


# Ospidéal Naomh Eoin
# St John's Hospital

*Cúram Gairmiúil agus Atruacha*
*Professional and Compassionate Care*

# Annual Report
2025

# Ospidéal Naomh Eoin
# St. John's Hospital

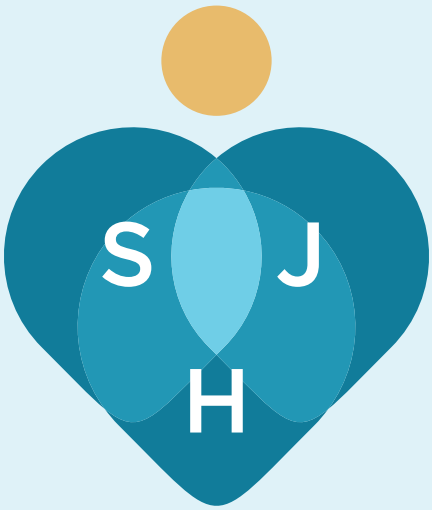
Ospidéal Teagaisc Ollscoile –
Ag tabhairt aire duit I gcroílár an phobail.

A University Teaching Hospital –
Caring for you in the heart of the community.

Is í ár bhfís a bheith mar phríomhsholáthraí seirbhíse cúram sláinte ina bhfuil nuálaíocht agus sármhaitheas ag croílár eispéireas an othair.

Our vision is to be a leading provider of healthcare service where innovation and excellence are at the heart of the patient experience.

**Serve** the needs of the healthcare population




**Just** culture promoting excellent experience for our staff and patients

**High** quality, equitable, safe, accessible care

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# Foreword

I am delighted to present our Annual Report and Audited Accounts for 2025. The report covers the period from 1st January to 31st December and provides an overview of our progress and performance over that period.

As we reflect on 2025, it is clear that it has been a year marked by many successes and achievements. Despite the increasing demand on our services, St. John's has continued to make significant in-roads into its waiting lists resulting from the Covid pandemic and provided more elective and day-case treatments and new outpatient appointments than the previous year. It also treated more patients in the Injury Unit and Medical Assessment Unit.

St. John's met its financial targets for the year, achieving a positive financial position at year end without compromising the quality of care. Moreover, I am really pleased to note that work on the capital development programme for a new 78 bed block has progressed well, completing Stage 1, the Design Phase by the end of 2025. While there is still much work ahead, this achievement, and the many more you will read about in the report, highlight the hospital's significant progress to improve the infrastructure and quality of services, strengthening St. John's capabilities upon which it continues to build. On top of that, the hospital's Audit, Research and Innovation work continues to further the high-quality care and ground-breaking initiatives to improve the care patients receive.

All of the success reflected in this Report is down to the hard work, dedication and professionalism of staff at St. John's. While clinical and support staff provide excellent care to patients, the administrative staff, catering department, cleaners, maintenance and many others are making sure that the hospital runs efficiently and that patients receive their care in a safe, caring and high-quality environment.

I am confident St. John's will continue to deliver this level of quality in 2026. While challenges continue, so too does our ambition and drive to provide the best possible care to the patients and communities we serve.

I would like to thank all the staff for their dedication and commitment to the provision of first-class patient care. In particular, I am grateful to the CEO for her dedication. I would like to thank St. John's Patient Partnership Forum and the HSE Midwest for their ongoing support and assistance to the hospital. I would also like to thank the Board for giving so generously of their time and expertise. The Board and I look forward to working with you all again over the coming year, ensuring that St. John's Hospital continues to provide high quality healthcare to our patients in keeping with our tradition and mission.



+ Brendan Leahy

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





# Executive Summary

## Introduction

This Annual Report for the year ending 31 December 2025 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 to 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. 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. The work on our capital development plan is progressing well. 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.

On 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.

At the end of the year, the Hospital was noted to have operated at 28% 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 20% increase compared to the same period in 2024. 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. Further work continued in 2025 to address longstanding funding issues. The hospital also committed to reduce the use of agency staff and maintain a strong focus on other financial control measures to work towards an improved year-end financial position for 2025.

# The Year in Review

## Service Delivery

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

### (a) Capital Development

The Hospital, with support from the HSE, made significant progress in its Capital Development Plan during 2025. A Design Team was commissioned by the HSE and commenced the Design phase work in Quarter 3 which was completed by year end.

The next stage will commence in early 2026 to include preparation for the planning application.

### (b) 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 reporting and management of principal risks to the delivery of the Hospital's strategic objectives and compliance requirements. Each of the corporate strategic risks receives scrutiny in-year by the respective Board Committees 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 respective management meetings and escalated to the Executive Team to the Board 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 agreed to mitigate the risk, and consideration of the progress reported.

### (c) 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 and Executive leadership team to ensure effective action is being taken to address risks or uncertainty to the delivery of plans and objectives. HSE and other 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

### (d) Succession Planning for Consultant Staff

2025 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 Cathy Casey, Consultant Obstetrician and Gynaecologist and Dr Fasih Khan, Consultant Anaesthesiologist. All our replacement consultant posts are designed to have a dedicated service commitment to the Hospital Group, with the main portion of the work being undertaken at St John's. New and replacement Consultant posts need to be approved regionally and nationally. The application process for 5 permanent replacement posts was initiated in 2025 with clear progress evident towards year end. This will continue to be followed up as a priority in 2026.

### (e) Capital Funding in 2025

St. John's Hospital sought funding for to progress the Design phase of the Capital Development programme. We also submitted an extensive application under the HSE's National Equipment Replacement Programme in 2025. We received grant approval for a new image intensifier for our Radiology department. We are grateful to the HSE for replacing this necessary medical equipment to enable the continuation of these necessary services.

## Quality and Safety

### (a) Health Information and Quality Authority (HIQA)

St John's received an inspection from HIQA in November 2025.The title of the inspection was "Assessment of compliance with medical exposure to ionising radiation regulations". A draft report was issued in December with the final inspection report due to be published in early 2026. The inspection noted non-compliance in relation to our medical physics service provision. The hospital is committed to addressing this as part of our Quality Improvement Plan.

### (b) National Patient Experience Survey

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

### (c) Public Sector Energy Performance

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

### (d) Royal College of Physicians of Ireland visit

We were delighted to welcome the RCPI who conducted a visit of St John's on 16th September 2025. The focus of the visit was on the quality of training of our junior doctors. The college met with our Consultants, trainee doctors and members of the senior leadership team. The visit was followed up by an outcome report which highlighted very good practice in the majority of areas of NCHD governance. Clinical handover was identified as an area for improvement. A quality improvement plan was duly implemented and this matter has now been addressed.

### (e) National Incident Management Framework (NIMS)

The Board reviews this data routinely and recognises an increased incident reporting rate as a positive reflection of an open culture within the organisation which supports learning.

Incident reporting to the National Incident Management System (NIMS) supports multidisciplinary incident reporting which includes a high level of reporting of near misses, no harm and minor harm incidents. Reporting of these 'green' incidents is seen as a key driver for identification and management of risks to prevent more serious harm.

### (f) 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. Incidents are reviewed at various fora throughout the hospital to identify opportunities for learning and to improve and develop safe practice.

### (g) The Board Risk, Quality and Safety Committee

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.

## Hospital Governance

### (a) Board Committee Terms of Reference

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

### (b) Covid-19 Pandemic Working Group

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

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

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

### (d) Irish Voluntary Healthcare Association (IVHA)

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.

### (e) Annual Compliance Statement (ACS) 2025

St. John's Hospital signed its Annual Compliance Statement in May 2025 for FY2024. This involves, as a Section 38 Service Provider under the Health Act, reviewing our governance arrangements and confirming that we are compliant with expected governance standards and regulatory requirements.

### (f) Service Level Arrangement (SLA) 2025

A service agreement, Healthcare Provider Contract of Services, our annual contract of services with the HSE, was signed by St. John's Hospital and the HSE and provided the contractual basis for reviewing service provision and service targets throughout the year.

### (g) UHLG Performance Meetings

St John's Executive team met with the CEO Midwest Acute and Older Persons 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 2024 and 2025, under the headings of overall expenditure and income, are shown hereunder. The accumulated deficit at 31st December 2024 was €950,000, which was brought forward to 2025. The deficit reduced to €4,192,000 at 31st December 2025.

| | 2025<br>€'000 | 2024<br>€'000 | %<br>Increase/ (Decrease |
|---|---|---|---|
| (Surplus / Deficit B/F from previous year | 5,512 | 4,192 | |
| Pay | 37,090 | 34,343 | 8.0% |
| Non-Pay | 10,896 | 10,995 | (0.9%) |
| Total expenditure | 53,498 | 49,530 | 8.0% |
| Income | 2,396 | 2,196 | 9.1% |
| Net expenditure | 51,102 | 47,333 | 8.0% |
| Allocation from health service executive | 45,888 | 41,821 | 9.7% |
| (Surplus) Deficit | 5,214 | 5,512 | |
| | | | |
| (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 Income | 41,435 | 36,688 | 12.9% |
| Net expenditure | 2,070 | 3,179 | (34.9%) |
| Allocation from health service executive | 39,365 | 33,509 | 17.5% |
| (Surplus) Deficit | 35,173 | 32,559 | 8.0% |
| | 4,192 | 950 | |

## Pay Related Expenditure

Pay costs increased by €2,747,000 (8.0%) compared to 2024, mainly driven by the requirement of agency staff to ensure services operate to a safe standard.

## Non-Pay Expenditure

Costs decreased by €99,000 (0.9%) compared to 2024, driven by:

| | 2025 €'000 | 2024 €'000 | % Increase/ (Decrease |
|---|---|---|---|
| Drugs & medicines | 1,065 | 1,106 | (3.7%) |
| Medical equipment | 984 | 1,095 | (10.1%) |
| Catering provisions | 434 | 444 | (2.9%) |
| Heat, light & power | 415 | 425 | (2.49%) |
| Cleaning & washing | 1,230 | 1,136 | 8.3% |

- Patient related expenses decreased despite higher activity levels and upward inflationary pressures. Medicines and Drugs were examined under the Cost Containment measures to ensure best contract prices.
- Heat, Light & Power decreased slightly due to stabilisation of unit prices in 2025 but are subject to economic and environmental shocks.

## Income

- Patient Income increased by €116,000 as we continue to adjust to our reliance on Consultants who are on Public Only contracts.

## Allocation from Health Service Executive

The allocation from the Health Service Executive in 2025 was €45,888,000 which was an increase of €4,067,000 compared to 2024.

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.

# Legal and Banking 2025

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

# Patient Partnership

I would like to thank our Patient Partnership Forum for their commitment and support in 2025 as they work with the hospital by making valuable suggestions to improve the quality of services to our patients. The Patient Partnership Forum are an important and valuable resource in identifying opportunities for improvement and developing greater collaboration between patients and staff. We greatly 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 the year. 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 towards their patients and work each day.





**Emer Martin.**
Chief Executive

# St. John's Hospital

St. John's is an acute general public Voluntary Hospital. It is a registered charity under the Charities Acts (Registered Charity No. 20000394) and is administered and managed in accordance with a Hospital Constitution approved by the Charities Regulatory Authority. The current Hospital Constitution was approved in 2018. The property is vested in Trustees.

