology and Diabetes and Dr Eithne Mulloy took up post as Associate Clinical Director for Medicine.





The Human Resource Department moved to a paper light model and undertook a significant project to have all employee records scanned and transferred to electronic versions; this has reduced the reliance on paper, significantly reduced over processing and has eliminated physical storage while ensuring confidentiality and meeting the requirements of data protection. We have also initiated a paper light Garda Vetting Process.

Work began in 2023 on the development of an electronic time and attendance system which, once implemented, will benefit the employees and the hospital and reduce the reliance on manual processing while giving employees the ability to book leave, see the status of training compliance and view rosters from their phones.

In addition, the HR Department has introduced a range of employee friendly policies;

- Parental Leave – this can now be availed of up to your child's 16th birthday for all children (formerly 13 in line with legislation).
- Blended Working Policy– this allows suitable roles to apply to work from home one day per week.
- Policy on Time Owing in Lieu (TOIL)
- Policy on Overtime
- Uniform Policy
- Updated Bereavement Leave Policy

Occupational Health

Occupational Health Nurse:

Ms. Freda O'Rourke

Occupational Health Officer:

Dr Liam Holmes

Activity

Occupational Health Staff
Continuity of a part-time clerical officer continues to support the work of OH clinical staff.
A permanent part-time Occupational Health Nurse finished employment in Q2 and was not replaced due to natural cessation of certain Covid work processes such as staff contact tracing.
A new Occupational Health System, Opas G2, which was launched at the end of Q4.
Significant staff turnover in 2023 led to the increase in volume of staff entering the hospital and being reviewed by OH.

Covid-19
OH maintained involvement throughout 2023 in the areas of long Covid absence and staff support for general advice.

Training /study days provided to staff

- 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 continues to offer several options for training with early morning sessions on the wards in addition to classroom based setting. 4 Blood/body fluids exposure injuries recorded in 2023 up from 3 - in 2022
- Manual Handling Training. 12 sessions of patient manual handling were delivered with additional sessions of office health and safety training.
  This is causing a resource challenge for course facilitation. 2024 goal is to have two additional staff members upskilled to deliver this training. Names and dates to be confirmed.
- 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 have assisted in the completion of assessments.

Quality Initiatives

- Respiratory Surveillance in CSSD – Spirometry recommenced in mid 2022 with appropriate follow-up for 30% of staff monitored.
- Member of Health Safety & Security Committee
- Member of Infection Control Committee.
- Member of the Hygiene Committee.
- Member of the Health & wellbeing Committee.
- Member of the Falls 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 outrule TB has been undertaken. In 2023, two cases of latent TB was identified and referred on to the Respiratory Physician.
- While the flu vaccine campaign was not under occupational health control, staff nevertheless offered their support by assisting to run the first clinic.
- The current operating system is not capable of delivering metrics based on manual records >50 Job Risk Assessments were completed in 2022 on new St John's employees. This doesn't include NCHDs whose records and vaccinations status were assessed and followed up as required. Additionally, approximately 72 pre-placement medicals were processed in 2023.
- 40 Occupational health physicians' clinics were held in 2023 with an average attendance of 4 employees per session.

Issues of note
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 Joint Risk Assessment meeting with an introduction to the online portal. An awareness campaign was run in Q1 2023 and again as part of Health & Safety week in October 23.
- Below are the statistics for usage of the Hub from April to December 2023:

St John's Hospital Support Hub Report
Company Pin - STJOHNSHelpline No - 1800 817 433
Stats between 26th of Apr 2023 and 31st of Dec 2023

Signups and users

Number of active users 10
Number of Sign Ups 10
Number of Pages Viewed 46

Mood Tracker

Number of Mood Tracks 0
Goal Setting & Gratitude Diary
Number of Goals Set 1
Number of Gratitude Diary Entries 0

Self-Assessments

These are average results from self-assessment questionnaires taken.

- Low/Normal
- Moderate/Medium
- Severe/High

Stress
No entries this period Number Logged: 0

Anxiety
No entries this period Number Logged: 0

Sleep
No entries this period Number Logged: 0

Depression
No entries this period Number Logged: 0

Self-Esteem
No entries this period Number Logged: 0

Alcohol
No entries this period Number Logged: 0

Most popular pages

Mental Health Resources	10
Self Help and Guided Learning	5
Mental And Emotional Health Information	4
Goal Setting	4
Take 5	3
Other Support	3
Your Wellbeing Toolkit	3
Stress Self Help	3
Access Counselling	2
Sleep And Rest Information	1

User Preferences

Upon sign up, users are asked what type of content they would like to see and are provided with recommendations on their dashboard. Here is a summary of the most popular topics:

User Preference	**Number of selections**
Work	5
Anxiety	4
Stress	4
Mindfulness	4
Health	4
Grief	3
Sleep	3

Self-esteem	2
Depression	1
Addiction	1

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Mindfulness	4
Health	4
Grief	3
Sleep	3
Self-esteem	2
Depression	1
Addiction	1

New Updated Occupational Health System

The new system went live in November 23. It will be 2024 before we see its benefits in producing statistics.

Present staff files will be sent to an outside company and their files will be uploaded onto the new OpasG2 system. This has been put on hold until 2024.

Professional Development

Annual Occupational Health Nurses conference – Freda O'Rourke

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 2023

There was a continued focus on improving the organisations cyber-security posture by implementing multi-factor authentication on our Citrix environment, requiring users remotely accessing the St. John's network to go through an additional security step of entering a code sent by text to their mobile phone, as well as their domain login credentials.

As email security remains one of the main challenges regarding cyber-security we upgraded our email server from Microsoft Exchange 2010 to Exchange 2016, which was the next version upgradable to from Exchange 2010. We also implemented DMARC (managed by Topsec) and SPF on our email environment, DMARC being an email authentication protocol that protects stjohnshospital.ie email addresses from being 'spoofed' by malicious actors and SPF being an email authentication method which ensures the sending email is authorised to originate from the email sender's domain. We also implemented SafeTitan by TitanHQ, which allows us to run simulated phishing campaigns whereby we can create a phishing email, send it internally and monitor if staff are opening the email, clicking the link within, etc. This raises awareness of phishing amongst staff and allows us to identify where further training may be needed.

We were also successful in applying for funding through the HSE Spark Innovation Programme for a new system, developed in-house, to assist the St. John's Hospital Medical Assessment Unit with the general day to day workflow of handling patients. The system is primarily designed to replace the need for hand-written documentation. The MAU staff often had to write out patient information manually within a booklet. This led to confusion over handwriting, tediousness with looking up patients within the booklet and loss of valuable time to parse through it. This program streamlines this process, offers better protection against the information being misrepresented for

each patient and digitises the data for instant and easy lookup. Reducing the use of paper has been a big priority in St. John's Hospital and the implementation of this program has further incentivized this.
Another focus for the year was the continuing replacement of end-of-life equipment including our wifi infrastructure, cardiac arrest paging system and server room UPS battery devices, the latter of which ensure continuity of service in the event of a power outage.

Quality Initiatives/Improvements achieved during 2023

1. Upgraded the previous Motorola wireless infrastructure which was end-of-life with Extreme Networks solution incl. the replacement of 37 access points throughout the hospital campus. This allows us to continue providing wireless connectivity to the St. John's Hospital network and filtered internet browsing for staff and patients.
2. Upgraded the existing cardiac arrest paging infrastructure which was end-of-life. This allows for the sending of an alert message, including location in the hospital, to pagers carried by the dedicated cardiac arrest team in the event of a cardiac arrest. Can be activated via the phone system or by push buttons located throughout the hospital.
3. Implemented multi-factor authentication for remote Citrix users. Improves the hospitals cyber-security posture by requiring an extra layer of authentication for users remotely accessing the Hospitals IT infrastructure via Citrix.
4. Upgraded existing SQL server to latest O/S, version of SQL & migrated databases.
5. Implemented 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. Upgraded existing mail server. Replaced end-of-life Exchange 2010 server with Exchange 2016 server.
8. Completed rollout of delayed discharge system to MAU and CRSU and have begun work on rollout to LIU.
9. Implemented SafeTitan which allows us to carry out simulated phishing attacks. This improves our cyber-security posture by raising awareness.
10. Replaced end-of-life UPS devices supplying power to three server rack cabinets in main server room.
11. Replaced 23 client pcs with newer models as part of the ongoing rolling client hardware refresh.
12. Installed 2nd receptionist operator station in Main Reception to aid with the processing of calls by Reception.
13. Implemented managed email DMARC & SPF via Topsec.
14. Installed backup wireless internet connection via our ISP, Magnet, as failover for our main fibre internet connection.
15. Decommissioned and replaced 4 servers running legacy operating systems and replaced with servers running later operating systems where applicable

Strategic Goals for 2024

1. TV Distribution System – Remove old analog equipment
2. Outlook Web Access MFA
3. Nimis CRIS project (HSE National Project)
4. Network Switch replacement (HSE Funded)
5. Endoscopy system rollout (HSE National Project)
6. File & Print server replacement
7. Hyper-V Virtual Hosts replacement
8. TPRO Digital Dictation (UHL Project)
9. New iPMS interface
10. New DDI phone numbers
11. Cardiac Sentinel Software Upgrade
12. LIU Patient Tracker Rollout

Conclusion

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

Cyber-security and the rolling replacement/upgrade of older equipment, applications and services will remain a key area of focus in the coming years, particularly with the upcoming EU NIS2 directive looming large.

We are looking forward to the implantation of the capital development plan, with the opportunities for improvement and investment in services that may follow in it's wake.

Completed by: Eoin Noonan
Title: Interim I.T Manager
Date: 02/07/2024

Procurement – Central Stores

Service Highlights during 2023

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 continue to review and plan to ensure sufficient savings can be achieved.

A dedicated staff resource assisted the department in centralising the Theatre procurement function through the Hospital's main Procurement Service. The assistance has also allowed re-initiation of our real-time purchasing system. Reduced resourcing in the clerical function posed significant challenges during the course of the year which impinged on service delivery. The post was subsequently filled and training provided which has allowed for a real-time free-flowing system that enhances confidence in service provision.

Quality Initiatives/Improvements achieved during 2023

- Use of electronic Quotes
- Reduction in paper communication via scanning
- Electronic renewal of Service Agreements

Strategic Goals for 2024

- Continuity of Service and holding onto our trained resources to provide an efficient free-flowing ordering system to benefit Staff and Patients alike.
- Maintain and restrict pricing.
- 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: **17th July 2024**

Nursing

Introduction

While 2023 was a challenging year for the Nursing department with a high number of vacancies within the department it was also an opportunity to review current processes and work towards a positive engaging work force. Recruitment was ongoing but despite best efforts to resolve staff shortages, the effects of a depleted work force resulted in a work to rule by INMO members in December.

In line with National Safer staffing guidelines we held stakeholder meetings, developed business cases for all wards and engaged with Sinead Lardner from The National Office for Safer Staffing commenced in 2023. Business cases are completed for approval in 2024. Once funding available we will progress recruitment.

The Injury Units were submitted to the HSE "estimates" process for a full review in August and await update on same.
In response to high demand for medical patient admissions and internal emergency declared in UHL our surgical activity was cancelled up until the 15th of January 2024 and reopened at limited capacity.

B- Quality Initiatives:

A number of departments further developed in 2023:

- Our Medical assessment Unit was tasked with extended opening at weekends, leading to a 7-day service, in January to support the demand for care from the community. This initiative was embraced by all staff.
- Ambulance 999 calls to our MAU commenced in August.
- INAB inspection completed in February – no non-conformances on St John's site.
- The new Ambulatory Unit (AU) opened in March 2023 under the management of OPD C/NM with the establishment of a Diabetic/Endocrine clinic, the Ferinject and Venesection clinics are also accommodated in the unit.
- Visiting clinics TB and Community Physiotherapy Clinic are facilitated in the AU
- SPARK funding approved for ward dashboards and a digital patient tracker system was developed on site in collaboration with our IT department. The system was launched on The Ground floor and MAU providing timely information on all patients.
- The ULHG Nursing and Midwifery Strategic plan "Relationship Centred Care" 2023-2027 was completed in December 2023 with a plan to launch in 2024. Workshops were held in November and 4 strategic priorities were agreed.
- Successful introduction of the safety pause commenced in all departments on all shifts identifying risks and sharing of information.

- Poster presentation at the RCSI Hospital Group Quality and Patient Safety conference in April. Understanding the patient's experience of care during the pandemic at St John's Hospital, Limerick by listening, responding and improving the patient journey from feedback received in 2021 and 2022 National Inpatient Experience Survey (NIES).

- In 2023 the pain management service achieved the set goals and objectives. The current waiting times for patients scheduled for pain intervention procedures has reduced to less than nine months for all patients.

- In promotion of the biopsychosocial model of care, the nurse led eight-week Autogenic Training programme took place in May 2023 which included a research arm. The preliminary findings of this Research study were published in the International British Autogenic Society newsletter. Review completed with results demonstrating clinically significant reduction in anxiety and depression scores sustained at 3 months follow up. Reduced pain severity, and sleep quality.
- The nurse led acupuncture clinic had 47 attendances in 2023.

- The Day Unit embraced the request to support National Bowel screening with a total of 240 patients in 2023. Insourcing continues in Day Unit to reduce waiting lists held monthly. The department also increased capacity opening 2 rooms twice weekly to reduce waiting lists.
- The RANP supported the second room.

- The Resuscitation Department launched a collaborative quality improvement project between the Resus Dept, Pharmacy Dept and Rapid Innovation Unit to redesign the Anaphylaxis Kits to reduce contents and ensure these kits meet National standards. New kits will be available on all Resuscitation trolleys across the hospital in early 2024.

- The induction of our Infection Prevention and Control CNM3 into the RCSI fellowship. An amazing achievement for our Nursing colleague.