The Hospital has a total of 99 beds – 89 In-patient beds, 10 Day care beds, 7 Medical Assessment Unit bays, 4 Injury Unit bays and 4 Ambulatory Day care beds. The In-Patient specialties are General Medicine, General Surgery and Gynaecology. The hospital also has an Urgent Care Centre incorporating an Injuries Unit and Medical Assessment Unit.

**Other services include:**

- **Consultant Outpatient Clinics**
- **Diagnostic Radiological and Laboratory services**
- **Endoscopy**
- **Physiotherapy and Pharmacy services**
- **Clinical Nurse Specialists** Diabetes, Continence Management, Respiratory Care, Health Promotion, Infection Control, Palliative Care and Pain Management
- **Dietetic Service** providing nutritional assessment, dietary advice, education and evaluation

# History

St. John's Hospital has a pioneering history. The hospital was founded in 1780 by Lady Hartstonge and other benefactors as a Fever and Lock Hospital, being the first of its kind erected in the empire of Britain. It played a major role in controlling the spread of fever by admitting patients and isolating them from the community. The success of St. John's in treating fever patients was based on a combination of core principles still applicable to modern day medicine: routine hygienic practice, nourishing food, and the knowledge of Dr John Geary – a prominent local physician of the time, being able to distinguish between different fevers. In 1845, the hospital admitted more than 5000 fever-ridden patients during the outbreak of famine fever in Limerick city and also managed to maintain a relatively low mortality rate during that time. In 1888, the then bishop of Limerick, Bishop Edward Thomas O'Dwyer invited the Nursing Sisters of the Little Company (LCM) to the Hospital.

St. John's was the first site in Ireland where the LCM Nursing Sisters came to work. They led the nursing services of the hospital from 1888 to 2001, when the first lay person was appointed as a Director of Nursing. St. John's Hospital was the first acute public hospital in Ireland to be accredited under the Irish Health Services Accreditation Board in 2003 and was the only acute hospital to be re-accredited under the scheme in 2007. Since the national reconfiguration of health services into Group in 2013. St. John's is one of six hospitals in the University of Limerick Hospitals Group. We are proud of our history and tradition since our foundation in providing high quality, compassionate care in a warm and friendly manner to the people of Limerick and its environs. We remain faithful to the mission of our founders and we believe that being a smaller hospital ideally positions us for excellence in person centred care.

# St. John's Hospital Strategy 2022 – 2027

The hospital's five-year strategy outlines a clear vision to deliver high-quality, patient-centred care while strengthening collaboration, innovation, and staff wellbeing. The strategy reflects lessons from the pandemic, including the need for greater investment in technology and infrastructure. As a Model 2S hospital within the UL Hospitals Group, it emphasises shared leadership, closer ties with community healthcare, and a continued focus on compassionate, local care. Key strategic goals include enhancing patient outcomes, supporting staff, and ensuring sustainable and accountable operations into the future.



# Strategic Objectives

## Strategic Priority 1

### Development of our Infrastructure

The hospital's new five-year strategy sets a clear direction to deliver high-quality, patient-centred care, support staff wellbeing, and ensure long-term sustainability. Building on lessons from the COVID-19 pandemic, it focuses on innovation, collaboration with community partners, and investment in infrastructure and technology. The strategy reinforces the hospital's role within the UL Hospitals Group and is guided by a strong commitment to compassionate, locally delivered care.

## Strategic Priority 2

### Timely Access to Scheduled Care

St. John's Hospital will lead scheduled care delivery within UHLG by improving patient access, reducing wait times, and maximising current resources in response to rising demand and post-COVID backlogs.

## Strategic Priority 3

### Driving Excellence in Patient Experience

St. John's Hospital is committed to excellence in patient care through a culture of leadership, continuous learning, and innovation. As part of the Learning from Excellence community, the hospital focuses on learning from positive outcomes and good practice. Through the Rapid Innovation Unit, pioneering technologies like 3D printing are being used to deliver patient-focused solutions, ensuring that the patient voice remains central to all care delivery.

## Strategic Priority 4

### Investing in our People and their Wellbeing

St. John's Hospital values its diverse and dedicated workforce of nearly 350 staff as the foundation of its success. Through a strong People Plan, the hospital promotes an inclusive, safe, and supportive workplace, aiming to attract and retain top talent while delivering culturally competent, patient-centred care.

## Strategic Priority 5

### Advancing our Key Strategic Partnerships

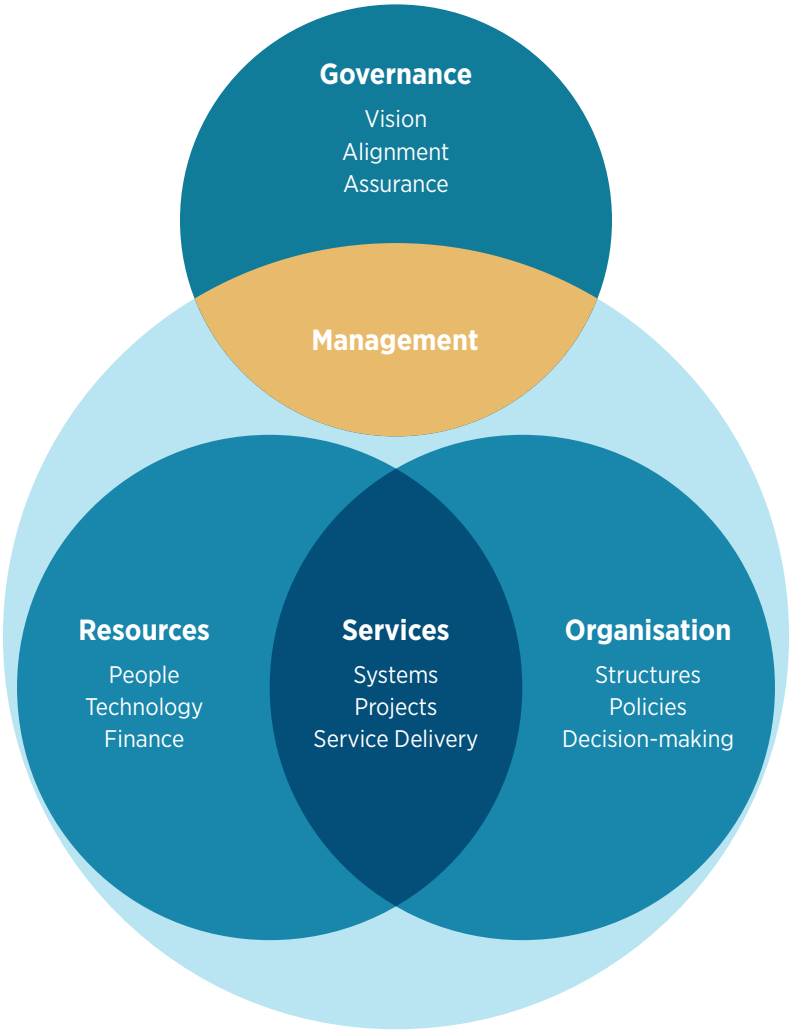
St. John's Hospital is committed to strong partnerships across clinical, academic, and community sectors to improve patient care and staff development. Through integrated care pathways and initiatives like Sláintecare, these collaborations support innovation, resource sharing, and better outcomes for patients.

## Strategic Priority 6

### Financial Sustainability & Operational Effectiveness

St. John's Hospital is focused on achieving financial and environmental sustainability by optimising income, reducing agency costs, and investing in green initiatives. These efforts will ensure service quality, operational efficiency and long-term resilience.

# Governance & Management



# Board of Directors

The Board of Directors of St. John's Hospital serves as the hospital's principal governing body, providing strategic leadership and oversight. Chaired by Bishop Brendan Leahy, the Board is comprised of eleven members who are appointed for an initial three-year term, with the possibility of reappointment for up to a maximum of nine years.

The Board is responsible for defining and reviewing the hospital's mission, setting its strategic direction, and ensuring effective corporate governance.
It oversees the performance of the Chief Executive Officer and the Executive Management Team, focusing on strategic development, regulatory compliance, risk management, and stakeholder engagement.
In 2024, the Board convened on six occasions to fulfil its governance and oversight responsibilities.



**Most Rev. B. Leahy**
*D.D. Chairman*



**Mr Richard Leonard**
*Vice-Chairman*



**Mr Raphael Keane**
*Board Member*



**Ms Audrey Fehily**
*Board Member*



**Canon Gerard Garrett**
*Board Member*



**Anne Fahy**
*Board Member*



**Dr. Catherine Casey**
*Board Member*



**Fasih Khan**
*Board Member*



**Miriam Callanan**
*Board Member*



**Kieran O'Hanlon**
*Board Member*



**John O'Brien**
*Board Member*



**Eithne Mulloy**
*Board Member*

| Board Member | Role | Appointment Period |
|---|---|---|
| Most Rev. B. Leahy, D.D. | Chairperson | On holding office |
| Dr Fasih Khan | Member | January – December 2025 |
| Mr. Ralph Keane | Member | January – December 2025 |
| Dr Catherine Casey | Member | January – June 2025 |
| Dr Miriam Callanan | Member | January – July 2025 |
| Ms. Anne Fahy | Member | January – July 2025 |
| Ms. Audrey Fehily | Member | January – December 2025 |
| Mr. Richard Leonard | Member | January – December 2025 |
| Cllr. Kieran O'Hanlon | Member | January – December 2025 |
| Very Rev. Canon Garrett | Member | On holding office |
| Dr. Eithne Mulloy | Member | June – September 2025 |
| Dr. Margaret Graham | Member | November – December 2025 |

## Attendance at Board Meetings

### For the period 01/01/2025 to 31/12/2025

| Management Committee / Board | Attendance |
|---|---|
| Most Rev. Brendan Leahy (Chairperson) | 6/6 |
| Mr. Ralph Keane | 4/6 |
| Mr. Richard Leonard | 5/6 |
| Cllr. Kieran O'Hanlon | 5/6 |
| Dr Catherine Casey | 1/1 |
| Dr. Miriam Callanan | 1/1 |
| Ms. Anne Fahy | 1/1 |
| Ms. Audrey Fehily | 5/6 |
| Dr. Margaret Graham | 0/1 |
| Very Rev. Canon Gerard Garrett | 3/6 |
| Dr. Fasih Khan | 1/1 |

**In Attendance – 01/01/2025 – 31/12/2025**

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

# Sub-Committee: Audit Committee

The Committee met on 4 occasions during the year

## Attendance at Meetings

**For the period 01/01/2025 to 31/12/2025**

| Audit Committee | Attendance |
|---|---|
| Mr. Richard Leonard, Chairperson | 3/3 |
| Mr. Ralph Keane, Member | 2/3 |
| 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 2025. 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

## 2025 Annual Report to Board AGM

### Introduction

In accordance with our Terms of Reference, I submit the 2024 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 2023, meetings were held in February, April, September and November 2024.

## February Meeting

### Progress Report Q4 2023 – Finance

Ms. Martin presented the Q1 2024 Finance & ICT progress report, previously circulated to the Committee. She recommended the closure of Item 4: ICT Backup. The Committee noted the update and approved the closure of the item.

### Progress Report Q4 2023 – Human Resources

Ms. Martin presented the progress report; Human Resources Audit, Q1, 2024 which was circulated in advance of the meeting. Ms. Martin recommended that item 1; Review of out of date HR policies be closed. The Committee noted the details and approved the closure of this item.

### Cybersecurity & ICT Q4, 2023

Ms. Martin presented the Q1 2024 Cybersecurity & ICT progress report, circulated in advance. The Committee noted ongoing progress in the hospital's Cyber Security programme, including a recommendation for specialist cyber security training for the Board and Senior Management in their governance role, with bespoke training to be explored. The Committee also acknowledged significant work by the ICT department in decommissioning legacy servers, with plans to replace eight more in 2024. Ms. Martin recommended keeping the item open until all legacy servers are replaced. The Committee noted the details.

### Internal Audit Plan 2024

Mazars presented the 2024 internal audit plan which included risk-based audits from 2021–2023 and outlined proposed audits for 2024. These included: an evaluation of the overall risk framework, focusing on risk categorisation and monitoring/reporting mechanisms; a risk culture awareness audit, assessing financial risk culture across departments and a proposed audit on expense management and cost containment. The Audit Committee approved the proposal.

### External Audit

Grant Thornton presented the 2024 audit plan and outlined the proposed audit approach. The committee noted that the audit fieldwork had begun and agreed that the close-out report will be presented at the next Board Audit committee meeting. Additionally, the CEO will provide Grant Thornton with correspondence on the hospital's 2024 funding allocation.

### General Data Protection Regulations (GDPR)

Mazars provided an update on GDPR compliance. The Committee noted plans to review the Terms of Reference and continue attendance at the Service Heads meetings. Data retention work has focused on non-clinical data to date, with upcoming focus on clinical data following new HSE guidelines issued in late 2023. The Committee noted an increase in reported data breaches. Mazars recommended including GDPR training at staff induction to help reduce incidents. It was noted that breaches will continue to be reported to the Audit Committee.

## April Meeting

### Finance Report

Ms. Martin reported that St. John's Hospital is approx. €7.3 million in arrears arising from funding deficits. The Committee noted that the 2024 budget remains a concern, with forecasts indicating that €36 million is required to maintain current service levels, including savings from the Cost Improvement Plan targeting reduced agency and non-pay costs.

In response to the Committee's query on cash flow, Ms. Martin noted that two cash acceleration requests have been submitted this year to cover essential payments, mainly due to a €7.4 million first charge and outstanding liabilities. The Committee noted that the overdraft facility is being fully utilised.

### Progress Report Q1 2024 – Cyber Security

Ms. Martin presented the Cybersecurity & ICT Progress Report. The Committee noted that HSEland Cyber Security training is mandatory for all staff and that phishing simulation software has been implemented. Mazars recommended specialist cybersecurity training for senior management and Board members, which is ongoing. The Committee noted that the ICT department has also compiled an inventory of legacy systems and developed an action plan to mitigate associated risks and costs, with work currently underway.

### External Audit

Ms. Martin presented an update on the Key Issues Memorandum, The details were noted by the Committee. Consideration of a digital procurement system and its costs will be reviewed and reported through the Audit Committee. The hospital has progressed recruitment of consultants on the specialist register since October 2023; however, this has not affected income due to Public Only Consultant Contracts (POCC). Additional HSE funding has been requested to cover the income shortfall. The Committee noted the position.

### Internal Audit Plan 2024

Mazars presented the 2024 internal audit plan, reviewing audits completed from 2021–2023 and outlining the 2024 schedule. Planned audits include a risk framework evaluation (July), risk culture awareness (September), expense management, financial reporting integrity, budgeting accuracy, and revenue cycle performance evaluation. The Board self-evaluation audit conducted by Mazars was noted. Progress made to date was acknowledged by the Committee.

# September Meeting

### Cash Flow Position

The Committee noted the Hospital's current cash position. Ms. Martin reported that a Cash Acceleration request had been submitted. The HSE adjusted St. John's financial limit to €37.9 million annually; however, this excludes pension payments and the 2023 deficit.

The Hospital will continue to pursue the cash request, and a pension forecast has been sent to the National HSE outlining funding requirements for the current year.

### Adjustments to 2024 Budget Profile

The Committee noted that the HSE had increased the hospital's 2024 Financial Limit by €8 million. Despite this, a shortfall remains in meeting the hospital's total expenditure requirements. The Secretary and Financial Controller were engaging with the regional HSE finance team to address this matter.

### Progress Report Q2 2024 – Cyber Security

Ms. Martin presented the Cybersecurity and ICT Progress Report. The Committee noted the recommendation for Board members to receive cybersecurity training. It was further noted that HSE funding has been secured to replace four legacy servers in Q4, 2024. An inventory and action plan to address legacy system risks have been completed. The Microsoft Office 365 upgrade is being rolled out phased, though ongoing licence costs remain a challenge due to new subscription models. An update was also provided on the implementation of the new HR system.

### External Audit

Grant Thornton joined the meeting to discuss the going concern matter. Following updated financial information from the hospital, including an increase to the annual budget, the auditor recommended the annual accounts for sign-off. The accounts and letter of representation were signed by the Chairman of the Audit Committee, co-signed by the CEO.

# November Meeting

### Cash Flow Position

The Committee noted that the Hospital requires additional HSE funding to meet pay obligations in November and December. A Cash Acceleration request has been submitted and resubmitted with supporting documentation, including the 2023 audited accounts. 2023 activity was 35% above target, with higher performance targets for 2024. The Hospital's Financial Limit of €37.9m does not cover pension payments or the 2023 deficit. The Committee noted that a tender process for External Auditor services for 2025 is underway.

### NIS 2

Ms. Martin updated the Committee on the EU NIS2 Directive, which requires Public Services to strengthen cybersecurity controls for essential services and networks. The Hospital will conduct a gap analysis to assess current compliance. It was noted that the HSE has committed partial funding for Voluntary Hospitals. A tender process is underway to appoint a suitable provider. The Committee noted the details.

### Progress Report Q3, 2024 – Cybersecurity

Ms. Martin presented the Q3 progress report. The Committee noted ongoing work in strengthening cybersecurity measures and ICT systems.

### Key Issues Memorandum (2023 Audited Accounts)

Update on the Key Issues Memorandum were provided. Findings were assessed as low risk, with management responses noted. It was noted that the HSE have requested a copy of the memorandum, which will be provided.

### Internal Audit

The Committee was informed that the Internal Auditor is currently conducting audit work on financial risk management.

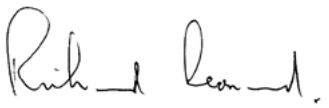
### GDPR Compliance

Mazars provided an update on GDPR compliance in the hospital. The Committee noted progress in compliance, breach management, governance, and records of processing. Findings from recent audits are being addressed. The 2025 GDPR plan will be presented at the next Audit Committee meeting.

## Performance Review and Evaluation

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

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

Signed: 

Richard Leonard
Chairman
St John's Hospital Audit Committee

Date: 19th November 2025

# Sub-Committee: Risk, Quality & Safety Committee

The Committee met on 4 occasions during the year

## Attendance at Meetings

### For the period 01/01/2025 to 31/12/2025

| Board Risk, Quality & Safety Committee | Attendance |
|---|---|
| Ms Audrey Fehily Chairperson | 4/4 |
| Ms Anne Fahy, Member | 1/2 |

| In Attendance |
|---|
| Ms Emer Martin, Member |
| Ms Noreen Kennedy, Member |
| Ms Geraldine Creaton, Member |
| Ms Eileen Hayes, Member |
| Ms Maeve Gallagher, Member |
| Ms Olive Moloney, Member |
| Ms Martina Ryan, Member |

The hospital's Risk, Quality and Safety Committee produced its Annual Report to the Board at its Annual General Meeting in November 2025. 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

## 2025 Annual Report to Board

### Introduction

In accordance with our Terms of Reference, I submit the 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 2023 to the Board, meetings were held in January, April, September and December 2024.

## January Meeting

Copies of reports from the following Committees were reviewed:

1. Drugs & Therapeutics Committee
2. Infection, Prevention & Control Committee
3. Radiation Safety Committee

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 incidents reported in Q4, 2023.
- The hospital was notified of two new claims in Q4, 2023.
- Compliments and Complaints received.

    - Complaints - main theme: Communication and safe & effective care.
    - Compliments – 35 compliments received. Sample of positive comments: professionalism of staff, caring and kind staff, positive experience and spotlessly clean.

## April Meeting

Copies of reports from the following Committees were reviewed:

1. Audit, Research & Innovation
2. Drugs & Therapeutics
3. Infection Prevention & Control
4. Radiation Safety
5. Deteriorating Patient
6. Transition of Care

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, 2024
- Four new claims were notified in Q1, 2024.
- Compliments and Complaints received:

    - Complaints - main themes include: Communication and Safe & Effective Care.
    - Compliments - main themes include: Kindness and professionalism of staff, Efficient, compassionate and knowledgeable staff, high standard of cleanliness of the hospital

- Corporate Risk Register update and controls in place

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

## September Meeting

Copies of reports from the following Committees were reviewed:

1. Audit, Research & Innovation
2. Drugs & Therapeutics
3. Infection Prevention & Control
4. Nutrition & Hydration
5. Deteriorating Patient Committee
6. Transition of Care Committee

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, 2024.
- It was noted that one new claim was notified in Q2, 2024.
- 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 and overall cleanliness.

- Corporate Risk Register update and controls in place

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

## December 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 Committee
6. Deteriorating Patient Committee
7. Transition of Care Committee
8. Health and Safety Committee

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 Incident reported in Q3 2024.
- It was noted that one new claim was notified in Q3, 2024.
- Compliments and complaints received:
    - Complaints: Two formal complaints were received in Q3, 2023. Main theme of complaints were: access, dignity & respect, communication and safe and effective care.
    - Compliments; feedback received: Wonderful hospital, wards spotlessly clean, professional and attentive staff.
- 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: 19th November 2025
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