- St John's Hospital deteriorating committee commenced in line with National requirements.

- The first National End of Life Survey took place and noted areas for improvement with quality improvement plans underway.

- The Flu/Covid vaccination program was rolled out in October 2023 supported by both Nurse vaccinators and clerical support.

- In collaboration with the Clinical Placement Coordinator and ULHG the ward learning outcomes were revised and updated. This will support our student placement cohorts.

The main objectives for 2024:

- Stabilise our workforce to ensure we are delivering a high-quality service and thus strengthen our role within the Mid-west. Recruitment and retention will be a major focus.

- Motivate and encourage staff to participate in research initiatives within the nursing Department.
- Develop our own Nursing Strategy as well as being part of the ULHG strategy
- Continue to build a competent and skilled workforce to lead and deliver on patient centred quality service.
- Integration of our multi-cultural work force and building a strong team.
- Further develop our Cardiac Assessment unit with additional supports to accommodate the increased demand.
- Balance Scorecard development and rollout in all areas.
- Review our Infection Prevention &Control initiatives and implement same
- Develop our Day of Surgery Admission Unit to ensure surgical activity is maintained.
- Support the implementation of digital Irish National Early Warning Score (iNEWS)
- Promote and support the implementation of digital health innovations and mechanisms to achieve the right information for the right patient at the right place.
- To continue to work towards delivering key National healthcare Targets relating to Nursing quality care.
- Continue to work collaboratively with all departments and specialities to enhance service provision to patients.

Completed by: Eileen Hayes
Title: Director of Nursing
Date: 19th July 2024

Patient Services

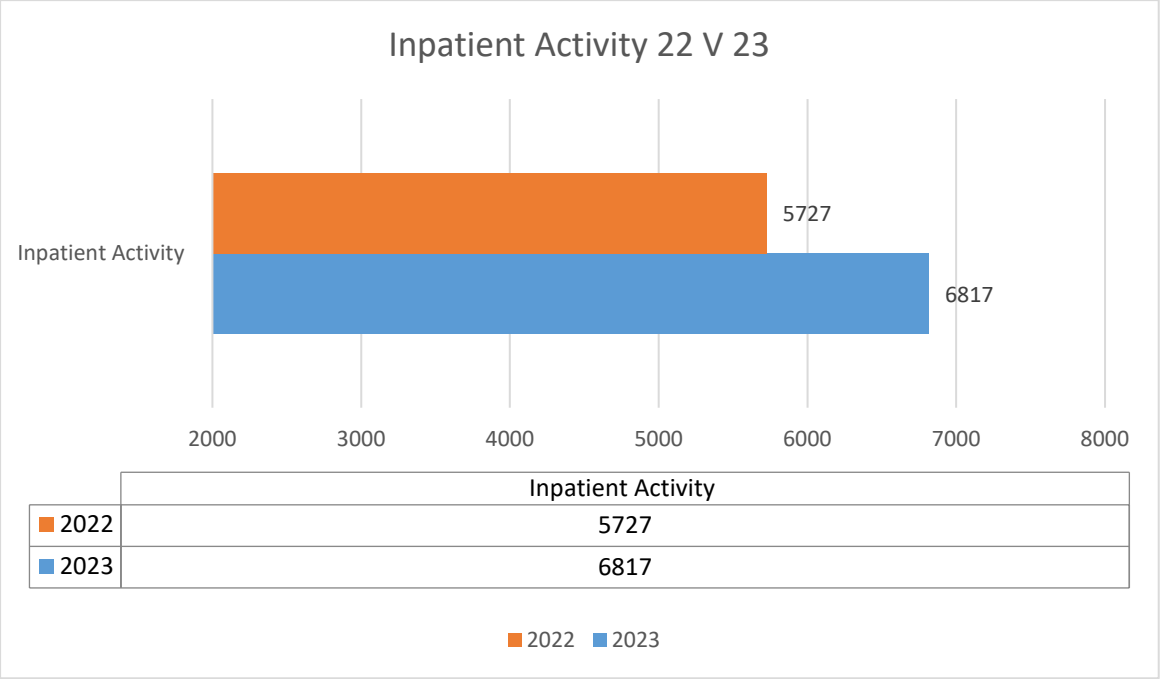
The Patient Services Department provides administrative, clerical and porter support to all clinical and support departments within the following areas, In-Patient/Day Case services, Endoscopy services, Local Injury Unit, Medical Assessment Unit, Outpatient services, Physiotherapy, Pharmacy, Radiology,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

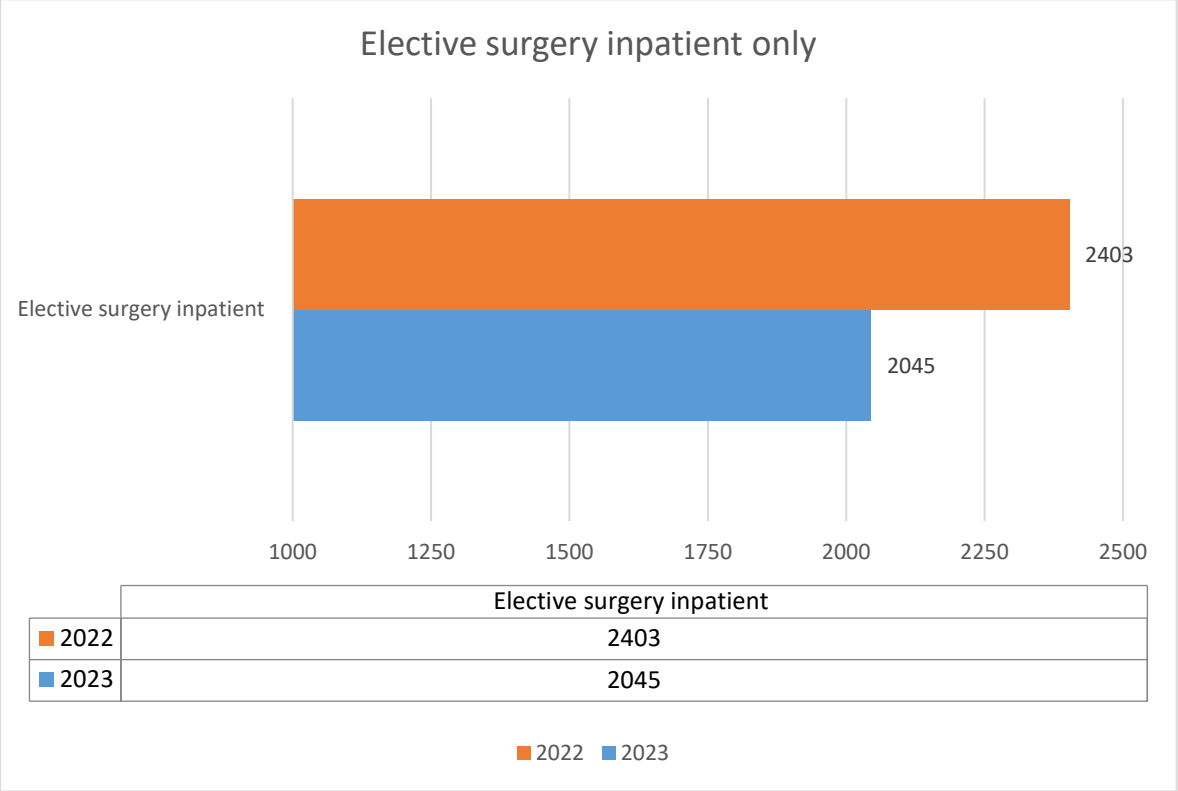
This report will compare activity levels between 2022 and 2023.

Highlights

Inpatient Statistics 2022 V 2023

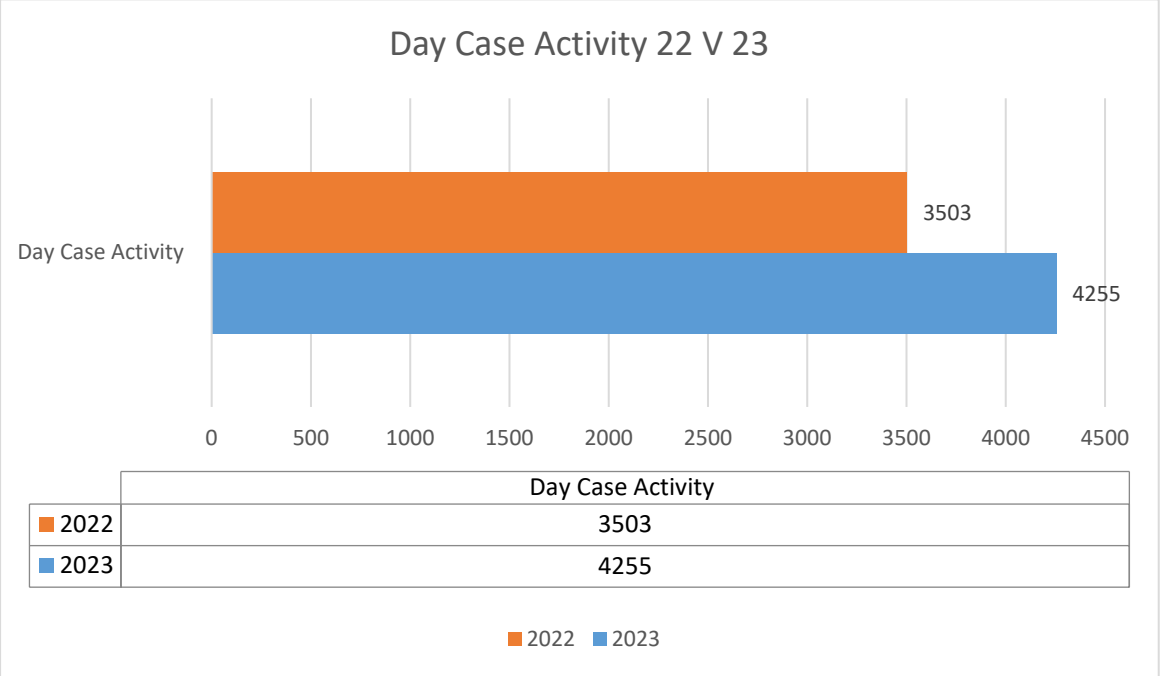


Elective Surgery – Inpatient



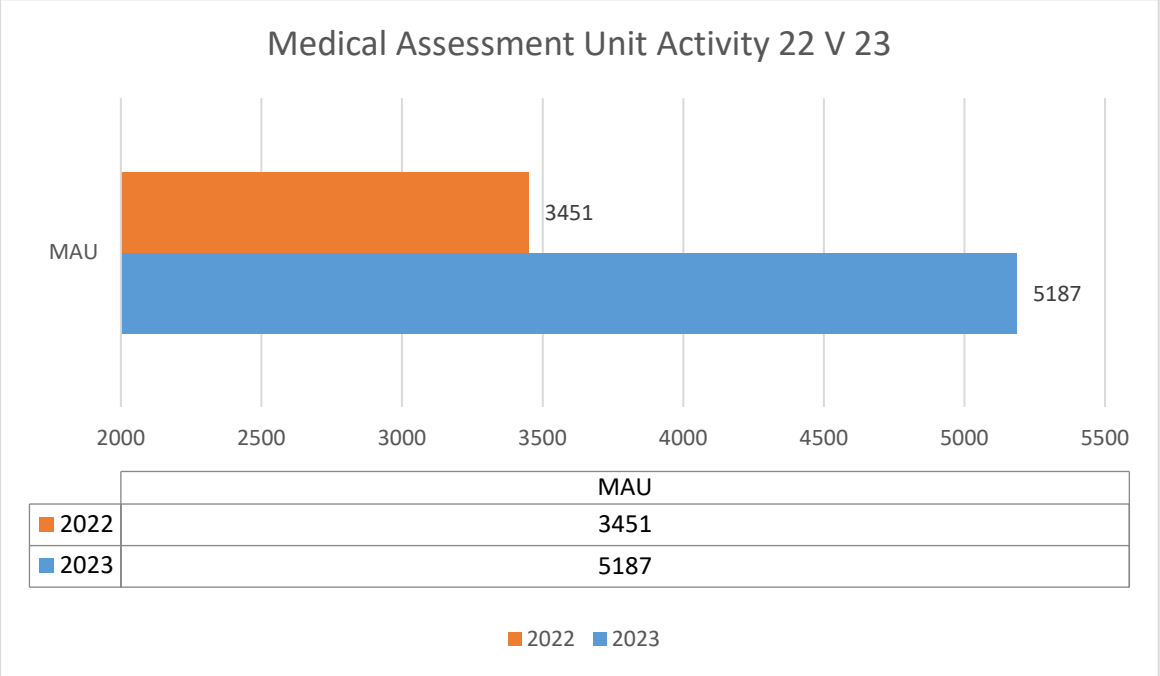
	Elective surgery inpatient
2022	2403
2023	2045

Day Case Activity 23 V 23

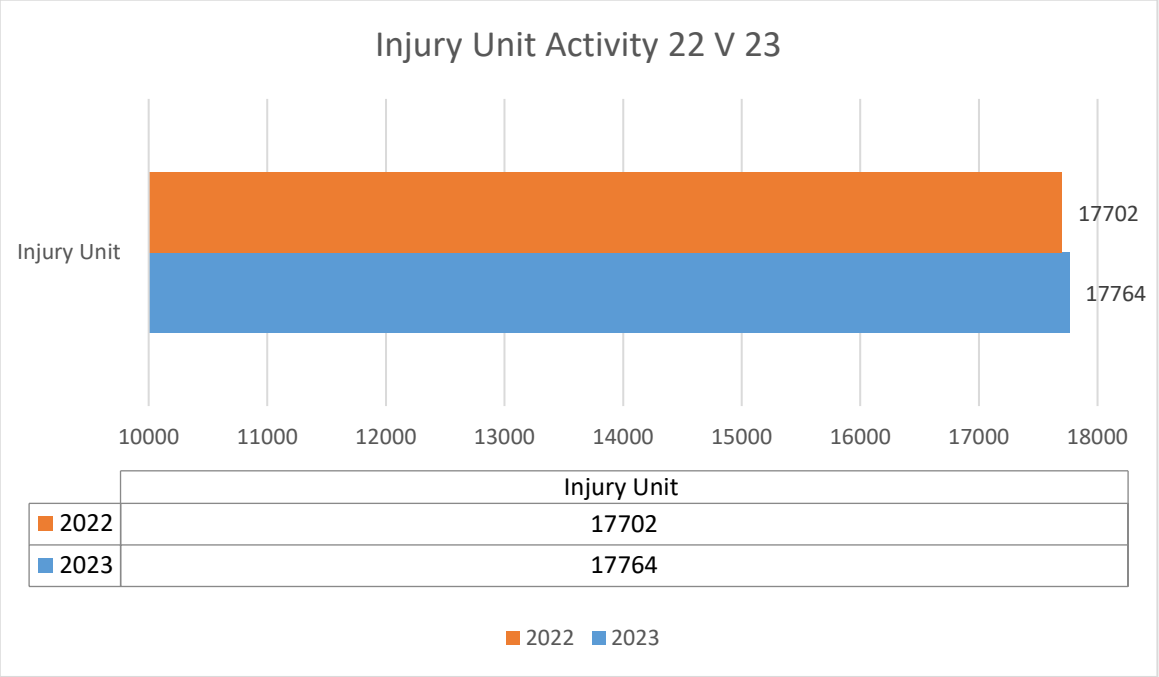


	Day Case Activity
2022	3503
2023	4255

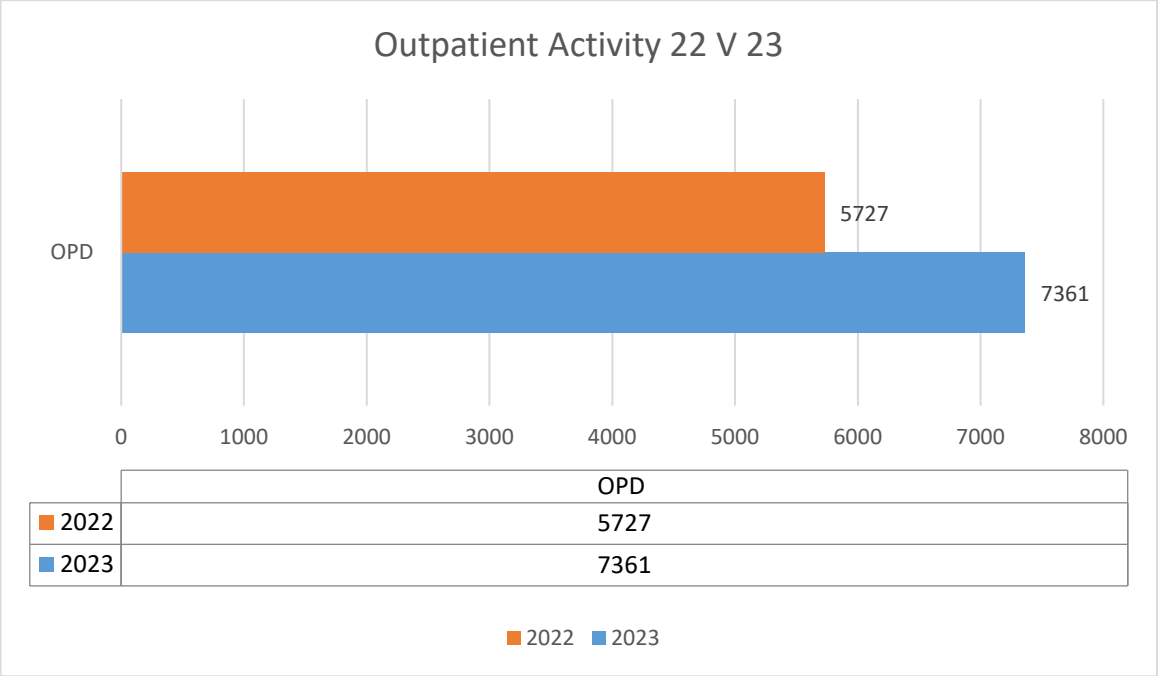
Medical Assessment Unit Activity 22 V 23



Injury Unit Activity 22 V 23



Outpatient Activity 22 V 23



Key Highlights Patient Services

2023 saw an increase in activity across the hospital in many areas. These areas are listed as follows:

- In-patient activity saw an increase of 19% since 2022 with 6, 817 patients receiving inpatient care in 2023
- Day Case activity saw an increase of 21% since 2022 with 4, 255 patients receiving care as a day case. This figure represents patients who have undergone endoscopy and minor operation procedures and were discharged home on the same day.
- Medical Assessment Unit activity saw a significant increase of 50% since 2022 with 5,187 receiving care in the Medical Assessment Unit. The significant increase in activity is due to the extended opening hours of the Medical Assessment Unit. In 2023 St John's Hospital transitioned to longer working hours and weekend opening of the Medical Assessment Unit
- Injury Unit attendances remained high in 2023 with 17,764 receiving treatment.
- Outpatient activity saw an increase of 29% since 2022 with 7,361 patients seen and treated.
- Elective Surgery decreased by 15% in 2023 due to winter surge pressures and demand on beds for emergency care.

The demand for unscheduled and scheduled care within our services continues to grow on a

weekly, monthly and yearly basis. Patient Services aim to continue supporting the increased activity throughout the organisation by implementing effective processes to meet the demand on our services.

Healthmail has been rolled out across Patient Services, this will allow for secure sending and receiving of patient information across the UHLG sites and also community care.

T-PRO, a dictation tool, is currently being introduced within Patient Services on a phased basis. Our gynaecology department are currently using T-PRO with our Urology department to receive access in the coming weeks. This allows for a quicker turnaround of consultant discharge summaries/dictation to the community and also cost saving on paper and postage as correspondence will be sent via Healthmail.

Continuing to support our staff and enhancing efficient administrative and portering processes to support patient care is a priority for 2024.

Patient Services Team

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.

Service Highlights during 2023

The rise in RCC usage in St. John's Hospital reflects medical patients mainly coming direct to The Medical Assessment Unit and patients transferred from University Hospital Limerick requiring additional blood transfusions. Applying the principles of patient blood management to assess a patient's blood needs, includes optimising the red cell mass, considering **alternatives,** e.g. Ferrinject, optimising coagulation and minimising blood loss.

Single Unit Transfusion should be applied, only one unit of blood should be ordered if the patient does not have clinically significant bleeding. This reduction in transfusion reduces the burden of risk to patients in relation to complications such as acute transfusion reactions, transfusion related infections, fluid overload, iron overload and more long-term complications. Financial burden is also reduced. The application of these principles is dependent on multidisciplinary decision making.

The University of Limerick Hospital Group (ULHG) created a Single Unit awareness policy published in October 2022.

Transfusion Activity St. John's Hospital (Data source Q-Pulse: LI-A-BTR-ACTIVITY. Ed 16. Effective date 15/2/2022).

Ferrinject use - During 2023, overall usage has increased by 39% on 2022.

Year	RCC Issued	RCC Transfused	Waste
2020	**337**	**151**	**0**
2021	**296**	**86**	**0**
2022	**344**	**81**	**1**
2023	**323**	**123**	**0**

Key Performance Indicators:

Traceability (Article 14)	**100% compliance when using the personal digit device (PDA) when collecting samples and transfusing blood.**
Nurse education Target > 85%	97% Oct 2023
Wastage (Blood components)	0
NCHD Haemovigilance Education (as per HI-A_BTR-MEDINDUCTION)	100% Oct 2023
SAE/SAR (Serious Adverse Event/Reaction)	0
Non-Conformances classified as Major	Wrong blood in tube x 1

Major Haemorrhage: No

O Neg. Use: No

Clinical audits: Haemovigilance audits are scheduled on Q-Pulse, a document management system, across UHLG.

All required audits have been completed and uploaded and closed on Q-Pulse.

Audits in 2023 (St John's Hospital) included:

1. Red Blood Cell Surveillance Audit; ongoing

2. Traceability: Ongoing. 99%

3. Horizontal Audit: ISO15189 Clause 4.3 Document Control. Nil non-conformance.

4. Equipment Horizontal Audit: ISO15189 Clause 5.3.1 Laboratory Equipment. Nil non-conformance.

5. Vertical Audit EU Directive Article 14 Requirements (Traceability) - Nil non-conformance.
6. **Case mix**: (generally in 2nd quarter view of blood tests ordered for St. Johns Finance department.

Achievements 2023:

- Irish National Accreditation Board (INAB) audit was carried out remotely in 2023- with no non- conformances detected in SJH. The plans for the blood bank and Haemovigilance staff to transition to a higher ISO standard is planned for 2024.
- Training of new staff has increased, with 19 new nurses trained in 2023
- Continued Haemovigilance education incorporating non - conformances, learning notices, advice and posters was implemented in keeping with blood bank guidance. Tailor made education e.g. PDA workshops, one to one staff training, ward demos and any specific requests were also implemented throughout.

- World Blood Donation Day June 14th 2023, was co-hosted by a colleague from the Irish Blood Transfusion Service.

Objectives for 2024:

- To continue to encourage best and safe 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.
- With ongoing staff recruitment delivery of high-quality tailored education for all staff coming from various backgrounds.
- To set up an Information stand regarding Haemovigilance role/ National Blood donation day 14th June of each year.
- Deliver PDA workshops throughout 2024.
- Plan annual Major Haemorrhage simulation for 2024.
- Plan business case for Deputy HVO officer.
- Continue with relevant and new education for HVO role for 2024.

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.

Completed by: Karen Kennedy
Title: HVO
Date: 19.07.2024

Pharmacy

Introduction

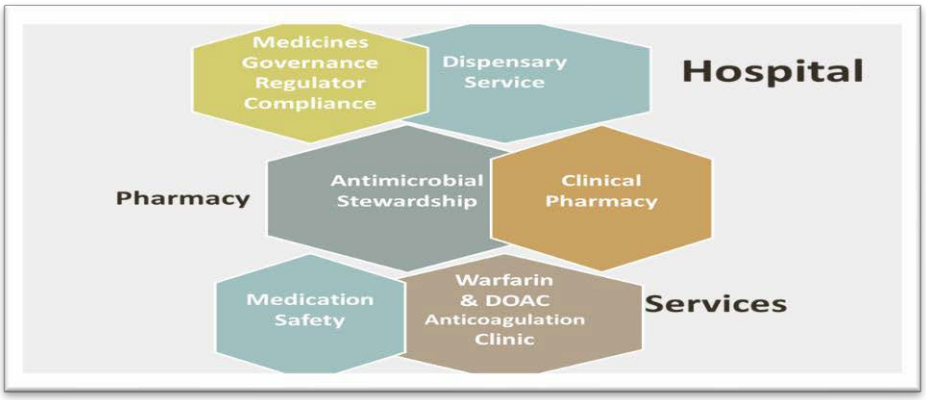


Figure 1 St John's Hospital Pharmacy Service

The Hospital Pharmacy Team of Pharmacists and Pharmacy Technicians is responsible for medication management within the hospital environment encompassing inpatients, Day Care and outpatients. 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 Porter and part-time Pharmacy Clerical Officer assist in the delivery of our service.

Service Highlights during 2023

The Pharmacy Team culture is to work collaboratively. Individual team members contribute to thirteen different committees, two of which are at national level and one within ULHG.

The Department enjoys links with the HSE Acute Hospitals Drug Management Programme (AHDMP), Community Pharmacy, the Affiliation for Pharmacy Practice Experiential Learning (APPEL), with the School of Pharmacy at University College Cork, and the University of Limerick. It also holds founding membership of the Irish Medication Safety Network and a pharmacist serves at executive level. Our award-winning pharmacist-led Anticoagulation Clinic (Helix health Hospital Pharmacy Award) continues to innovate to meet the needs of our patients. Our digital transformation of Clinical Pharmacy Practice project was presented at another national stage (HPAI Educational Conference).

In the final quarter on 2023, a clinical pharmacist study of drugs and dementia was accepted for presentation at the European Society of Clinical Pharmacists. During the latter part of 2023, a Pharmacy Technician-led project involved a new collaboration with the UL Rapid Innovation Unit and the hospital's Resuscitation Officer, with completion expected in 2024. This year also witnessed the first Queens University Belfast School of Pharmacy student welcomed for work experience. We also facilitated another Pharmacy Intern for their pre-registration placement.

Through these and other opportunities, the Pharmacy Team supports the advancement of Pharmacy Practice in a variety of ways with the patient at the centre of what we do while

supporting the Hospital's strategic goal strengthen our academic, research and innovation profile and capability.
The Hospital Pharmacy operates a continuous quality improvement model in delivering our internal departmental goals, namely

- Safe, effective and economic use of medicines
- Promotion of medicines optimization for best possible patient outcomes
- Delivery of excellence in the Practice of Pharmacy

Challenges

o Significant increase in patient acuity put pressure on clinical pharmacy

As the year progressed, a significant increase in patient acuity and age profile demanded more clinical pharmacist resources to deliver a comprehensive clinical pharmacy service.
A Clinical pharmacy service is defined by HIQA as a service provided by a qualified pharmacist which promotes and supports rational, safe and appropriate medication usage in the clinical setting. The number of patients requiring the highest level of Pharmaceutical Care increased by 126% on the average for 2022. To meet this challenge, management and non-urgent activity was suspended for significant periods. However, one advantage in the midst of this challenge came from the hospital's investment in the digital transformation of clinical pharmacy project that started the previous year. This technology allowed us to assign clinical pharmacist resources to the patients of greatest need first. There remained gaps for the next level of patients. These supported a business case for additional clinical pharmacist resource and recruitment.

o **Increased prescriptions and overall drug usage put pressure on pharmacy operating systems and drug storage**

Increased numbers of medical patients led to increased volume of prescriptions and overall drug usage in 2023. This was especially tangible during the extended cancellation of the surgical service that occurred, where surgical 'beds' were filled with medical patients. The hospital's medical patient age profile also increased: older patients are more likely than younger patients to be taking multiple medications. Workload increased in pharmacy procurement and stock management of the order of 16%. This had a knock-on effect on the capacity of wards to store medicines, highlighting storage limitations. The pharmacy audit of the 'Medication burden' confirmed the challenges to all staff involved in the medication use process to get the right medicine to the right patient at the right time. This also impacted in the Finance Department and increased pressures in processing of invoices for payment to our creditors.