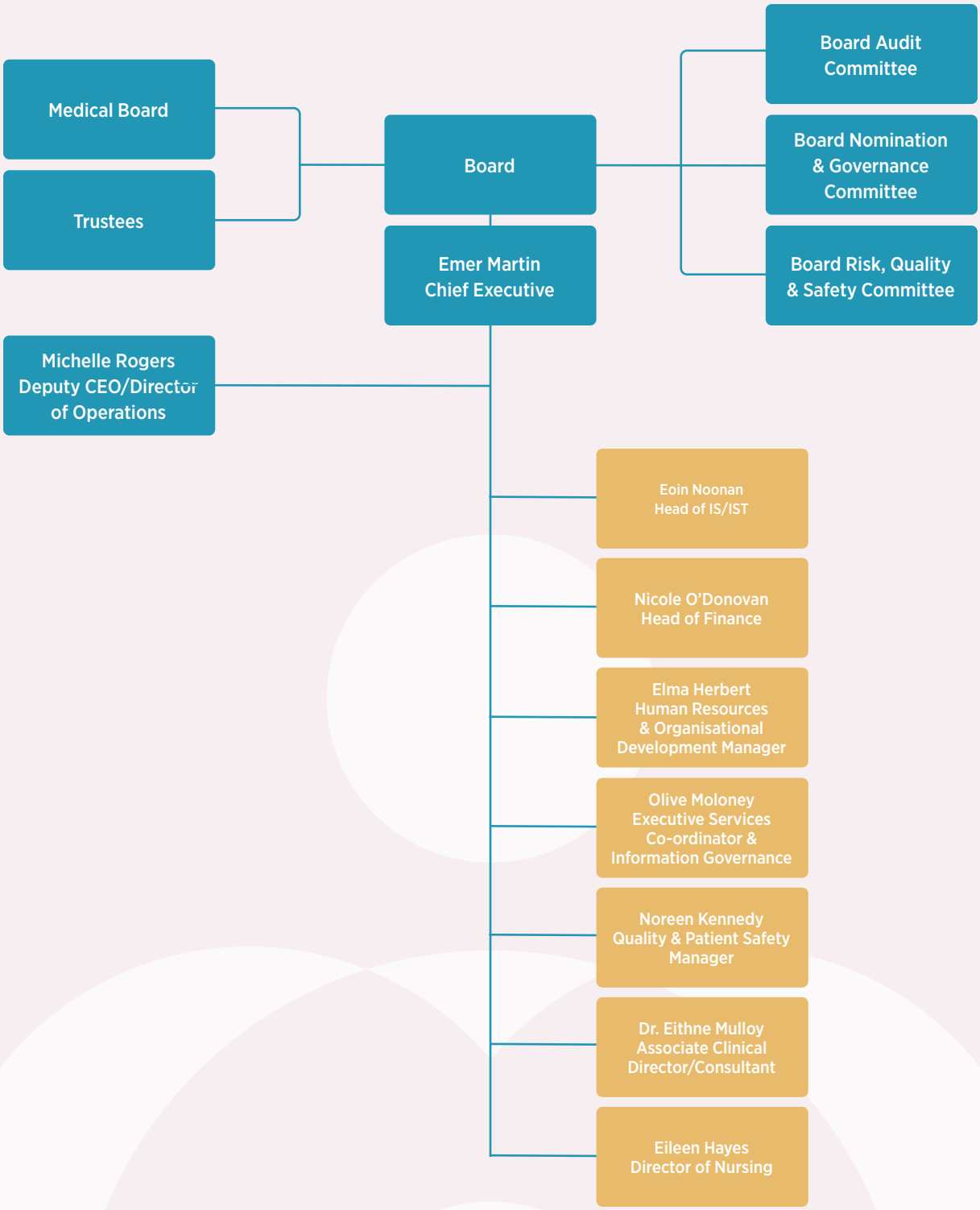
### For the period 01/01/2025 to 31/12/2025

| 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 2024. 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.

# Governance Structure



# Senior Management Team



**Emer Martin**
*Chief Executive Officer*



**Michelle Rogers**
*Deputy CEO & Director of Operations*



**Eoin Noonan,**
*Head of IS/ICT*



**Eileen Hayes,**
*Director of Nursing*



**Noreen Kennedy**
*Quality & Patient Safety Manager*



**Nicole O'Donovan,**
*Head of Finance*



**Olive Moloney**
*Executive Services Co-ordinator*



**Elma Herbert**
*Head of People & Organisational Development*

# Hospital Committees



# Health & Wellbeing Committee

## Introduction

During 2025, the Health and Wellbeing Committee continued to support staff wellbeing, patient experience and organisational culture at St John's Hospital, aligned with the Hospital Strategic Plan 2022–27 and the Healthy Ireland framework.

A key achievement during the year was the hospital's continued recognition under the Happy Hearts Gold Award programme from the Irish Heart Foundation, reflecting sustained commitment to cardiovascular health promotion. Delivery of wellbeing initiatives was supported through Healthy Ireland funding, with €5,000 secured for 2025, and further funding applications prepared to support activity in 2026.

The committee delivered a structured programme of engagement activities across the year, supporting staff morale, inclusion and connection. Seasonal and cultural events included Valentine's Day, St Patrick's Day, Easter, Halloween, and the Staff Christmas celebrations, which remained the most significant and well-attended wellbeing event of the year. St John's Day, held during the summer, was a particular highlight, achieving strong participation and benefiting from sponsorship support from University Hospital Limerick.

Patient-centred wellbeing initiatives were also supported. World Poetry Day was delivered for patients, with poems from Irish poets placed on meal trays, providing moments of reflection and comfort and enhancing the patient experience. Creative wellbeing supports for staff were strengthened through the introduction of live music via Musical Notes, a singing duo specialising in healthcare environments, who performed on site in 2025.

Key national wellbeing and recognition events were marked, including World Mental Health Day, International Nurses Day, and National Workplace Wellbeing Day. Preventive health supports were enhanced through on-site engagement with the HSE Smoking Cessation Service. The committee also facilitated engagement with external partners, including financial advice from Permanent TSB, the Credit Union, and a local leisure provider offering reduced-rate gym memberships.

Core wellbeing infrastructure, including the Health and Wellbeing Room, exercise and yoga classes, and outdoor seating and garden areas, remained well used and valued.

Strategic Outlook 2026: Building on 2025, the committee will submit a further Health and Wellbeing funding application to University Hospital Limerick, continue delivery of core annual events, expand arts and music-based wellbeing supports, retain the Happy Hearts Gold Award, and prioritise the rollout of a Staff Recognition Awards Programme, reinforcing a culture of appreciation, engagement and retention.

## Conclusion

The Health and Wellbeing Committee at St. John's Hospital remains a dynamic and collaborative force, supported by Senior Management and key departments including Nursing, Physiotherapy, Health Promotion, Occupational Health, Maintenance, Administration, Patient Services and patient representatives.

The Committee's initiatives in 20254 demonstrate its continued dedication to nurturing a healthy, inclusive and supportive workplace culture. These efforts reflect the values of St. John's Hospital and will be carried forward with renewed energy into 2025 and beyond.




*Smoking Cessation Awareness Day – March 2025.*



*St. John's choir singing at Mass for the Holy Souls celebrated at St. John's Cathedral on the 26th of November 2025.*



*St. John's Staff taking park in National Workplace Wellbeing Day – 30th April 2025.*



# Infection Prevention & Control Committee

## Introduction

The Infection Prevention and Control (IPC) Department at St. John's Hospital comprises:

- Ms. Margaruite O'Connor, CNM III (IPC) – 37.5 hours per week (full-time)
- Ms. Nimmy Joy, CNM II (IPC) – 18.75 hours per week (part-time)
- ADON IPC
- Consultant Microbiologist – On-call advisory service available via telephone as required 24/7

The IPC team provides specialist expertise and guidance on the identification, prevention, surveillance, and management of infection throughout the hospital. The service operates in accordance with an agreed annual programme of work, aligned with the IPC Annual Plan 2025. This plan supports a focused and strategic approach to service delivery, embedding key performance indicators (KPIs), audit processes, and quality improvement initiatives across the organisation.

Despite the challenges associated with an ageing hospital infrastructure, the IPC team continues to support staff through evidence-based practice, education, surveillance, and risk management activities. Across the hospital's three clinical wards, the IPC team

routinely manages and prioritises approximately 20 to 30 in-patient infection prevention and control cases. Daily ward rounds are conducted to assess patients requiring isolation and implement appropriate infection control precautions based on comprehensive risk assessment and outbreak management requirements.

## 1. Developing Our People

The IPC Department actively promotes staff engagement and professional development across all healthcare disciplines. Feedback obtained from staff regarding ward-based education sessions highlighted a preference for clinical area teaching, resulting in improved attendance and participation rates. In collaboration with Senior Hospital Management, a structured plan was implemented to support compliance with mandatory HSELand eLearning programmes for both clinical and non-clinical staff. This initiative has strengthened education uptake and reinforced the hospital's commitment to maintaining high standards of infection prevention and control practice.

## 2. Patient Care

All IPC policies and associated documentation were reviewed and updated in line with current standards and requirements for 2025.
The IPC Department continues to provide specialist infection prevention and control advice and guidance across multiple services, including:

- Central Sterile Services Department (CSSD)
- Physiotherapy Services
- Hygiene Services
- Policy, Procedure and Guideline (PPG) development review group

In addition, the IPC team actively contributes to the Surgical Robotic Programme Steering Group as part of the theatre department, ensuring infection prevention principles are integrated into service development and implementation.

## 3. Leadership to Transform

The IPC CNM III, together with two multidisciplinary team members, successfully completed the Royal College of Physicians of Ireland (RCPI) Postgraduate Certificate in Quality Improvement Leadership in Healthcare. As part of this programme, a quality improvement project was undertaken to evaluate and analyse the transfer process for deteriorating patients requiring escalation of care. The project focused on patients with an Irish National Early Warning Score (INEWS) greater than 3 who required transfer to University Hospital Limerick (UHL). The project examined the implementation of Protocol 37, whereby the National Ambulance Service is activated to facilitate the timely transfer of patients requiring a higher level of care. The initiative aimed to improve efficiency, patient safety, and communication during the escalation and transfer process.

## 4. Enabling an Innovative Culture

The IPC Department continues to utilise the ICNET electronic surveillance system, which provides a real-time platform for recording and monitoring infection prevention and control cases. The system supports surveillance activities, outbreak management, clinical decision-making, and continuity of care across services.

## Strategic Goal 1: Development of Our Infrastructure

Funding was successfully secured through the Antimicrobial Resistance and Infection Control (AMRIC) Programme to facilitate the refurbishment of four rooms on the First Floor in 2024. The project is currently awaiting completion of the final snag list.
The hospital also identified some non-compliant hand hygiene sinks within clinical areas. Funding approval is awaited to support the replacement of these handwash basins in line with current infection prevention and control standards and environmental requirements.

## Strategic Goal 2: Timely Access to Scheduled Care

The IPC Department continues to support the achievement of hospital and BIU KPI performance metrics and hospital group performance metrics through ongoing surveillance, monitoring, and quality improvement activities. In collaboration with the Quality, Risk and Patient Safety (QRPS) Department, the IPC team will participate in the implementation and rollout of the online National Incident Management System (NIMS) during 2025, supporting enhanced incident reporting, governance, and organisational learning.

## Strategic Goal 3: Driving Excellence in Patient Experience

The IPC Department remains committed to supporting national digital healthcare initiatives and the HSE Digital Roadmap through engagement with emerging digital assessment tools and AMRIC guidance.
Work commenced with a multidisciplinary bed tracking working group in collaboration with Hygiene Services and Siobhan Meaney, Rapid Innovation Unit. The objective of this initiative is to develop a digital bed management solution capable of tracking and monitoring bed occupancy and patient locations across the hospital, with a particular focus on infection prevention and control requirements and patient flow management.

## Strategic Goal 4: Investing in Our People and Their Wellbeing

The hospital successfully completed the SPARKS Innovation Project involving the implementation of vein finder technology in 2025. The IPC CNM III was nominated as Project Lead for this initiative. The project outcomes were disseminated across the organisation to support the embedding of innovation, core values, and a culture of continuous improvement within clinical practice. The IPC Department remains committed to supporting career development, professional growth, and educational opportunities for IPC nursing staff through participation in continuing professional development programmes and specialist training initiatives.