To meet this challenge, the Pharmacy Team carried out a root and branch review of the drug management system supporting medicines at ward level and introduced several novel

approaches to support clinical nurse managers and nursing staff. Educational material for new/agency staff was also developed and circulated to wards.

With our changed patient, profile further development is needed to match demand. This includes investment in automated dispensing cabinets, creation of dedicated patient's medicines storage areas by the bedside, and new supports to the ordering process for patient prescriptions.

o Drug shortages at an all-time high, leading to rationing

Lengthy drug shortages have been building year on year and 2023 was no different; in fact, the situation worsened. There were over 200 shortages active throughout the year. These had the potential to impact the hospital business. This required diverting pharmacist time to sourcing alternatives with resulting deferral of other important tasks.

Successful management was achieved in two ways: externally through the sharing of information with other hospitals and with the Medicines Regulator and internally, by deploying clinical pharmacist resources to support doctors and nurses regarding suitable alternatives, while using pharmacy technician resources to manage medicines supply down to the individual drug dose for critical items. Strategies introduced by nursing teams included the transfer of the patient's medicines if moved to another ward during their admission, thus preventing drug wastage and reducing potential for the patient missing drug doses.

Managing drug shortages over a sustained period of time was unavoidably associated with an increase in acquisition costs of alternative medicines.

o Biologics management

With changes to staff, there were some challenges to efficient biologics management. This demanded a time investment from Pharmacy to get the system right for our patients. Proactive management and direct relationship with service providers delivered effectively for patients with no cancellations due to the drugs not being available.

o Important Projects deferred

With staff and time resources taken up by so many challenges that continued through the year, there was disappointment that some projects could not be advanced. These projects promote the

safe use of medicine and include a new edition of the General Medical Drug Chart and the development of a new Diabetes Chart.

However, we continue to play our role in promoting antimicrobial stewardship and maintained medication safety initiates such as ‘Medication Safety Mondays’ weekly microlearning for staff.

Quality Initiatives

- Continuous improvement at the Anticoagulation Clinic

The Anticoagulation Clinic continued to manage patients on warfarin and maintained its standard as a highly performing clinic throughout 2023. New approached were developed to standardise the management of patient on the anticoagulants other than warfarin. Changes within nursing and secretaries were supported with training. All inpatients, whether newly stated an oral anticoagulant or previously taking this medicine prior to admission, were educated to get the best outcome from these drugs and a review arranged at the Anticoagulation Clinic following discharge.

- **Design improvement project for Anaphylaxis kits**

The review and update of the hospital’s anaphylaxis policy by the Drugs & Therapeutics Committee led to an exciting project for our Pharmacy Technicians. One of the ways that our Pharmacy Technicians support patient safety is in the monitoring, and replacing as necessary, of anaphylaxis kits. These are readily available hospital-wide to medical and nursing teams, should a patient experience anaphylaxis. The Senior Pharmacy Technician was collaboratively involved in the anaphylaxis kit design improvement project with Rapid Innovation Unit and Resuscitation Officer. The design is simplified, easily stored and readily accessible when needed. These will be deployed hospital-wide in the new year.

- **MAU weekend opening and Clinical Pharmacy**

The hospital’s MAU extended hours to opening hours. Specific pharmacy follow-up of patients on iron infusions and anticoagulants was successfully managed by a new process activated in Pharmacy on each Monday following the weekend to ensure that no patient was lost to follow-up. The number of patients needing clinical pharmacy continued to increase throughout the year.

- **Pharmacy Ward Delivery Change Project**

To improve efficiencies and meet nursing requirements, a ‘root and branch’ review of existing drug delivery processes to wards and departments was undertaken. Several aspects were reviewed including drug procurement and order scheduling, stock holding, Pharmacy Porter delivery schedules and activity, Pharmacy Technician workload and rotas, and Dispensary Pharmacist activity and rotas. A new delivery system was successfully trialled. Additional

benefits were realised with this change including a new system to ensure that the Pharmacy Technician does not disturb the nurse to request keys.

1. Based on the rising medication burden, invest in medication storage infrastructure to deliver best practice models of care:
a. Develop business plan to engage with automation in medication management
b. Develop new models of drug provision at the bedside
c. Develop business case and model for near patient storage

2. To support personal and professional development.
a. Recruit additional clinical pharmacist to support increased patient acuity
b. Achieve recognition of specialist clinical pharmacist roles
c. Support the further development of the Pharmacy Technician's role
d. Develop research capability in dementia and Care of the Elderly and partner with a university, start to implement National Clinical Guideline 21, Appropriate prescribing of psychotropic medication for non-cognitive symptoms in people with dementia

3. Maintain vigilance with shortages management; manage financial implications and sustainability; maintain engagement with HSE Acute Hospital Drugs Management Programme and exploit opportunities

4. Keep with the drive to digital transformation
a. Develop the eFormulary platform further to make it a repository of information and a 'one-stop shop' for Front Line Staff
b. Achieve more from the digital transformation of clinical pharmacy project: integrate with patient management system to improve efficiency
c. Explore new internal digital communication possibilities to drive efficiencies

5. Make space for projects
a. Collaborate with a redesign project for the hospital-wide CPR kits
b. Contribute to the update the hospital's allergy policy and supporting educational programme
c. Close out redesign projects for general medical drug chart and diabetes chart
d. Reimagine Surgical Prescribing & Administration Record; include standardised surgical VTE risk assessment tool and prophylaxis recommendation
e. Innovate on how we deliver medication management for patients with Parkinson's Disease.

6. Increase secretarial support to assist with delivery of projects and support the Pharmacy Team

- **A national digital transformation project for Pharmacy**

The Hospital Pharmacy Computer system is set for an upgrade. The hospital is approved to participate in Phase 2 of National Hospital Medicines Management System.

This project is led by HSE Acute Hospitals Drug Management Programme and will require a pharmacist and pharmacy technician to customise it for St John's Hospital. The team will work on this project for a period of up to six months. It is anticipated that phase 2 will open in late 2024.

The new system will deliver benefits for pharmacy inventory and financial management. It also had capability for electronic prescribing and administration that will be explored at a future date.

Report prepared by: Geraldine Creaton

Department: Pharmacy

Title: Chief Pharmacist

Date: 11th August 2024

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 fundamental impact on patient discharge management and hospital bed management.

The department supports quality practice, patient safety, service development, 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 2023 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 2023

- With the introduction of additional injuries/conditions to the VFAC orthopaedic service in November 2023, the attendance of this patient cohort for physiotherapy necessitated the introduction of supplementary resources to support the programme and the overall referrals for outpatient physiotherapy.
  The introduction of a dedicated physiotherapist for outpatient referrals together with the Senior Physiotherapist for outpatient/LIU patients has contributed to the delivery of a timely and quality-based outpatient musculoskeletal service.

- Corporate responsibility was demonstrated throughout 2023 with active physiotherapy 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. Clinical placements were also offered to undergraduate students from the Netherlands and for CORU (physiotherapy regulation body) recognition applicants.

- The Performance Achievement process was completed for all physiotherapy staff with a review for each staff member before end of 2023.

- Collaborative links were 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.

- In recognition of the increased activity and positive therapy outcomes being delivered by the physiotherapy team, four development positions were approved for the department;
    - Senior Physiotherapist for the Clinical Recovery and Support Unit (CRSU)
    - Senior Physiotherapist for The Medical Assessment Unit
    - Staff Physiotherapist for outpatient Injury Unit/ VFAC referrals
    - Staff Physiotherapist for inpatient referrals

- The Department of Physiotherapy team were approved by the Orthopaedic Department in UHL to supply and fit spinal braces as prescribed for referred inpatients to the orthopaedic service; an improved patient pathway for vertebral fracture inpatients in St. John's Hospital.

- With the reconfiguration of ambulatory gynaecology services in the Mid-West and centralisation of gynaecology physiotherapy referrals, the pelvic health physiotherapy clinic in St. John's Hospital is now managed by our Pelvic Health Physiotherapist who delivers in the role of Clinical Specialist Physiotherapist.

- A Lean Management project in appointment management, undertaken as part of a Lean learning programme by the Physiotherapy Manager led to the reconfiguration of patient reception/ departure management. This project is awaiting final implementation dependant on potential department relocation.

- Local on-site governance for the physiotherapy post in CRSU
- Compliance by all physiotherapists with peer review staff supervision
- Delivery of first-contact clinician role by the physiotherapist in the Injury Unit
- Audit programme engagement by all physiotherapists

Strategic Goals and Objectives for 2024

St. John's Hospital Strategy for 2022-2027 provides a clear roadmap to guide each of the hospital department's priorities and objectives over the coming years.
The operational objectives for this department for 2024 directly mirror the strategic goals of the hospital.

- *Strategic Priority 4: Investing in our people and their Wellbeing*
  Provide physiotherapy to referred patients by retaining and recruiting experienced staff who will deliver evidence-based care to the highest standards throughput our service

- *Strategic Goal 2: Timely Access to Scheduled Care*

In line with the development of unscheduled care in the Injury Unit, continue to review the physiotherapy input into the IU with a view to the multidisciplinary management of the injured patient with input from a full-time Clinical Specialist Physiotherapist.

❖ *Strategic Goal 2: Timely Access to Scheduled Care*
Review of the CRSU service to standardise admission criteria and prepare a Business Case to support adequate resourcing for patient focused rehabilitation and discharge planning.

❖ *Strategic Goal 2: Timely Access to Scheduled Care*
Development of the respiratory physiotherapy service in line with the overall respiratory service to improve patient clinical experience and the patient flow process. Business Case presented to EMT to support the objective.

- *Strategic Goal 3: Driving Excellence in Patient Experience*
In line with the strategic theme of driving excellent in-patient experience, the need to update the clinical governance framework to include and strengthen the HSCP leadership and accountability systems is a department goal.

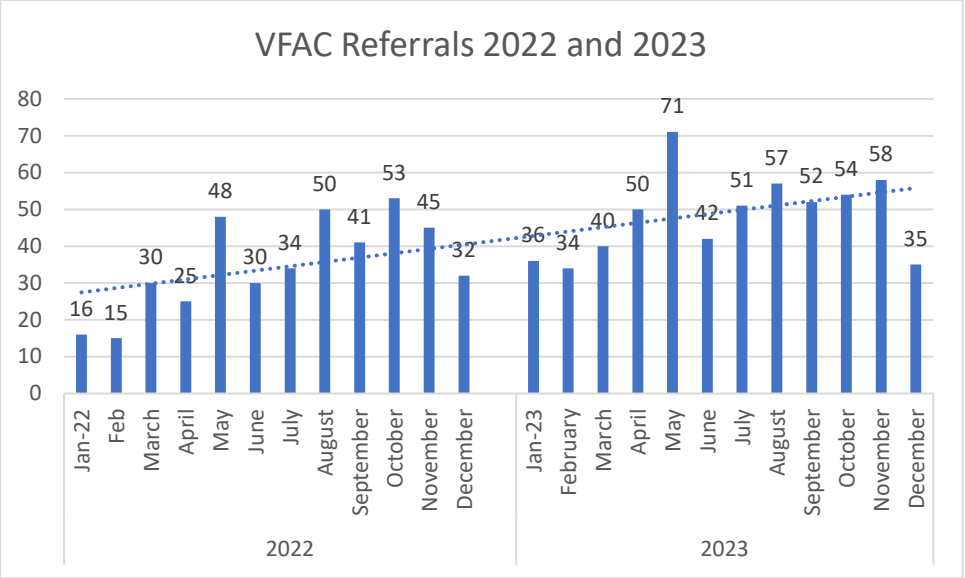
- *Strategic Goal 3: Driving Excellence in Patient Experience*
To maintain the established links with the Learning from Excellence community, promoting this philosophy while delivering a Safety II approach to quality improvement and risk management.

- *Strategic Goal 2: Timely Access to Scheduled Care*
To implement the real-time iPMS (patient administration system) capability for patient reception and departure, in line with the completed Lean process mapping project.