## Strategic Goal 5: Developing Partnerships with Key Stakeholders

The IPC Department continues to strengthen collaborative relationships with internal and external stakeholders to support service quality and patient safety.

Key objectives include:

- Submission and monitoring of IPC Key Performance Indicators (KPIs) and CDOMN audit metrics.
- Participation in the National Care Experience Programme.
- Maintaining strong collaborative relationships with the University Hospital Limerick IPC Department through weekly teleconference meetings.
- Participation in UHL education programmes, conferences, and audit days to support shared learning and best practice.
- Ongoing collaboration with multidisciplinary teams to enhance infection prevention and control standards across the organisation.

## Conclusion

The Infection Prevention and Control Department continues to play a pivotal role in safeguarding patients, staff, and visitors through effective surveillance, education, policy development, quality improvement, and multidisciplinary collaboration. Through the implementation of its 2025 Annual Plan and alignment with the hospital's strategic objectives, the department remains committed to delivering high-quality infection prevention and control services, supporting innovation, strengthening partnerships, and promoting a culture of safety, excellence, and continuous improvement.



# Radiation Safety Committee

## Introduction

St. John's Hospital is committed to maintaining the highest standards of radiation safety for our patients, staff, and the public. Our Radiation Safety Committee ensures that all diagnostic imaging involving ionizing radiation is conducted strictly within the framework of the Environmental Protection Agency (EPA) Licensing and Authorization System. Furthermore, we adhere to all legal and administrative requirements set forth by the Department of Health and the Health Information and Quality Authority (HIQA).

The committee oversees all regulated activities involving ionizing radiation across the hospital. Key governance and compliance milestones in 2025 include:

**Rigorous Governance:** The Radiation Protection Unit (RPU) convened in March and September, while the Radiation Safety and Clinical Audit Committees met in April and November, ensuring full adherence to their respective terms of reference.

**Regulatory Inspection:** In Q4 2025, HIQA—the independent authority responsible for enforcing S.I. 256 of 2019 regulations—conducted a comprehensive inspection of the hospital.

**Strong Performance:** St. John's Hospital demonstrated high levels of compliance, being found "compliant" or "substantially compliant" in all but one of the assessed regulations.

| Regulation Title | Judgement |
|---|---|
| **Governanace and management arrangements for medical exposures** | |
| Regulation 4: Referrers | Compliant |
| Regulation 5: Practitioners | Compliant |
| Regulation 6: Undertaking | Substantially Compliant |
| Regulation 10: Responsibilities | Compliant |
| Regulation 19: Recognition of medical physics experts | Substantially Compliant |
| Regulation 20: Responsibilities of medical physics experts | Substantially Compliant |
| Regulation 21: Involvement of medical physics experts in medical radiological practices | Substantially Compliant |
| **Safe delivery of medical exposures** | |
| Regulation 8: Justification of medical exposures | Substantially Compliant |
| Regulation 11: Diagnostic reference levels | Not Compliant |
| Regulation 13: Procedures | Substantially Compliant |
| Regulation 14: Equipment | Substantially Compliant |
| Regulation 16: Special protection during pregnancy and breastfeeding | Compliant |
| Regulation 17: Accidental and unintended exposures and significant events | Compliant |

**Continuous Monitoring:** Personal radiation dosimetry badges are reviewed monthly. Results are monitored both at a local level and during Radiation Safety Committee meetings to ensure ongoing staff safety.

**Quality Assurance (QA):** Comprehensive monthly QA testing is performed on all equipment. Any identified discrepancies are immediately reviewed and resolved in collaboration with service engineers and the medical physics team.

**Medical Physics Support:** Annual QA for ionizing radiation modalities was conducted by the UL Hospitals Group Department of Medical Physics. While medical physics staffing shortages led to a delay in CT QA—a factor noted during the HIQA inspection—this was successfully completed by the end of Q4 2025.

**Clinical Auditing:** Continuous audits within the Radiology Department ensure high clinical standards. Findings are reviewed at Radiology Clinical Audit Meetings and subsequently reported to the Radiation Safety Committee for oversight.

**Diagnostic Reference Levels (DRLs):** Due to regional staffing deficits within the Medical Physics Department, the progression of local DRLs was paused in 2025. This challenge was acknowledged during the HIQA inspection and remains a priority for the coming period.

# Departmental Reports

# Dietetics

## Introduction

The senior dietitians provide dietetic service to all inpatients referred. Following an initial nutrition and hydration needs assessment completed on admission, all dietetic referrals are completed by the patients' medical team or nursing team if the Nutrition screening tool indicates the need for a Dietitian review.

Assessment includes nutrition screening for risk of malnutrition, identifying existing or new therapeutic or texture modified dietary requirements or, existing or new requirements for nutrition support, requirement for feeding assistance, identification of diagnosed food allergy or intolerances.

Based on this initial assessment, 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 and current chair and deputy chair of our Food, Nutrition and Hydration (F.N.H) committee, the senior dietitian attends meetings 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) and recent National Guideline No.21 dementia

Scheduled education and training sessions to nurses and health care assistants as part of their induction programme. Some nutrition education sessions are provided to medical staff also.

## Performance Highlights

The Dietetics department (currently 1.4 WTEs) delivers a clinical comprehensive dietetic inpatient service, in line with service needs based on received referrals: patient assessment and management, with discharge planning.

The total inpatients seen, has risen by 36% in the last 2 years.

| Year | New | Review | Total |
|---|---|---|---|
| **2025** (1.25 WTE 1st /1.4WTE) | 377 | 399 | 776 |
| **2024** (1.25WTE) | 290 | 348 | 638 |
| **2023** (1 WTE) | 316 | 253 | 569 |

The Dietetics department progressed with quality initiatives identified at National F.N.H Policy (2018) in co-operation and collaboration with other keys stakeholders and multidisciplinary team members including Medical, Nursing, Catering and Pharmacy.

Two audits were carried out on Protected meal times in Q1 and Q3 and clinical audit reports and quality improvements plans were developed and progressed during the year.

- Red tray initiative supports maximising staff availability at all mealtimes, to provide support, encouragement, positioning, total or partial assisted feeding to all identified patients. It is a clearly communication method to ward staff and catering staff of the patient needs. We are promoting protected time during all meals also where all nonessential clinical activity stops so patients can eat and drink well, at each meal time.
- Initiative of finger food snack plate was developed with catering for appropriate patients

An audit of Must screening was carried out in Q4, a clinical audit report and quality improvement plan was developed.

- Nutritional screening is now part of mandatory training for nursing using HSEland, a guide to using screening tools with submodule (Must tool, which this hospital uses) this initiative is supported by nurse management and their nursing team.

- Each ward nurse folder of each floor also contains Must screening tool summary steps and tables of BMI score chart and weight loss score chart. Ulna length rulers are widely available on the floors also to help estimate height. This information highlighted the correct completion of nutritional screening process, these aids, support the nursing staff with correct compliance.

## PPPGs

Policy's created in 2025 included the Nasogastric Feeding policy March 2025 and Red tray policy in December 2025

## Statistical information

The dietetics department continue to use IPIMs to record all inpatient ward attendees.

## Objectives 2026

1. Improve reporting outputs, using IPIMs, use monthly statistical service numbers in co-operation with IPIMs team
2. Continue to improve clinical audit process/reporting, using Jot Form/clinical audit report template.
3. Continue to deliver a clinical comprehensive service to all referred inpatients, using CPD to ensure most current evidence-based practise is used. continue to manage the department (as service head).
4. Continue to work structurally and collaboratively with catering to improve some of the menu cycles
5. Continue to amend any nutrition policies or guidelines.
6. Work collaboratively with IT to create an electronic referral, in line with hospital commitment to sustainability

## Conclusion

Summarised from the points made above, the dietitians department will continue to provide quality driven service in line with National Guidelines, with the desire to support and adapt its resources to provide quality service.

# Procurement – Central Stores

## Service Highlights during 2025

Maintaining 98-99% Stock Item Continuity of Supply through what proved to be challenging however the department did manage to reduce our zero-stock instances even further.

Spend on Stock items remained consistent with 2024 even though the Department issued more items than the previous year. There was an increased spend on Non-Stock Items, PSR-Equipment, and Services related from 2024 to 2025.

Medical Inflation was running at a monthly average of 2.6% and general inflation was 2.2%, these brough significant pressure from vendors seeking price increases the team worked to minimise price increases or seek alternative pricing without impacting quality. The team continue to review and plan to ensure sufficient savings can be achieved.

Maintaining staffing has allowed for a real-time free-flowing system requisition and ordering that affords the Hospital confidence in service provision reducing stockpiling in other areas.

## Quality Initiatives/ Improvements achieved during 2025

- Implement Electronic Purchase Order
- Implement Electronic Delivery Dockets
- Reduction in paper from the above two initiatives
- E-mail requisitions for PO's now processed for non-tangible items\services

## Strategic Goals for 2026

- Review of Electronic Stock Requisition and Point-of-Picking data entry (subject to I.S. assistance).
- Maintain and restrict pricing.
- Keep the high level of achievement in relation to continuity of supply for stock items.
- Continue with favouring high-performance vendors where possible.

# Catering Department

## Introduction

In 2025, the Catering Services Department continued to support the delivery of safe, high-quality, patient-centred care in alignment with the St John's Hospital Strategic Plan 2022–27, with a strong focus on patient experience, staff wellbeing and service sustainability.

A key achievement during the year was the successful retention of the Happy Hearts Gold Award, reflecting the department's sustained commitment to promoting healthier food environments for staff. The staff canteen offering was refreshed in 2025, introducing enhanced menu choice and contemporary options that contributed positively to staff wellbeing and engagement. Catering Services also focused on strengthening financial sustainability, with improvements to retail food offerings and service models contributing to improved cost recovery and income generation, supporting the ongoing viability of the service.

The department played an active role in supporting organisational life, education and awareness initiatives across the hospital. Catering Services provided support for NCHD Lunch and Learn training sessions, World Nurses Day, the staff Christmas event, St. John's Day, and hospital-supported Milford Hospice coffee mornings during autumn 2025. In addition, the department supported a range of clinical awareness initiatives led by the Pharmacy and Radiology Departments, providing sponsored lunches and raffle prizes to encourage staff engagement and participation, reinforcing cross-departmental collaboration and staff recognition.

During 2025, service planning focused on further enhancing patient experience and nutritional quality. Initial discussions were held with the Patient Quality and Patient Safety Committee regarding the development of patient meal satisfaction surveys, with formal work scheduled to commence in 2026. Collaboration with Dietetics has also been agreed to support the ongoing enhancement of patient menus, ensuring alignment with clinical nutritional requirements and patient preferences.

From a workforce perspective, staffing and training arrangements were reviewed and strengthened in 2025 to ensure Catering Services continues to operate to high standards of food safety, governance and professional practice. Further structured food safety training for all kitchen staff will commence in March 2026, supporting ongoing compliance and service assurance. Planning also progressed for the introduction of straight day rosters forward catering staff in 2026, building on existing good practice and further enhancing the patient-centred dining experience. New staff uniforms are planned for rollout in 2026, supporting a consistent professional identity, improved staff comfort and clearer role identification for patients and visitors, while also representing a more cost-effective and standardised approach to uniform provision.