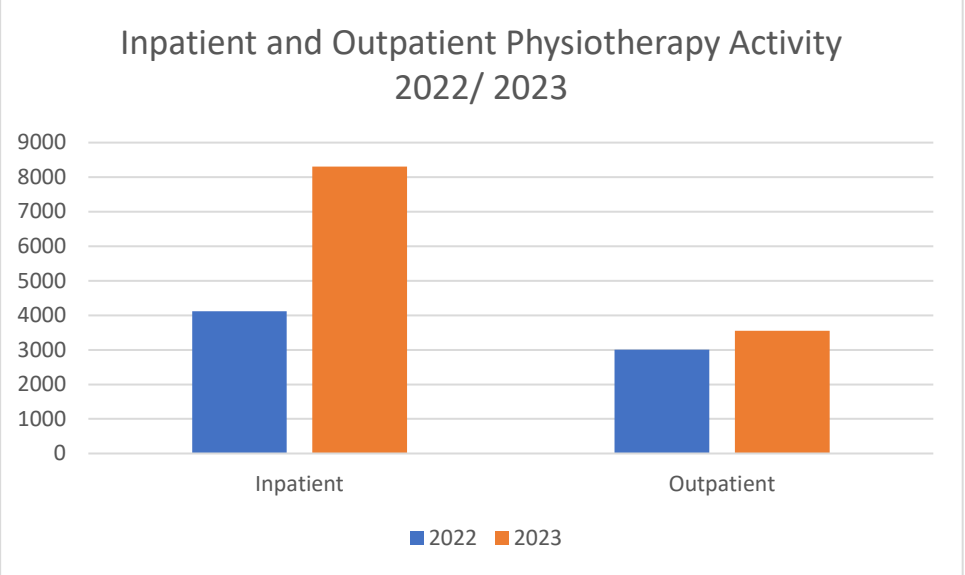
- *Strategic Goal 3: Driving Excellence in Patient Experience*
Full implementation of the PJ Paralysis throughout the hospital to promote patient independence and autonomy.

- *Strategic Goal 3: Driving Excellence in Patient Experience*
Development of the inpatient rehabilitation input through supported service delivery implemented by a Physiotherapy Assistant for each ward area; Business Case presented to EMT.

Activity Data:



VFAC Referrals



Inpatient and Outpatient Physiotherapy Attendances

Conclusion

2023 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. Through improved resources, the Department of Physiotherapy endeavoured to meet these demands and delivered a quality patient-centred service with positive therapy outcomes.

The progress in service developments throughout 2023 will continue to be developed through various service objectives planned for 2024 as outlined.

The recognition of the important role the physiotherapist plays in multidisciplinary service delivery will continue to be emphasised in this department with development of roles planned for CRSU, the Injury Unit and the Respiratory Service.

Addressing the void of direct HSCP leadership input at senior strategic decision-making level is a core objective for the department in 2024.

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.
The greenlight for the development of the hospital infrastructure based on an exciting hospital strategy provides a renewed energy and enthusiasm to deliver high quality, safe and effective patient-centred care.

Martina Ryan
Physiotherapy Manager

July 2024

Quality, Risk & Patient Safety

Introduction

This report provides a high-level overview of the work completed by the Quality Risk & Patient Safety Department in 2023. 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 2023, St John's hospital reported a total of 810 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 2022 is shown below.

Rate of Clinical Incidents reported per 1000 bed days 2023 (HPSIR)



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



All Reported Incidents previous 5 years

Year	2023	2022	2021	2020	2019
Total Incidents Reported	810	839	619	665	515

Incident by Severity – 2023

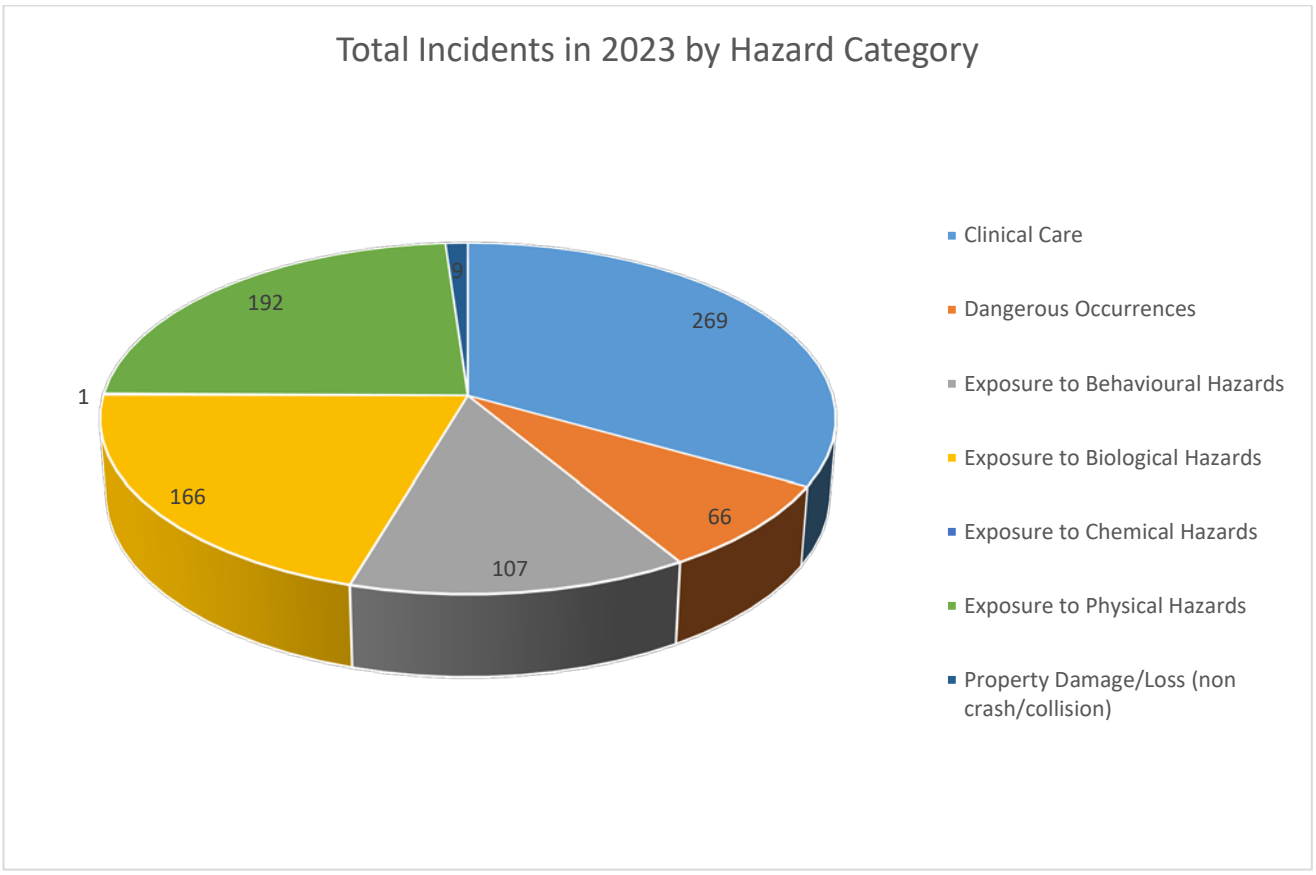
Negligible	507
Minor	105
Moderate	130
Major	1
Extreme	0

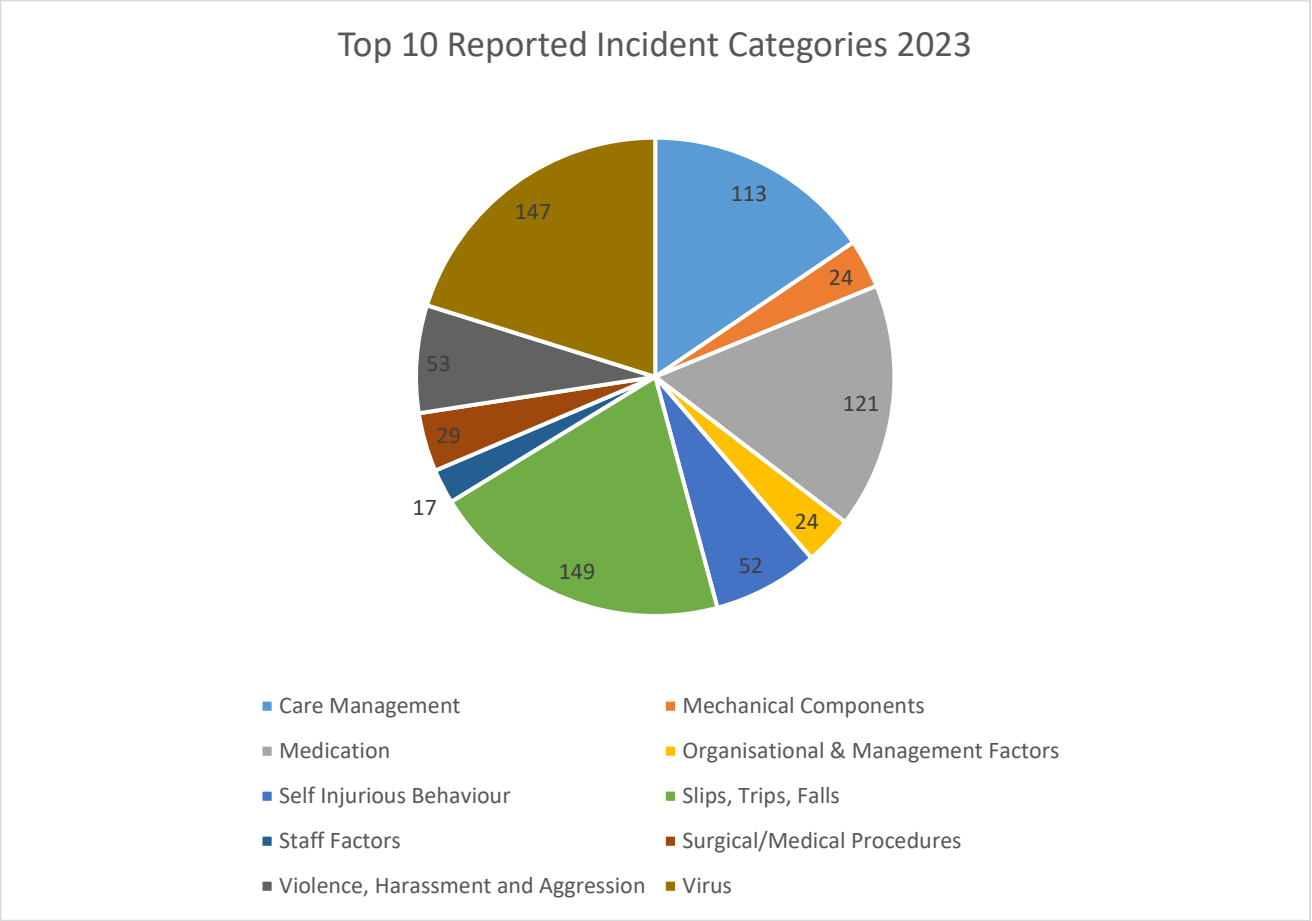
Top Incidents Categories Reported for 2023

Biological Hazards	166
Clinical Care Incidents incl. Medication	269
Physical Hazards incl. Slips, Trips, Falls	192
Behavioural Hazards -VHA & Self injurious	107
Dangerous Occurrences	66

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Total Incidents in 2023 by Hazard Category
269
66
107
166
1
192
3
Clinical Care
Dangerous Occurrences
Exposure to Behavioural Hazards
Exposure to Biological Hazards
Exposure to Chemical Hazards
Exposure to Physical Hazards
Property Damage/Loss (non crash/collision)



Incident Management

Both interactive National Incident Report Forms (NIRF) and paper NIRF were used in the hospital in 2023, allowing efficient and timely reporting of incidents for departments. NIMS Electronic Point of Occurrence is planned for Quarter 4 2024.

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.

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 2023

Review Type	Number
Systems Analysis Review	1
Preliminary Assessments	21

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	0.1%

Risks

Top 3 Organisational Risks 2023 on the Corporate Risk Register

- Risk of transmission of infection due to infrastructural challenges including bed spacing, handwashing facilities & sluice room facilities.
- Risk of financial uncertainty due to the inability to meet income targets from private patient care along with high pay and non-pay expenditure which leads to cash flow problems.
- 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 – 2023

Total Active Claims as of 31st Dec 2023	
Service User	21
Member of the Public	1
Staff Member	3
Total	**25**

The Outstanding Estimated Liability for the hospital for 2023 is €5.67 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.

There was 8 Claims finalised in 2023.

Managing feedback



- St. John's Hospital Guidance on the Management of Service User Feedback was updated in 2023
- Complaints officer training was delivered to all Service and Departments in November 2023
- Feedback from service users is collated from the Hospital website and Hospital adapted YSYS leaflets & Red Boxes

- Participation in National End of Life Survey

- The Learning to Get Better Self-Assessment on the handling and management of complaints 2022 was submitted to the National Complaints Governance & Learning
- Team (NCGLT)

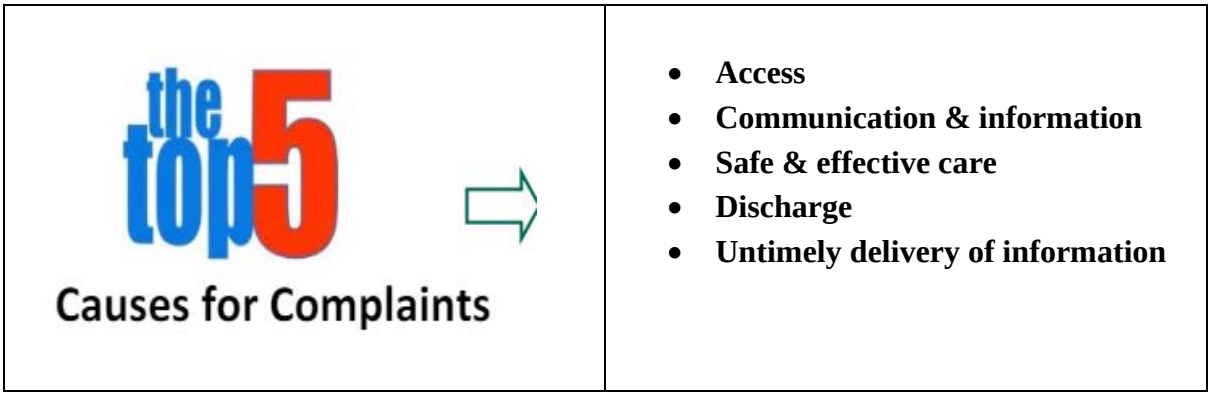
Category	Sub Category Type	Sub Category	Outcome
Communication	Medication	communication	Upheld
Safe & Effective Care	Medication	Prescribing	Upheld
Safe & Effective Care	Treatment and Care	Alleged lack appropriate plan of care	Not upheld
Safe & Effective Care	Diagnosis	Diagnosis- misdiagnosis	Partially Upheld
Safe & Effective Care	Discharge	Discharge against medical advice	Not upheld

Formal Complaints

There were 4 stage two complaints received during 2023 which required the support and oversight of the Complaints Manager. All complaints were closed out by end of 2023 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 2023.