Looking ahead to 2026, priorities include implementation of planned roster changes, rollout of new uniforms, delivery of patient menu developments, and embedding patient feedback to support continuous quality improvement.

# Human Resources

## Introduction

People & Organisational Development – Human Resource Department During 2025, the Human Resource Department made strong and meaningful progress in supporting our workforce and the wider organisation.

Our work focused on improving workforce performance, strengthening governance, advancing digital enablement, and promoting sustainability — all closely aligned with the Hospital Strategy 2022–2027. Under the strategic pillar of Our People, we were pleased to see sickness absence levels reduce to below the national KPI. This was supported through the introduction of HR and Absenteeism Clinics, improved use of workforce data, and the development of a Managing Attendance Checklist along with standardised templates. Together, these initiatives helped ensure attendance was managed in a fair, consistent, and supportive way, while also maintaining service delivery.

The department also coordinated the HSE Staff Survey locally, achieving almost 20% staff participation and providing a valuable opportunity for staff voices to be heard. In support of Quality and Safety, the department facilitated RCPI and IMC inspections, with our in-house Induction and NCHD booklets receiving special recognition. We also worked collaboratively with the Pensions Officer to develop Critical Illness Packs, offering clearer guidance and reassurance to staff during challenging times.

The appointment of a new Associate Clinical Director further strengthened clinical governance and leadership across the organisation.

Significant progress was made in Digital Enablement and Governance throughout the year. Key developments included the introduction of the Rezoomo recruitment platform, full integration of the Softworks Time and Attendance system, digitisation of employee records, and the rollout of electronic sign-in for training.

In addition, interview skills training for managers helped ensure well-prepared recruitment panels and supported timely appointments.

The department was proud to be recognised as a finalist in the HSE Excellence Awards for the project Working Together for a Greener Health Service, reflecting our ongoing commitment to sustainability and environmental responsibility.

Looking ahead to 2026, our focus will be on embedding these improvements, further enhancing workforce analytics, and continuing to support the delivery of high-quality, patient-centred care through a resilient, engaged, and supported workforce.

# People & Organisational Development

## Strategic Alignment and Key Achievements – 2025

| Strategic Goal (Hospital Strategy 2022–2027) | Key Initiative/Improvement | Outcome/Assurance |
|---|---|---|
| Our People | Reduction in sickness absence to below national KPI | Improved workforce availability and service continuity; absence managed consistently and fairly using data-informed approaches |
| Our People | HR Clinics and Absenteeism Clinics for managers and staff | Enhanced manager capability, early intervention, and a nonpunitive approach to attendance management |
| Our People | Managing Attendance Checklist and standardised templates | Consistent, transparent management of attendance aligned with best practice and staff wellbeing |
| Our People | Lead coordination of HSE Staff Survey | Almost 20% staff participation achieved, strengthening staff voice and organisational insight |
| Quality & Safety | Facilitation of RCPI and IMC inspections | Full compliance supported; special recognition received for in-house Induction and NCHD booklets |
| Quality & Safety | Appointment of Associate Clinical Director | Strengthened clinical leadership and governance structures |
| Quality & Safety | Development of Critical Illness Packs (with Pensions Officer) | Structured, compassionate support provided to staff during critical illness |
| Digital Enablement & Governance | Introduction of Rezoomo recruitment platform | Improved recruitment efficiency, transparency, and candidate experience |
| Digital Enablement & Governance | Full integration of Softworks Time & Attendance system | Enhanced data accuracy, reporting capability, and workforce oversight |
| Digital Enablement & Governance | Electronic sign-in for training | Improved compliance monitoring and reduced administrative burden |
| Digital Enablement & Governance | Interview skills training for managers | Sufficient competent panel members available, preventing recruitment delays |
| Governance & Compliance | Review and update of all contract templates | Alignment with national standards and best practice |
| Sustainability | HSE Excellence Awards – Working Together for a Greener Health Service (commended) | Leadership demonstrated in sustainable workforce practices and environmental responsibility |

# 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 2025

The project planning towards and implementation of Microsoft 365 was the major service initiative of 2025, beginning in earnest in Q2 of the year with substantial completion by mid Q4 2025. This was a large-scale project requiring co-ordination with the HSE and its chosen Microsoft licensing vendor on licensing requirements and funding for same, planning around the technical aspects of the project such as Microsoft Tenancy creation and configuration, planning around mailbox migration and re-configuration of mail flow to reflect the new environment and the rollout of Office 365 to client devices to name but a few. The migration brought such benefits as enhanced security as no longer reliant on now-unsupported technologies i.e. Microsoft Exchange and utilising M365s enterprise grade security, encryption and automatic applying of updates, increased collaboration opportunities through the use of MS Teams and moving the organisation to a similar and more compatible technological platform as the wider HSE.

We also migrated our payroll software, Megapay, from on-premises to the cloud during the year. The benefits of this include - provides robust data encryption, multi-factor authentication, automatic updates for compliance with evolving regulations and built-in data backup and recovery to ensure business continuity and protect against data loss.

With a view to Business Continuity, we increased capacity of our primary internet fibre connection to account for the increased bandwidth requirements of the M365 implementation.

We continued to roll out the Windows 11 operating system to client devices with 161 out of 209 devices now running Windows 11. The remaining Windows 10 devices to be replaced over the course of 2026, budget permitting or mitigated through use of Windows 10 extended support licensing.

For 2025, we continued developing internal digital systems for the hospital. We rolled out "IS Tools" in the IT department. This allowed us to scale back the large amount of paper we were using printing out "Active Directory", "iLab" and "NIMIS" request forms which new users of the hospital needed to fill out for access. This commonly caused a large amount of manual paperwork especially during the doctor rotation periods. With "IS Tools", these requests are all completed digitally now. We also integrated a "Meeting" system into "IS Tools" which allows Dr. Izhar and other consultants to run their weekly/daily staff meetings and easily handle attendance further reducing the need for paper-based consumption.

A First Floor Patient Tracker was rolled out to the First Floor of the hospital which further boosts the hospital digital profile of patient flow tracking in a digital manner. This reduces the need for manual paper-based tracking of patients which leads to errors, storage costs and clinician fatigue.

A Clinical Nurse Specialist referral system was implemented into the First-Floor tracker and more predominantly into the existing MAU Patient Tracker. This allows our CNS's to receive digital referrals from these trackers which boosts productivity, reduces paper usage and brings our referrals to a modern age.

A Patient Flow Tracker was added for both DOSA/Main Theatre. Patients are automatically inserted into this tracker based on HL7 messages from iPMs. When the user arrives in St. John's to be sent to DOSA, they are automatically added to iPMs. Then within DOSA, when the patient is ready for theatre the staff can "green" the patient to mark them as finished in DOSA. A screen is on display in theatre with this data so the staff can see when a patient is ready and can request a porter to collect the patient. This massively reduces numerous phone calls between the departments requesting if patients are ready to be collected and allows the two departments to operate in sync together.

A Bed Tracker program was implemented for St. John's Hospital. The development of this was handled by the CRSU and passed to the IT department for future development and hosting. This program allows the hospital to keep track of the beds in the hospital and their cleaning status. This helps properly audit our bed cleaning situation with a modern, efficient approach.

Our Internal Telephone directory was updated to a modern digital telephone directory. This new version allows any user in the hospital to "suggest" changes (for example, changing an extension for a user or changing who owns the extension) which is then sent to IT where we can approve/disapprove these suggestions and make them immediately available on the phonebook. This reduced IT fatigue in keeping the phonebook up to date and allows the hospital to keep the data fresh.

## Quality Initiatives/ Improvements achieved during 2025

1. Upgraded Pathfinder Sentinel cardiac assessment software used by Cardiac Assessment dept. This allowed us to move to the latest version of the software which was important for 2 reasons – the version we had been running was nearing end of life and also, it would not support the newer model Holter monitors used to treat patients. Upgrading allowed for an expanded service to be offered by the dept. as additional Holter monitors could then be ordered and utilised alongside the existing stock. HSE funding was applied for and granted for this project.

2. Migrated Megapay payroll software from on-premises environment to cloud-based environment. Necessitated by the vendor no longer supporting on-prem version beyond 2025. Carried out with the co-operation of Payroll dept. staff and with no disruption to fortnightly or monthly pay runs.

3. Upgraded 200MB primary fibre internet connection to 500MB as part of capacity planning for M365 migration. This increased bandwidth allows us to better handle increased usage following M365 migration.

4. Replaced 2 x projectors and 1 x projection screen in Education Centre classrooms. Necessitated by the age of the existing projectors and to provide a better training experience to staff.

5. Replaced 25 client pcs with newer models as part of the ongoing rolling client hardware refresh. Continued rolling out Windows 11 operating system to new client pcs, ahead of Windows 10 end-of-life status. 161 client pcs currently running Windows 11, achieved through mixture of replacement and in-place upgrades of client devices running hardware capable of receiving upgrade.

6. Upgraded Veritas Backup Exec backup software to version 25, to allow for backup of cloud-based M365 mailboxes.

7. Applied for and received HSE cyber initiative funding for expanded 3-year license for Fortinet Fortigate firewalls allowing for enhanced log analysis and 1-year log retention.

8. Facilitated rolling out of TPro digital dictation software as part of region-wide initiative. This allowed us to retire the virtual server hosting our previous solution, Winscribe.

9. Work on trending towards compliance with the NIS2 Directive included
   - Monthly external penetration tests to identify high level vulnerabilities on the organisation's devices with public i.p. addresses e.g. Citrix Netscaler, MS Exchange.
   - Quarterly phishing tests to raise awareness of vigilance around email security.
   - SIEM monitoring of domain controllers and M365 for unexpected or potentially unauthorised login activity.
   - Quarterly internal vulnerability scanning to identify weaknesses on devices on the internal network.
   - Begun development of a suite of policies and procedures aligning the organisation with NIST Cybersecurity Framework.
   - Asset classification by criticality.

10. By some distance the largest project undertaken was the migration to M365. Some of the components of which were –
    - Licensing Model Required. All staff needed to be categorised by projected Office application usage in order to assign them the correct level of HSE-funded subscription license.
    - M365 Tenancy Creation. This involved the creation and configuration of St. John's Hospitals M365 environment, known as its Tenant.
    - Active Directory Synchronisation. Configuration of the synchronisation of on-prem Active Directory with M365 tenancy to allow users to authenticate to M365 applications using their St. John's Hospital credentials.
    - Mailbox Migration from on-prem to cloud, re-configure mail flow & data backup. The migration of every mailbox from our on-prem Exchange mail server to M365 and re-configuration of existing mail flow to include M365. Veritas Backup Exec backup software reconfigured to include backing up of M365 mailboxes and validation of backup success.
    - Intune configuration & applying of CIS Controls to set a security baseline for client devices.
    - Office 365 rollout.

## Strategic Goals for 2026

- NIS2 alignment with NIST CSF Framework. Wide range of policies to be implemented.
- Endoscopy System Upgrade.
- I.S internal audits – Firewall policies, Group Policies, etc.
- Citrix Environment Upgrade.
- Domain Controllers Upgrade.
- Completion of Windows 11 & O365 rollout.
- Patient Tracker Top Floor
- Physio Department - Injury Unit referral linkage system
- X-Ray Department - MAU linkage system

## 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, with a focus on policy development and implementation, and the rolling replacement/upgrade of older equipment, applications and services will remain a key area of focus in the coming years.