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.

Informal Complaints



- **Access**
- **Communication & information**
- **Safe & effective care**
- **Discharge**
- **Untimely delivery of information**

Compliments

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 2023 were 206. The 3 most common compliments related to kindness and professionalism of staff and cleanliness of the environment.

Open Disclosure

The QRPS Department have continued to drive and support the implementation of the Open Disclosure (OD) policy across St. John's Hospital. Face to face was delivered on two occasions in 2023. The enactment of Patient Safety *(Notifiable Incidents and Open Disclosure)* Act was in May 2023. This provides a legislative framework for a number of important patient safety issues, including the mandatory open disclosure of a list of specified serious patient safety incidents that must be disclosed to the patient and/or their family and the notification of the same to the Health Information and Quality Authority.

Patient Partnership Forum (PPF)

The first PPF was held in May 2023 with 6 patient representatives and members of the executive management team. The aim of the aim of the Patients Partnership Forum (PPF) is to work in partnership with the management team of St John's Hospital to identify and discuss current and future opportunities to improve the care experience for patients, families and caregivers.

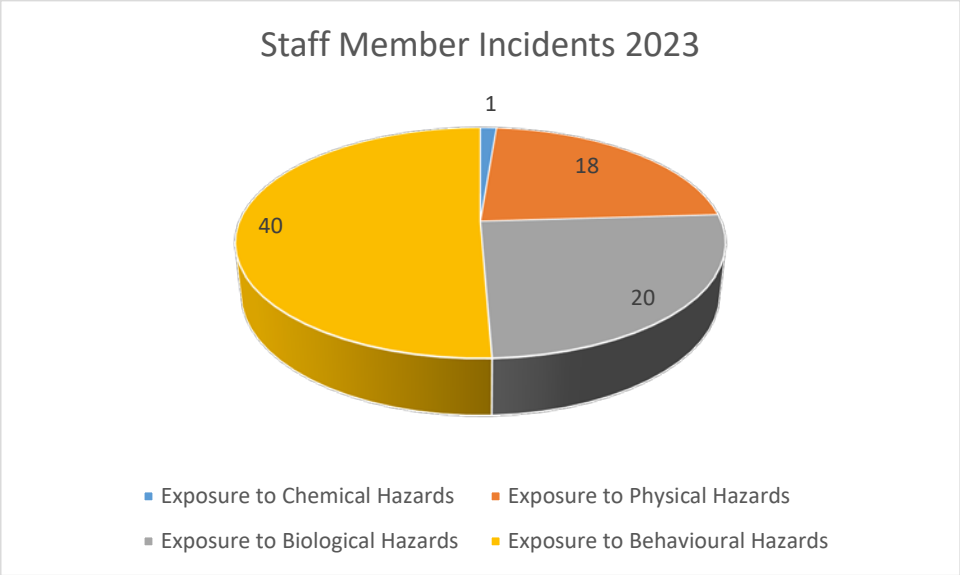
Health & Safety

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 2023.

Staff incidents

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



Fire Safety

On-line theoretical and practical fire training continue based on the Hospital Fire Plan and Departmental Fire Safety Handbooks. 21 sessions of practical fire training were completed in 2023 which had an attendance of 273 staff from all departments. The Hospital Fire Plan was reviewed. Fire drills were undertaken in 14 departments. Plan is to continue with the current format of Fire drills in 2024 and to introduce fire warden training for department heads in 2024.

Dangerous Goods Safety Audit

A Dangerous Goods Safety Advisor (DGSA) Audit was carried out on 19th July 2023. The 2nd audit scheduled for 27th November, 2023 had to be postponed. The level of compliance with the guidelines and regulations associated with the segregation, handling, storage and transport of dangerous goods in the hospital was found to be good and improvements were noted since previous audits.

The following areas were commended from the audit:

- Minimal quantity of hazardous chemicals kept throughout the hospital departments,
- Excellent quality of the Chemical Agent Risk Assessments that have been completed for the hospital.
- High standard of training records, procedures and chemical storage for the Household department
- Up to date training records for the Catering department.
- Excellent packaging of patient specimens on the wards.

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 Feb. 2024.

HSE Patient Safety Alerts received from NQPSD 2023

Title	Date Issued	Priority	Status
HSE NPSA - Sepsis in Children and Young People	20/12/2023	P1	Required Actions Completed.
HSE NPSA - Risk of patient harm from medical device: Olympus Insufflation Unit-UHI-4	24/11/2023	P1	Not Applicable.
HSE NPSA - Potential risk of underdoing with calcium gluconate in severe hyperkalaemia	15/11/2023	P2	Require Actions Completed.
HSE NPSA - Medical Device Regulation and CE Marking	16/10/2023	P2	Required Actions Completed.

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.

HSE Mandatory Training Programme Compliance 2023

Introduction to Children First	100%
HSE Open Disclsoure Module 1	84%
Cyber Security Awareness	79%
Dignity at Work (Revised 2022)	72%

Fit-testing

The QRPS department assumed responsibility for co-ordinating fit-testing for FFP2 masks for patient-facing staff. 9 days of fit testing were completed in 2023 and further dates are arranged for 2024. A total of 105 Staff passed Fit testing for Alpha Solway or Inspire FFP2 masks.

2023 at a glance

Fire Training 21 Practical Fire Training Sessions were facilitated in 2023 The theoretical Fire Training programme was reviewed and remains on the Click HSE Platform. Unannounced Fire Drills -14 Departments	**Chemical Training** 6 chemical safety awareness training sessions were conducted in-house by DGSA auditor.
Managing Challenging Behaviour Training 2 Full Day Sessions -**Targeted Skills for Managers/ Staff** who special patients. 9 face to face sessions: **Advanced Skills Training** took place on site – patient facing/ telephone contact staff. An online training programme is mandatory for all staff and 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 1 DGSA audit 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** Open Disclosure stickers were re-designed 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.
Awards **Enterprise Risk Network Recognition Awards 2023** St John's Hospital were nominated as one of three finalists at at the Enterprise Risk Network Recognition Awards 2023 for the category: • **People and Risk Culture-** *St. John's Hospital's approach to the management of COVID 19*	**Poster Presentation** **Just Culture Conference May 2023 Dublin Castle- Building a just culture in healthcare.** A Success story on our journey towards a just and fair culture in St. John's Hospital Limerick- QRPS Department

Completed by: **Quality and Patient Safety Team**

Date: 10th July 2024

Radiology

Introduction:

The Radiology Department in St. John's Hospital provides crucial diagnostic support across the entire hospital. Playing a key role in supporting all areas of healthcare to provide the necessary care to our patients. Imaging modalities include x-ray, computed tomography (CT), ultrasound, PACS - picture archiving systems, mobile fluroscopy in theatre and mobile X-ray imaging on the wards. Diagnostic Imaging services are provided to Out patients, In patients, GP's, LIU, MAU and the 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. Medica (Global Diagnostics) Ireland provided Radiologist reporting remotely.

It has been particularly challenging this year to balance the increased demands on our service with recruitment of staff needed to maintain the service. Especially as there is a national shortage of Radiographers and a national recruitment moratorium in place.

Quality Initiatives/Improvements achieved during 2023

- St. John's Hospital radiology dept. carried out over 28 thousand examinations across all modalities. With a median turnaround time of 1 day & 4 hrs from ordered to reported.
- CT service expanded to provide support to MAU over 7days. The only model 2 hospital in the group to provide this service.
- Environmental Inspection Agency inspection: The radiology department successfully completed an onsite EPA inspection in 2023. The EPA are responsible for authorising the hospital's licence for the use of ionising radiation in diagnostic imaging examinations, in accordance with the Radiological Protection Act 2021.
- Support to the Rapid Access Lung Clinic UHL to access CT. 50% of all CT requirements of the Rapid Access Lung Clinic in UHL are now provided by St. John's Hospital CT dept. This has started to expand to include Ultrasound support for this cohort of patients.
- Radiation Protection Unit (RPU) established and terms of reference drawn up.
- Diagnostic Reference Level's reviewed and re-established for 2023, inc. paediatric DRL's.
- Facilitated pre-surgical Temporal Bone CT scans from ENT UHL (on-going).
- Facilitated Ennis General Hospitals with scanning CT patients during the replacement of their CT scanner at EGH.
- Annual QA completed for 2023.
- CRIS project initiated – UHL group being the pilot site for the implementation of this national radiology information system.
- Audit on '*Optimisation of Computed Tomography Thorax / Abdomen / Pelvis Examinations Post Equipment Replacement'* presented at UL Hospitals Group Clinical Audit and Quality Improvement Conference. Presented by Radiographers in conjunction with the UL hospitals Medical Physics Dept. & Dr. Brendan Hogan (Consultant Radiologist, Medica).

Strategic Goals for 2024

- Recruitment and retention will remain a core area of focus in 2023.
- Continue to review and update all Radiology policies & implement relevant policies.
- Looking at current staffing levels in all modalities, anticipated future needs and implementing plans to deliver on any deficits which exist.
- Strengthen radiation safety practices within the hospital.
- Support the hospitals strategic objectives and continuously review the potential for increased capacity in the department.

Conclusion

St. John's Hospital Radiology Department will continue to support services across the hospital and will grow in line with these services. Radiographers will continue to expand on their clinical and technological expertise, providing timely and efficient patient care.

Completed by: Niamh Allinson
Title: Radiography Services Manager
Date: 10th July 2024

Acht na dTeangacha Oifigiúla (Leasú), 2021

Réamhrá

Aithnítear tábhacht na Gaeilge mar chéad teanga oifigiúil an Stáit ní hamháin mar chuid luachmhar d'oidhreacht an oileáin seo ach, níos tábhachtaí fós, mar theanga bheo i measc pobal ar fud na tíre agus sa Ghaeltacht ach go háirithe.

Píosa reachtaíochta nua; achtaíodh Acht na dTeangacha Oifigiúla (Leasú), 2021 ar an 22 Nollaig 2021. Is láidriú í an reachtaíocht seo ar Acht na dTeangacha Oifigiúla 2003 a chuirfidh go mór le caighdeán na seirbhísí a chuireann comhlachtaí Stáit ar fáil don phobal.

Gné shuntasach agus thábhachtach den Acht is ea caighdeáin teanga a thabhairt isteach do chomhlachtaí poiblí in áit chóras reatha na scéimeanna teanga, rud a chuirfidh ar chumas na gcomhlachtaí poiblí sin a bhíonn ag idirghníomhú níos mó leis an bpobal caighdeáin níos airde a bhaint amach. Ar cheann de na príomhfhorálacha beidh dualgas ar chomhlachtaí poiblí cabhrú le daoine a n-ainmneacha agus a seoltaí a úsáid agus iad i dteagmháil le comhlachtaí poiblí. Chomh maith leis sin, beidh ar gach comhlacht poiblí nua ainmneacha teanga a bheith acu.

Leagtar dualgas reachtúil nua ar Ospidéal Naomh Eoin in Alt 10A d'Acht na dTeangacha Oifigiúla (Leasú), 2021 maidir le fógraíocht, cumarsáid ghinearálta agus cumarsáid tráchtála a bhíonn ag plé leis an bpobal.

Is iad seo a leanas príomhspriocanna an Achta:

• Beidh 20% d'earcaigh sa tseirbhís phoiblí inniúil sa Ghaeilge faoi dheireadh 2030,
• Beidh ar chomhlachtaí poiblí cabhrú le daoine a n-ainmneacha agus a seoltaí a úsáid i nGaeilge agus iad i dteagmháil le comhlachtaí poiblí
• Agus caighdeáin teanga a thabhairt isteach do chomhlachtaí poiblí a leagann dualgas reachtúil nua ar chomhlachtaí poiblí maidir le fógraíocht, cumarsáid ghinearálta agus cumarsáid tráchtála a bhíonn ag plé leis an bpobal.

Tháinig na forálacha in Alt 10A. (Fógraíocht ag Comhlachtaí Poiblí) d'Acht na dTeangacha Oifigiúla (Leasú) 2021 i bhfeidhm ar an 10 Deireadh Fómhair 2022.

Deirtear in Alt 10A. (Fógraíocht ag Comhlachtaí Poiblí) d'Acht na dTeangacha Oifigiúla (Leasú) 2021:

> (a) is i nGaeilge a bheidh 20% ar a laghad d'aon fhógraíocht a chuirfidh an comhlacht in aon bhliain, agus
>
> (b) is i nGaeilge trí mheáin Ghaeilge a bheidh 5% ar a laghad d'aon airgead a chaithfidh an comhlacht ar fhógraíocht in aon bhliain áirithe. (Ciallaíonn "meáin Ghaeilge" aon mheán ina bhfuil 50 % nó níos mó d'ábhar na meán sin trí Ghaeilge).

Oibríonn an tOifigeach Gaeilge go dlúth leis an bhFoireann Acmhainní Daonna chun a chinntiú go bhfuil fógraíocht ar earcaíocht ag teacht leis na dualgais mar atá leagtha amach in Alt 10A d'Acht na dTeangacha Oifigiúla (Leasú), 2021. Beidh ar Ospidéal Naomh Eoin tuairisceán comhlíonta a uaslódáil chuig an gCoimisinéir Teanga i mí an Mhárta 2024.

Ag deireadh 2023, chuir an Coimisinéir Teanga in iúl don ospidéal go raibh gearán faighte acu faoi lógó nua an ospidéil a bhí á úsáid ag an ospidéal ó 2021. Cé nach raibh aon dualgas reachtúil ag an bpointe sin go mbeadh aon lógó i nGaeilge nó dátheangach níor bhain an díolúine seo leis an ospidéal sa chás go n-úsáidfí an lógó ar chomharthaíocht ospidéil nó ar stáiseanóireacht. Rinne ospidéal Naomh Eoin leasú cuí ar an lógó chun an leagan Gaeilge d'ainm an chomhlachta phoiblí - Ospidéal Naomh Eoin - a léiriú.

Dul chun cinn maidir le cur i bhfeidhm ailt an Achta:

Cur síos ar an Táscaire (Ceanglas Reachtach)	2023 Dul chun cinn go dtí seo	Gníomh lena chinntiú go gcomhlíonfaimid an riachtanas
Fógraíocht 10. A	Chomhlíon Ospidéal Naomh Eoin an caighdeán riachtanach sa bhliain tuairiscithe 2023 le: o Aistríodh 20% den fhógraíocht bhliantúil i nGaeilge; agus o Caitheadh 5% d'fhógraíocht íoctha ar fhógraíocht i nGaeilge trí mheán na Gaeilge trí Tuairisc.ie	Leanúint ar aghaidh ag obair le hAcmhainní Daonna chun a chinntiú go gcloítear le 20% den fhógraíocht ar fad a aistrítear i nGaeilge agus 5% d'fhógraíocht íoctha i nGaeilge trí asraon meán Gaeilge
Ailt eile den Acht a achtaíodh:	Tugadh freagra ar gach cumarsáid a fuarthas i scríbhinn nó trí ríomhphost sa teanga oifigiúil ina bhfuarthas í.	Tugtar freagra ar gach cumarsáid a fhaightear i nGaeilge sa teanga oifigiúil a fuair í.
Alt 4 (3) **Alt 4 A**	I gcás nach mbeidh aon duine i ról cheann comhlachta phoiblí, féadfaidh an rialtas duine a cheapadh chun an róil sin chun críocha an Achta seo. Ceapfar duine eile, ón mbainistíocht shinsearach, chun maoirseacht a dhéanamh ar chomhlíonadh a chuid oibleagáidí faoin Acht ag an gcomhlacht agus chun a chinntiú go dtuairiscítear é sin i dtuarascáil bhliantúil an chomhlachta – ceapadh Oifigeach Seirbhísí Feidhmiúcháin ón mBainistíocht Shinsearach chun comhlíonadh OLA 2021 a chinntiú	Tá Comhordaitheoir Seirbhísí Feidhmiúcháin freagrach as comhlíonadh a chuid dualgas faoin Acht ag na hospidéil.

Inniúlacht Foirne sa Ghaeilge A. 18C. (b) (iii).	Faoi láthair tá 0.3% d'fhoireann Naomh Eoin inniúil ar an nGaeilge. Sprioc: 20% d'earcaigh chuig an earnáil phoiblí inniúil sa Ghaeilge faoin 31/12/2030	Feachtas gníomhach earcaíochta/oiliúna le bunú chun a chinntiú go gcomhlíonfaimid na leibhéil riachtanacha inniúlachta Gaeilge faoin spriocdáta.

Buaicphointí Seirbhíse le linn 2023:

- Feidhm tacaíochta aistriúcháin Ghaeilge a bhunú san ospidéal nuair a ceapadh Oifigeach Gaeilge.
- Ag obair i gcomhar leis an rannóg Acmhainní Daonna chun seirbhís aistriúcháin a bhunú chun a chinntiú go n-aistrítear na foirmeacha earcaíochta cuí go Gaeilge chun cur ar chumas an ospidéil riachtanais fógraíochta S.10A den Acht a chomhlíonadh.
- Doiciméid chorparáideacha a aistriú go Gaeilge.

Plean Gnó do 2024:

- Leanúint ar aghaidh ag obair go dlúth le hAcmhainní Daonna chun an tseirbhís aistriúcháin a chothabháil chun riachtanais fógraíochta S.10A den Acht a chomhlíonadh.
- Cuir an Ghaeilge ar gach comhartha nua.
- Cinntiú go bhfuil an Ghaeilge curtha isteach ar shuíomh nua an ospidéil.
- Riachtanais Acht na dTeangacha Oifigiúla a chomhlíonadh de réir mar a chuirtear i bhfeidhm iad.

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 legislation is a strengthening of the Official Languages Act 2003 which will make a significant contribution to the quality of services in lrish 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 lrish when contacting public bodies. In addition, all new public bodies will be required to have lrish 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 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:

> (b) 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).

The Irish Officer works closely with the Human Resources Team to ensure that advertising on recruitment aligns with the obligations as set out in Section 10A of the Official Languages (Amendment) Act 2021. St. John's Hospital will be required to upload a compliance return to An Coimisinéir Teanga in March 2024.

In late 2023, An Coimisinéir Teanga notified the hospital that they had received a complaint regarding the hospital's new logo being used by the hospital from 2021. Although there was no statutory obligation at that point in time for any logo to be in Irish or bilingual this exemption did not apply to the hospital in the event that the logo was used on hospital signage or stationery. St. John's hospital duly amended the logo to reflect the Irish version of the name of the public body - Ospidéal Naomh Eoin.

Progress in the implementation of the sections of the Act:

Description of Indicator (Legislative Requirement)	2023 Progress to date	Action to ensure we meet the requirement
Advertising 10. A	St. John's Hospital met the required standard in the 2023 reporting year with: o 20% of annual advertising was translated in Irish; and o 5% of paid advertising was spent on advertising in Irish through the Irish media via Tuairisc.ie	Continue to work with HR to ensure compliance with 20% of all advertising translated in Irish and 5% of paid advertising in Irish through an Irish media outlet
Other Sections of the Act enacted: **S. 4 (3)**	All communication received in writing or by email has been responded to in the official language in which it was received.	All communication received in the Irish language is responded to in the official language by which it was received.
S. 4 A	Where no person stands in the role of head of a public body, the government may appoint a person to said role for the purposes of this Act. Another person, from senior management, shall be appointed to oversee the body's compliance with its obligations under the Act and to ensure this is reported on in the annual report of the body – Executive Services Officer has been appointed from Senior Management to ensure compliance with the OLA 2021	Executive Services Co-ordinator is responsible for the hospitals compliance with its obligations under the Act.
Staff Proficiency in Irish **S. 18C. (b) (iii) .**	Presently 0.3% of St. John's Staff are proficient in the Irish Language. Target is 20% of recruits to the public sector competent in Irish by 31/12/2030	Active recruitment/training drive to be established to ensure we meet requisite levels in Irish proficiency by the target date.

Service Highlights during 2023:

- The establishment of an Irish translations support function in the hospital with the appointment of an Irish Officer.

- Working in conjunction with the HR department in establishing a translation service to ensure the relevant recruitment forms are translated into Irish to enable the hospital meet the advertising requirements of S.10A of the Act.
- The translation of corporate documentation into the Irish language.

Business Plan for 2024:

- To continue to work closely with HR to maintain the translation service to meet the advertising requirements of S.10A of the Act.
- Include the Irish language on all new signage.
- Ensure the Irish Language is incorporated in the new hospital website.
- To meet the requirements of the Official Languages Act as they are implemented.

2023 Audited Report & Accounts

St. John’s Hospital

Financial Statements

For the financial year ended
31 December 2023

St. John's Hospital

Financial Statements
31 December 2023

Contents **Page**

General Information	1
Responsibilities of the Chief Executive and the Board	2
Statement of the Board Members' Responsibilities in respect of the Annual Financial Statements	3
Independent Auditor's Report to the Board of St. John's	4
Hospital Certificate of Chief Executive Officer and Chairperson	8
Non Capital Income and Expenditure Account	9
Capital Income and Expenditure Account	10
Balance Sheet	11
Cash Flow Statement	12
Accounting Policies	13
Notes to the Financial Statements	19

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 2023

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:

Richard Leonard: **Deputy Chairperson**

Emer Martin: **Chief Executive**

Date: 04 September 2024

St. John's Hospital

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

Year ended 31 December 2023

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:

Richard Leonard:	**Deputy Chairperson**
Emer Martin:	**Chief Executive**

Date: 04 September 2024

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 2023, 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 2023 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 and on behalf of
Grant Thornton
Chartered Accountants & Statutory Audit Firm
Limerick

Date: 04/09/24

St. John's Hospital

Certificate of Chief Executive Officer and Chairperson for the year ended 31 December 2023

We certify that the financial statements of St. John's Hospital for the financial year ended 31 December 2023 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 31 and the statement of accounting policies, on pages 13 to 18, give the true and fair view of the state of affairs of the hospital at 31 December 2023 and of its income and expenditure and cash flow for the year then ended.

On behalf of the Board

Richard Leonard:	**Deputy Chairperson**
Emer Martin:	**Chief Executive**

Date: 04 September 2024

St. John's Hospital
Non – Capital Income and Expenditure Account for the year ended 31 December 2023

	Note	2023 €'000	2022 €'000
Cumulative Non-Capital Deficit B/F From Previous Year		950	1,040
Pay			
Salaries	23	27,553	22,759
Superannuation and Gratuities	23	3,876	4,273
		31,429	27,032
Non-Pay			
Direct Patient Care	23	4,455	4,073
Support Services	23	3,173	2,854
Financial & Administrative	23	1,428	1,689
		9,056	8,616
Gross Expenditure for the Year Includes Deficit from previous year		41,435	36,688
Income	23	2,070	3,179
Net Expenditure for the Year		39,365	33,509
Determination from HSE		35,173	32,559
Deficit C/F to Following Year		4,192	950

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 2023 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

Richard Leonard: **Deputy Chairperson**

Emer Martin: **Chief Executive**

Date: 04 September 2024

Capital Income and Expenditure Account for the year ended 31 December 2023

	2023 €'000	2022 €'000
Capital Income Sources		
HSE - Capital Grant	31	87
HSE-Charge on non-capital Income & Expenditure	29	-
HSE-Non-Capital Repayment of Loan Capital	-	-
Fund-raising - Capital only	-	-
EU Grants	-	-
Disposal, Net Proceeds of	-	-
Other	-	-
Total Capital Income	60	87
Capital Expenditure		
Land	-	-
Buildings	-	-
Work-In-Progress	-	-
Equipment	111	121
Vehicles	-	-
Other	-	-
Capital Expenditure- Capitalised	111	121
Capital Expenditure-Not Capitalised	-	-
Total Capital Expenditure	111	121
Opening (Surplus) from previous year	(887)	(921)
Closing (Surplus) to following year	(836)	(887)

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 2023 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

Richard Leonard: **Deputy Chairperson**

Emer Martin: **Chief Executive**

Date: 04 September 2024

St. John's Hospital
Balance Sheet as at 31 December 2023

	Note	2023 €'000	2022 €'000
Fixed Assets			
Tangible Assets	12	8,846	9,607
		8,846	9,607
Current Assets			
Debtors	13	1,683	4,776
Stocks	14	358	350
Cash in hand and bank balances		342	167
		2,383	5,293
Creditors-Amounts Falling Due Within One Year			
Creditors	15	4,953	5,356
Bank loans and overdraft	16	786	-
Obligations under Finance Leases		-	-
		5,739	5,356
Net Current Liabilities		(3,356)	(63)
Total Assets Less Current Liabilities		5,490	9,544
Capital & Reserves			
Non-Capital Income & Expenditure Deficit		(4,192)	(950)
Capital Income & Expenditure Surplus		836	887
Capitalisation Account	17	8,846	9,607
		5,490	9,544

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

Richard Leonard: **Deputy Chairperson**

Emer Martin: **Chief Executive**

Date: 04 September 2024

Cash Flow Statement as at 31 December 2023

	Note	2023 €'000	2022 €'000
Net Cash Inflow from Operating Activities	18	(522)	(534)
Returns on Investments and Servicing of Finance			
Interest Paid on Loans and Overdraft		(8)	(12)
Interest Paid re Finance Leases		-	-
Equity Dividends Received		-	-
Interest Received		-	-
Net Cash (Outflow) from servicing of Finance		(8)	(12)
Capital Expenditure			
Expenditure from HSE Capital		(82)	(121)
Add back unpaid Capital Expenditure		-	-
Add back movements in finance lease obligations		-	-
		(82)	(121)
Capital Expenditure - Not Capitalised		-	-
Payments from non-capital, re acquisition of fixed assets		(29)	-
Receipts on sale of fixed assets		-	-
Net Cash (Outflow) from Capital Expenditure		(111)	(121)
Net Cash Inflow(Outflow) before Financing		(641)	(667)
Financing			
HSE Capital grant received		31	223
Receipts from other sources -acquisition of fixed assets		-	-
		31	223
Increase in investments		-	-
Capital element of finance lease rental repayments		-	-
Cash Inflow from movement in Debt and Lease Financing		-	-
Net Cash Inflow from Financing		31	223
Net Cash Flow		(610)	(444)
(Decrease)/increase in Cash and Bank	19	(610)	(444)
Decrease/(increase) in Bank Loans < 1 Year & O/D	19	-	-
Increase in Bank Loans > 1 Year	19	-	-
Changes in Net Cash		(610)	(444)

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:

The Board of St. John's Hospital have a reasonable expectation that the Hospital has adequate resources to continue in operational existence for the foreseeable future and have received assurances from at the highest level from HSE of their continuing support.

The Board have received confirmation from the Chief Finance Officer, UL Hospitals Group that the cash flow requirements of St. John's Hospital will continue to be supported via cash acceleration requests.

The HSE have informed the Board that they have provided continued support to date in the form of once off in-year and year end supplementary funding and through facilitating ongoing cash acceleration requests that the Board expect this support to continue for the foreseeable future notwithstanding measures to be taken by St. John's Hospital to deliver on the hospital's cost containment plans.