The bedding-in and improvements to the processes of Microsoft 365 will continue to be a focus.

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 its wake.

# Nursing Department

## Introduction

The Nursing Department continued to demonstrate strong leadership in maintaining and improving patient safety and quality of care throughout 2025. Sustained compliance with National Clinical Guidelines, HIQA standards and local safety governance requirements.

In collaboration with our colleagues throughout the group the Nursing and Midwifery Strategy 2023-2027 continued to define our direction in promoting a culture dedicated to the delivery of quality and safe patient care. Key performance metrics in all departments demonstrate the department's contribution to high-quality outcomes and infection prevention. Patient feedback remains consistent with high satisfaction ratings reflecting empathy and responsiveness.

Ward patient care encompasses the delivery of safe, effective and patient-centred care to admitted patients.

The introduction of ALERT (Acute Life-Threatening Events Recognition and Treatment) course at SJH. This course is a multi-professional course created to teach clinical staff a structured and prioritised approach to the assessment and management of the acutely ill patient. In addition, the development of a clinical guideline for the hospital and hospital-wide education on Adult Intraosseous (IO) Cannulation using the EZ-IO Intraosseous vascular access system.

The nursing department welcomed an increase in student Nurse placements in 2025 and expanded our student placement areas within St John's Hospital for the development of future Nursing staff. The Nursing department focused strongly on workforce sustainability, leadership capacity and staff development leading to a more resilient, skilled and engaged nursing workforce capable of meeting evolving service demands.

For continuous practice development the team were successful in obtaining new simulation equipment (iSimulate Patient Monitor) through NMPDU & SPARK grants. A key quality initiative within the department was the move to a paperless Injury Unit (IU), with all documentation and workflows fully integrated into the Patient Tracker system, improving efficiency, data quality, and continuity of care.

In the MAU, CNS referrals are now managed entirely through the electronic system. You may wish to refer to the Hospital Strategy 2022-2027, demonstrating how your service and /or dept. goals are aligned to the hospital's strategic goals. See link to the strategy here https://www.stjohnshospital.ie/app/uploads/2025/04/StJH-Strategic-Plan-2022-27.pdf removing the need for paper referrals and streamlining processes.

With the introduction of Rezum Theatre has completed 11 successful Rezum procedures with an integrated post-op pathway for patients post procedure in place.

Make Every Contact Count (MECC) is fully embedded across all patient interactions, ensuring prevention, health promotion, and supported self-management are integral to routine care.

An expansion of virtual and telephone reviews for the Diabetic Nurse Specialist during 2025 resulted in 45% of the caseload being managed virtually, releasing face-to-face capacity for complex and high-risk patients and contributing to reduced escalation to inpatient care through earlier intervention.

The surgical patient's journey was improved significantly with the establishment of a day of surgery unit (DOSA). The surgical patient is admitted to a bed in the DOSA prior to surgery where the multi-disciplinary team can admit the patient. this has greatly improved the patient experience.

## Strategic Priority 1 – Development of our infrastructure

A key component of the hospital's strategic plan is the expansion of the Theatre Department, which will result in increased surgical activity on the Top Floor. The hospital is introducing robotic surgery and will serve as the sole training hub in Ireland for this specific robotic system. Our priority for our surgical patients is to work with our consultants in leading out a specialised postoperative recovery pathway for these patients.

## Strategic Priority 2 – Timely Access to Scheduled Care

We will continue to monitor and improve our key performance indicator for discharge and transfers effected by 11am.

## Strategic Priority 3 – Driving Excellence in Patient Experience

Priorities for 2026 include full rollout of the Cardiac Triage Tracker, expansion of digital initiatives, evaluation and scale-up of Kardia monitoring. Setting up of a monthly virtual sleep clinic for patients with effectively treated OSA and no comorbidities

## Strategic Priority 4 – Investing in our People and their Wellbeing

Our goal is to secure funding for Safer Staffing with business case submitted and approved nationally ensuring an attractive workplace for the modern Nursing workforce.

## Strategic Goal 5 – Developing Partnerships with key stakeholders

The implementation of green sustainability actions focusing on the return and reuse of crutches within the Injury Unit, with initial stakeholder meetings completed. An AquaTyphoon automated endoscope cleaner has been ordered and is expected on-site Jan 2026. This will result in no consumables, no chemicals, less water use and improved ergonomics. In CSSD.

# Patient Services

## Introduction

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

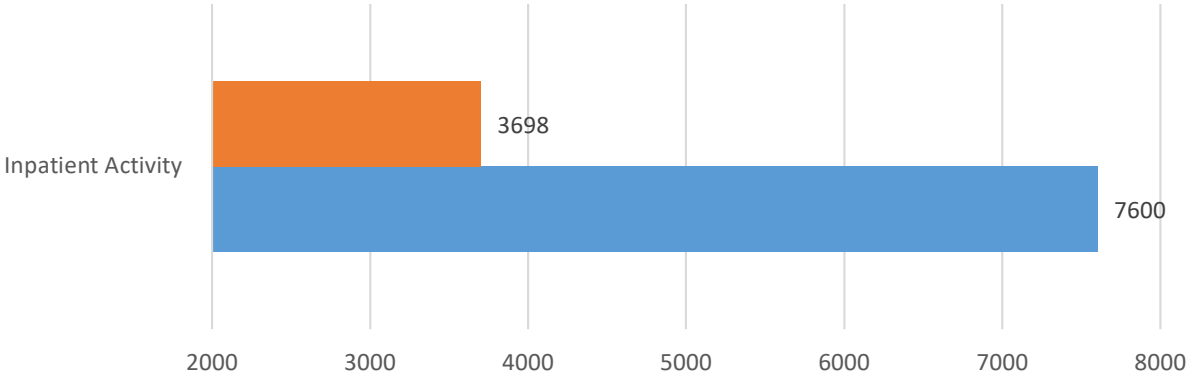
The Patient Services Manager is supported by a team of highly skilled and dedicated clerical and porter staff.

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 2024 and 2025.

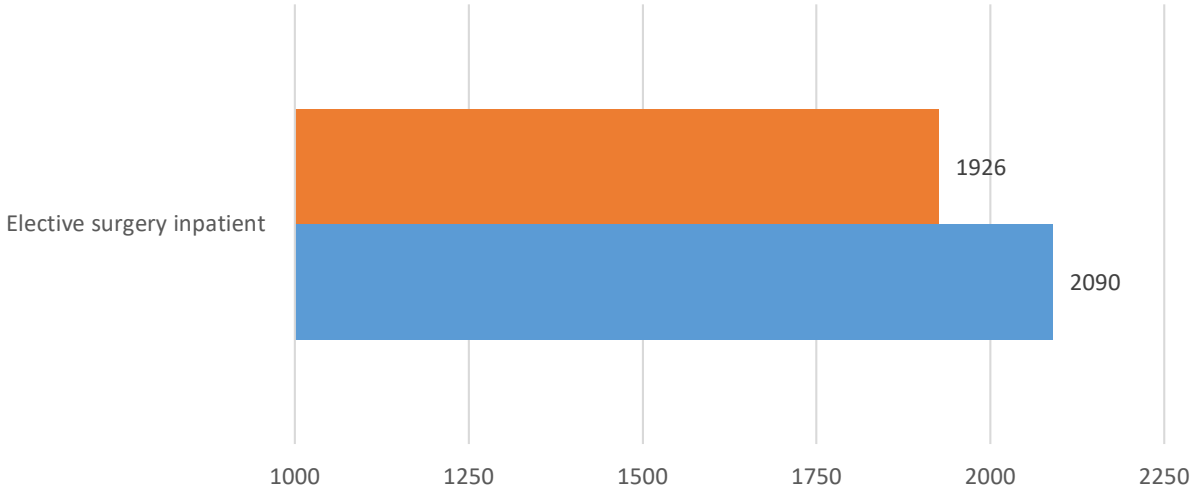
## Highlights

### Inpatient Statistics 2024 V 2025




| | Inpatient Activity |
|---|---|
| 2024 | 3698 |
| 2025 | 7600 |

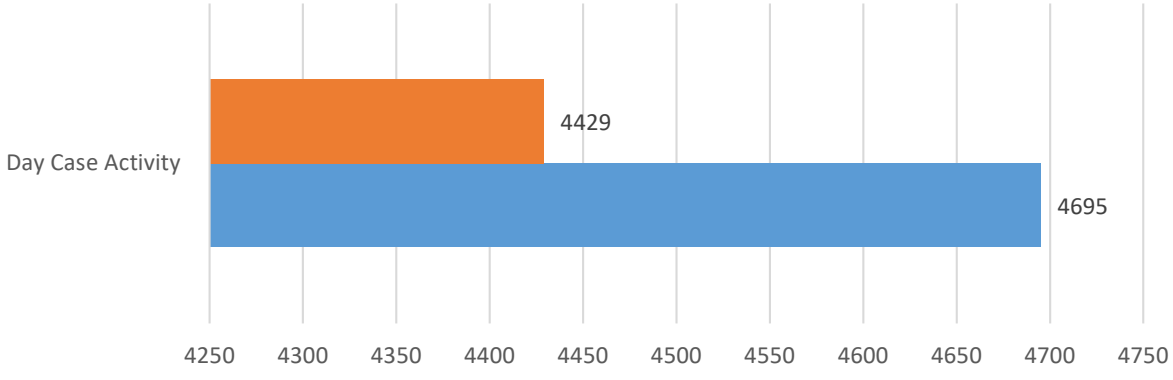
## Elective Surgery – Inpatient 2024 V 2025