The deficit for the year end 31st December 2023 was €6.914m. On the 19th of April, the HSE allocated in once off funding which reduced the deficit to €3.201m.

The financial deficit is largely driven by outstanding funding in a number of areas to include: weekend injury unit service, the weekend MAU service, consultant public only consultant contracts, increased service demand, inflationary pressure, unattainable income generation targets and agency expenditure.

Cost containment plan: the Hospital is working to achieve savings of €2.2m in agency expenditure for 2024. Agency expenditure in 2023 was €4.95m due to high vacancy factor in funded posts, unfunded clinical services and an overall increase in Hospital activity. Internal procedures for approval of agency have been revised to ensure that use of agency staff is reduced to a minimum.

In addition, following close consultation with the HSE, the Minister for Health announced on Wednesday 29th May 2024 that St John's Hospital will be funded with respect to a 78 bed block which provides 42 new beds and a substantial refurbishment of the existing facilities in line with the hospitals Capital Development Plan.

In summary, the Hospital continues to be funded through the HSE by way of cash acceleration requests with respect to the services that it provides, and also with respect to funding for the hospitals capital development plan however, the Hospital has instigated a cost containment plan particularly in the area of Agency Expenditure at the request of the HSE.

On the basis of the above the Board 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.

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

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.

11. Contingent Liabilities

There were no material contingent liabilities at 31 December 2023.

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.

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.

Note 1: Insurance

	2023 €'000	2022 €'000
Medical Defence		
(a)) Consultants	-	-
(b) NCHDs	-	-
	-	-
Other		
Public Liability	-	1
Employers Liability	-	-
Property	29	27
Other	40	25
	69	53

Note 2: Misc. Non-Capital

Expenditure On Capital Projects	2023 €'000	2022 €'000
Land	-	-
Buildings	-	-
Work-In-Progress	-	-
Equipment	29	-
Vehicles	-	-
Other	-	-
	29	-

Note 3: Miscellaneous Expenses

	2023 €'000	2022 €'000
Security	205	212
Publications etc.	-	-
Membership / Subscriptions etc.	3	22
Interest on Late Payments	-	-
Education / Training	72	52
Shop / Restaurant Purchases	-	-
Other	178	118
	458	404

Note 4: Analysis of Patient Income In-Patients

	2023 €'000	2022 €'000
Statutory In-Patient Charges	128	190
Private / Semi Private Charges	472	1,561
Long Stay Charges	-	-
Other In-Patient Charges	-	-
	600	1,751
Out-Patients		
Statutory Accident & Emergency Charges	271	267
Other Out-Patient Charges	-	-
	271	267
Total Patient Income	871	2,018

Note 5: Income From External Agencies

	2023 €'000	2022 €'000
Laboratory	-	-
Pathology	-	-
Radiology	-	-
Commissioning Services	-	-
Other	-	-
	-	-

Note 6: Other Income (Non-Capital)

	2023 €'000	2022 €'000
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	208	292
Equity Dividend Received	-	-
Interest received	-	-
	208	292

Note 7: Summary Pay Analysis (Memorandum Only)

	2023 €'000	2022 €'000
Basic Pay	17,475	15,506
Overtime	1,011	668
Premium Pay	925	917
Shift Allowance	-	-
Holiday / Public Holiday Premiums	387	98
Higher Degree	-	-
Special Nursing	328	73
On call / Standby	273	193
PRSI Employer	2,138	1,826
Travel Allowance	-	-
Other	8,892	7,751
	31,429	27,032

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

	2023 €'000	2022 €'000
Net Expenditure - Current Year	38,415	32,475
Deduct		
Purchase of Equipment from Non-Capital	-	-
Funding of Capital Projects from Non-Capital	-	-
Loan Repayments - Principal Only	-	-
Depreciation on Disposal	-	-
Total Deductions	-	-
Sub-Total	38,415	32,475
Add-Back		
Depreciation charge for Year	872	877
	39,287	33,352

Running Cost of Service

Note 9: Road Traffic Accident (Memorandum Only)

	2023 €'000	2022 €'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	-	-

Note 10: Statement of Advances & Balances Due From HSE Non-Capital & Capital	2023 €'000	2022 €'000
Non-Capital		
Total notified non-capital determination for the year	35,173	32,559
Less: Remittances from HSE Non-Capital in the	(34,362)	(31,259)
Balance due from HSE in respect of the year	811	1,300
Balance due from HSE re previous year @ 1 Jan	3,742	-
Less: Remittances from HSE in year re: previous	(3,742)	-
Balance due from HSE re previous year @ 31 Dec	-	-
Total Balance of Approved Non-Capital Determinations Due From HSE	81	1,30
Capital		
Total Capital Grants notified by HSE for the year	31	91
Less: Remittances from HSE Capital in the	-	-
Balance due from HSE in respect of the year	31	91
Balance due from HSE re previous year @ 1 Jan.	91	-
Less: Remittances from HSE in year re: previous	-	-
Balance due from HSE re previous year @ 31 Dec	91	-
Total Balance of Capital Grants Due From HSE	12	91
Gross Total Due From HSE Capital & Non-Capital	93 3	1,39 1

Note 11: Purchase of Equipment and Vehicles From Non-Capital Account (Capitalised)	2023 €'000	2022 €'000
Medical Gas Equipment	-	-
Medical Equipment	-	-
X-Ray / Imaging Equipment	-	-
Catering Equipment	-	-
Laundry Equipment	-	-
Maintenance Equipment	-	-
Farm & Garden Equipment	-	-
Computer Equipment	-	-
	-	-
Vehicles Purchased	-	-
	-	-

Note 12: Schedule of Fixed Assets and Depreciation

		Land	Buildings	Equipment	Total
		€'000	€'000	€'000	€'000
Cost Or Valuation at	**1-Jan-23**	199	14,505	8,846	23,550
Transfers from Work-In-Progress		-	-	-	-
Sub-Total		199	14,505	8,846	23,550
Additions From Capital		-	-	82	82
Additions From Non-Capital		-	-	29	29
Disposals during the year		-	-	-	-
Cost / Valuation at	**31-Dec-23**	199	14,505	8,957	23,661
Accumulated Depreciation at	**1-Jan-23**	-	6,214	7,729	13,943
Depreciation charge for year		-	363	509	872
Disposals–Accumulated Depreciation		-	-	-	-
Accumulated Depreciation at	**31-Dec-23**	-	6,577	8,238	14,815
Net Book Amount at	**31-Dec-23**	199	7,928	719	8,846
Net Book Amount at	**1-Jan-23**	199	8,291	1,117	9,607

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

Note 13: Debtors	2023 €'000	2022 €'000
HSE – Revenue Grants Due	811	3,742
HSE – Capital Grants Due	-	-
HSE Debtors	811	3,742
HSE Mid-West	151	91
Patients (Closing Ledger Balance)	719	1,554
Less: Provision for bad and doubtful debts	(509)	(1,038)
Other	186	249
Prepayments	325	178
Non-HSE & Non-HSE Mid- West Debtors	721	943
Total Debtors	1,683	4,776

An impairment loss of €507,759 (2022 €1,037,949) was recognised against trade debtors.

Note 14: Stocks	2023 €'000	2022 €'000
Drugs & Medicines	149	140
Blood & Blood Products	-	-
Medical Gases	-	-
Medical & Surgical Supplies	1	1
Sterile Supplies	8	8
Pathology Supplies	3	4
X-Ray / Imaging	-	-
Provisions	-	-
Laundry / Cleaning	1	1
Bedding / Clothing	1	1
Furniture / Crockery	-	-
Heat / Power / Light Supplies	9	6
Maintenance Supplies	-	-
Office Supplies	-	-
Computer Supplies	-	-
Shop	-	-
	6	9
	358	350

An impairment loss of €Nil (2022: €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.

Note 15: Creditors	2023 €'000	2022 €'000
Creditors - Capital	-	-
Creditors - Non-Capital	1,277	1,249
PAYE and PRSI	1,566	698
Wages and Salaries	954	2,285
Other	1,156	1,124
	4,953	5,356

Note 16: Bank - Within One Year	2023 €'000	2022 €'000
Bank overdraft	786	-
	786	-

Note 17: Capitalisation Account	2023 €'000	2022 €'000
Balance at beginning of year	9,607	10,363
Additions		
Capital Expenditure	111	121
Non-Capital Expenditure	-	-
Sub-Total Additions	111	121
Disposals		
At cost	-	(610)
Sub-Total Disposals	-	(610)
Less		
Disposals	-	(610)
Depreciation for the year	872	877
Sub-Total Deductions	872	267
Balance at year-end	8,84	9,60

Note 18: Note To The Cash Flow Statement	2023 €'000	2022 €'000
(Deficit) Non-Capital	(4,192)	(950)
Add back deficit brought forward	950	1,040
(Deficit) for current year	(3,242)	90
Deduct repayment of loan (Capital element) charged against non-capital	-	-
Deduct Interest and Dividend Income	-	-
Add back purchase of equipment from non-capital	29	-
Add back Interest charged against non-capital	8	12
(Increase) in Stocks	(9)	(3)
Decrease/(Increase) in HSE Debtors (Non-Capital)	2,934	(1,118)
(Increase) in HSE Mid-West Debtors	(60)	(71)
Decrease in Non-HSE and Non-HSE Mid-West Debtors	220	187
Increase in Creditors	(402)	369
Net Cash Inflow from Operating Activities	(522)	(534)

Note 19: Analysis of Changes in Net Debt	At 1 Jan '23 €'000	Cash Fl	Non Cash Change	At 31 Dec '23 €'000
Cash in Hand and Bank Balances	16	17	-	34
Bank Overdraft	-	(78	-	(78
	16	(61	-	(44
Bank Loans				
Debt Due within one year	-	-	-	-
Debt Due after one year	-	-	-	-
	-	-	-	-
Finance Leases : within one year	-	-	-	-
Finance Leases : from 2 to 5 years	-	-	-	-
	167	(610)	-	(443)

Note 20: Reconciliation of Net Cash inflow to Movement in Net Debt	2023 €'000	2022 €'000
(Decrease)/Increase in cash in the year	(610)	(444)
Cash Inflow/(Outflow) from increase/(decrease) in debt and lease financing	-	-
Changes in net cash resulting from cash flow	(610)	(444)
New Finance Leases taken out in the year		-
Changes in Net Cash	(610)	(444)
Net Cash/ (Debt) at beginning of year	167	611
Net Cash at end of year	(443)	167

Note 21: Related Parties

No transactions with related parties occurred requiring financial statement disclosure.

Total key management personnel compensation was €182,890 (2022: €167,758). Key management personnel compensation comprises the Chief Executive and the Deputy Chief Executive.

Note 22: Post Balance Sheet Events

There have been no significant events affecting the company since the year end.

Note 23: Non-Capital Income & Expenditure – Details

	2023 €'000	2022 €'000
Pay		
Management / Administration	4,089	3,667
Medical / Dental I (NCHDs)	2,496	1,821
Medical / Dental II (Consultants)	2,277	1,892
Nursing	11,168	9,127
Paramedical	1,796	1,588
Catering & Housekeeping / Support Services	3,169	2,881
Maintenance / Technical	2,558	1,783
	27,553	22,759
Pensions & Refunds	3,508	3,674
Gratuities / Lump Sums	368	599
Others	-	-
	3,876	4,273
	31,429	27,032
Non-Pay		
Direct Patient Care		
Drugs & Medicines	1,13	97
Blood & Blood Products	23	26
Medical Gases	52	65
Medical & Surgical Supplies	2,37	2,33
Other Medical Equipment	99	3
Other Medical Equipment Supplies / Contracts On	55	43
	4,45	4,07

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

	2023 €'000	2022 €'000
Support Services		
X-Ray / Imaging Equipment	-	-
X-Ray / Imaging supplies / Contracts On	610	574
Laboratory Equipment	-	-
Laboratory Supplies / Contracts On	155	108
Catering Equipment	-	-
Catering Provisions / Contracts On	431	326
Heat, Power & Light	350	226
Laundry , Cleaning & Washing Equipment	-	-
Laundry , Cleaning & Washing Supplies / Contracts On	1,031	945
Furniture, Crockery & Hardware	89	48
Bedding & Clothing	61	42
Maintenance Equipment	-	-
Maintenance Materials Supplies / Contracts On	390	517
Farm & Garden Equipment	-	-
Farm Supplies / Contracts On	5	5
Travel & Subsistence	51	63
Transport of Patients	-	-
Vehicles Purchases	-	-
Vehicles Supplies / Contracts On	-	-
	3,173	2,854

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

Financial And Administrative	**2023 €'000**	**2022 €'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	8	12
Other		
Insurance - Medical Defence	-	-
Insurance - Other	69	53
Audit	7	37
Legal	-	-
Office Expenses (Rent & Rates, Postage, Phone)	157	150
Office Supplies / Contracts On	276	257
Computer Equipment	-	-
Computer Supplies / Contracts On	633	572
Professional Services	350	285
Bad Debts written off	-	-
Adjustment to Doubtful Debts Provision	(530)	(81)
Misc. Non-Capital Exp. on Capital Projects	-	-
Miscellaneous Expenses	458	404
	1,428	1,689
Total Non-Pay	9,056	8,616
Total Gross Expenditure	40,485	35,648

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

Income	**2023 €'000**	**2022 €'000**
Patient Income		
In-Patient	600	1,751
Out-Patient	271	267
	871	2,018
Other Income		
Superannuation	435	423
Other Payroll Deductions	447	370
RTA Receipts	-	-
Income from External Agencies	-	-
Canteen Receipts	109	76
Other Income (Non-Capital)	208	292
Total Income	2,070	3,179
Net Expenditure	38,415	32,469