| | Elective surgery inpatient |
|---|---|
| 2024 | 1926 |
| 2025 | 2090 |

2024 2025

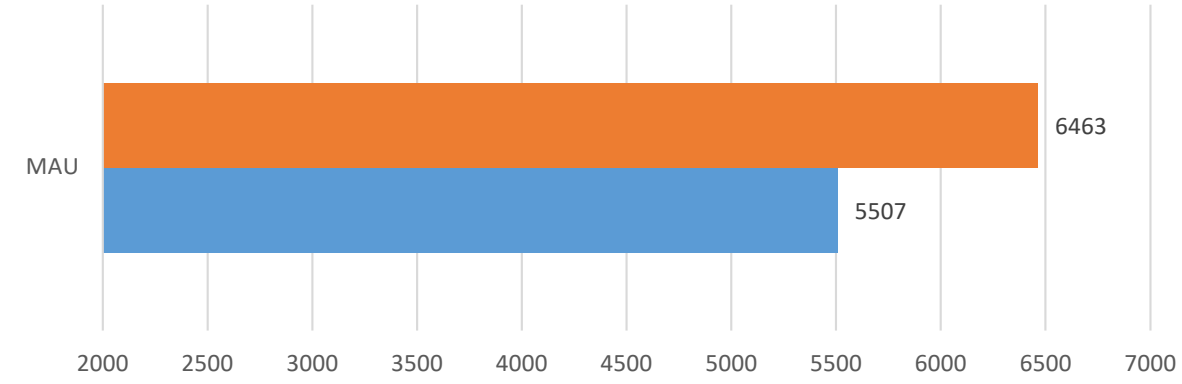
## Day Case Activity 2024 V 2025




| | Day Case Activity |
|---|---|
| 2024 | 4429 |
| 2025 | 4695 |

2024 2025

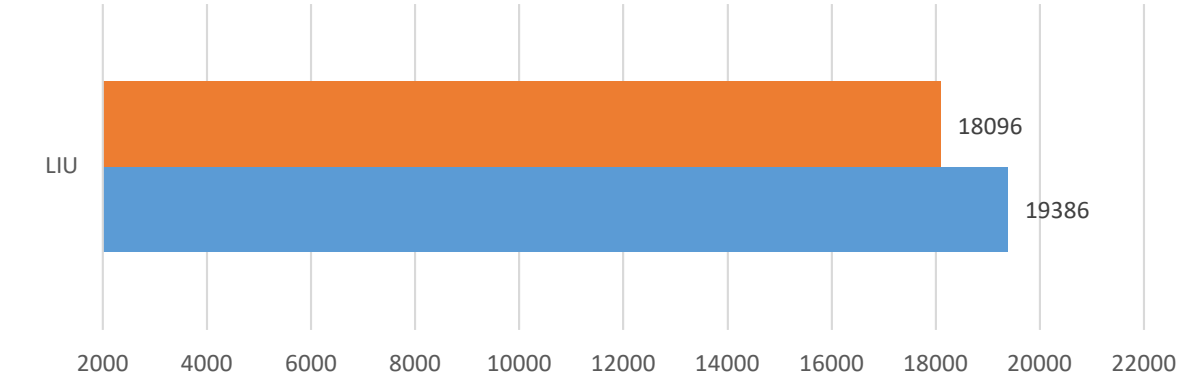
## Medical Assessment Unit Activity 2024 V 2025




| | MAU |
|---|---|
| 2024 | 6463 |
| 2025 | 5507 |

2024 2025

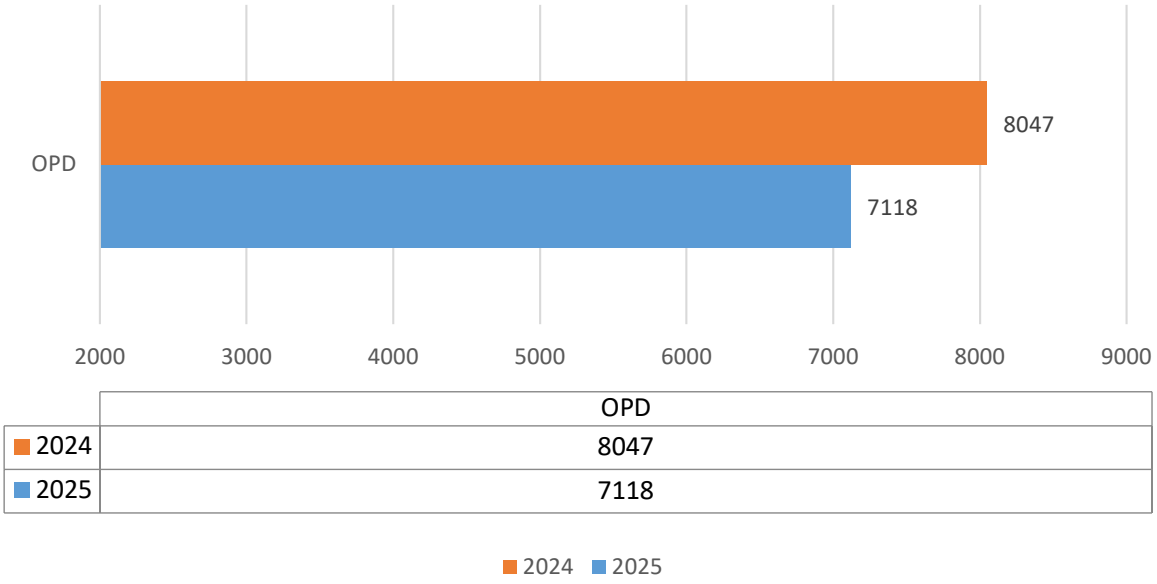
## Injury Unit Activity 2024 V 2025




| | LIU |
|---|---|
| 2024 | 18096 |
| 2025 | 19386 |

2024 2025

### Outpatient Activity 2024 V 2025




## Key Highlights Patient Services

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 to support the increased activity throughout the organisation by implementing effective processes to meet the demand on our services.

Healthmail, Healthlink and T-Pro have been successfully rolled out across Patient Services which enables efficient and timely communication with GPs for appropriate follow up post discharge etc.

Supporting staff morale and efficient administrative and portering processes to support patient care is a priority for 2026.

# Physiotherapy

## Introduction

The physiotherapy service is delivered by a skilled and dedicated team implementing evidence-based practices to optimise therapy outcomes throughout the hospital services. All physiotherapy operations are linked to the Hospital Strategy objectives, with particular emphasis placed on Timely Access to Scheduled Care, Driving Excellence in Patient Experience, Investing in our People, Advancing Strategic Partnerships and Sustaining Operational Effectiveness.

Outpatient Musculoskeletal (MSK) Physiotherapy
The Outpatient MSK Physiotherapy service consists of the Ankle Sprain, Virtual Fracture Clinic (VFAC) and general MSK Physiotherapy programmes. Unlike other Model 2 Physiotherapy Departments in the Mid-West, all referrals to the department from the associated Injury Unit are managed within the hospital and not transferred to a less timely community service. (No waiting list in this department for the Ankle Programme or VFAC Programme).

| Outpatient Physiotherapy Clinic Activity | 2024 | 2025 |
|---|---|---|
| Injury Unit Referrals | 1749 | 2377 |
| VFAC Clinic Referrals | 730 | 600 |
| Ankle Programme Clinic Referrals | 643 | 1280 |

## Outpatient Women's Health Physiotherapy

The Clinical Specialist Physiotherapist (CSP) continues to deliver a pelvic health service for referred male and female patients. This role also supports the community demand for specialist physiotherapy input by accepting community referrals and offering education support for community colleagues, as well as engaging in education programmes for patients in primary care.

## Medical Assessment Unit Physiotherapy

There is a dedicated Senior Physiotherapist assigned to the Medical Assessment Unit (MAU) who manages referred patients both in the MAU and on a follow-up basis in the outpatient physiotherapy department.

This service accepts respiratory, MSK, chronic pain and vestibular rehabilitation patient groups as referred from MAU.

## Inpatient Physiotherapy

The Department of Physiotherapy continues to deliver physiotherapy services for referred inpatients, with an increasing service demand based on patient dependency levels from the elderly inpatient population.

| Inpatient Physiotherapy Activity | 2024 | 2025 |
|---|---|---|
| Attendance | 6180 | 6033 |

## Clinical Education for Physiotherapy Students

Experienced physiotherapy staff continued to deliver in their roles as Clinical Educators in 2025, offering clinical placements for physiotherapy students from the University of Limerick. Placements are also facilitated for CORU (physiotherapy regulation body) recognition applicants.

| Clinical Placements | 2025 |
|---|---|
| Physiotherapy Students | 4 |
| CORU Applicants for POA | 2 |
| Physiotherapy Assistant Student | 1 |

## Spark Innovation Programme

In conjunction with the Rapid Innovation Unit, the Department of Physiotherapy engaged with the national Spark Innovation Programme in an effort to develop solutions to improve hospital services.

- The Ankle Sprain Programme was one of the five finalists nominated in the HSCP section of the Spark awards at their national Conference 2025.
- The Mobility Communication Board project, designed by the inpatient physiotherapy team won €5,000 in Spark funding towards their development and production.

## Quality Programmes

Softworks Employee Self-service Software: this human resource software was piloted by the department in early 2025 before final implementation throughout the organisation.

***Professional Supervision:*** all physiotherapists in the department began engagement in a Professional Supervision scheduled programme in January, offering peer support for professional development. This requirement is a structured, confidential, and collaborative process where a Physiotherapist helps their colleague to reflect on their work to improve competency, ethical practice, and well-being.

***Audit:*** all Physiotherapists engaged in individual audit projects throughout the year with three audits presented at the hospital's Audit Event in December.

All Physiotherapists also engage in peer audit of colleague's documentation as entered in the Healthcare Record. This recurring audit programme ensures accurate and comprehensive entries in the Healthcare Record.

***Inservice Education Programme:*** All Physiotherapists engage in attending and delivering education content as part of the scheduled monthly in-service programme. The team also connected with the Mid-west Collaborative Physiotherapy Seminar in November with presentation inclusion of the Ankle Physiotherapy Programme as an example of a local service innovation from St. John's Hospital.

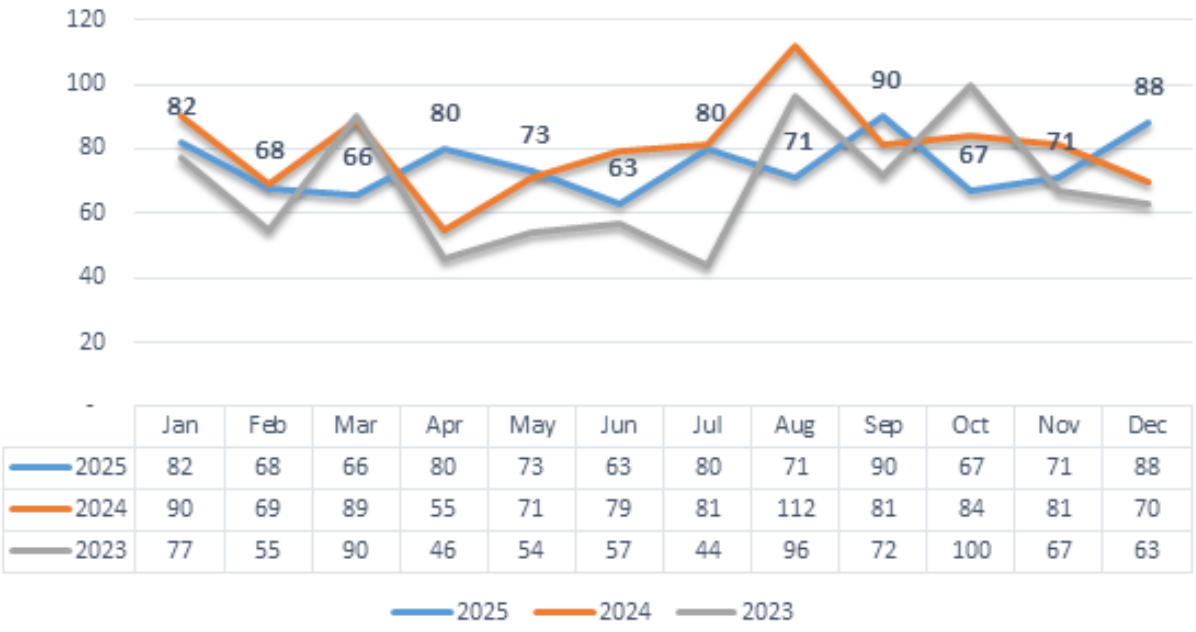
# Quality, Risk & Patient Safety

## Introduction

### Key Service Highlights during 2025

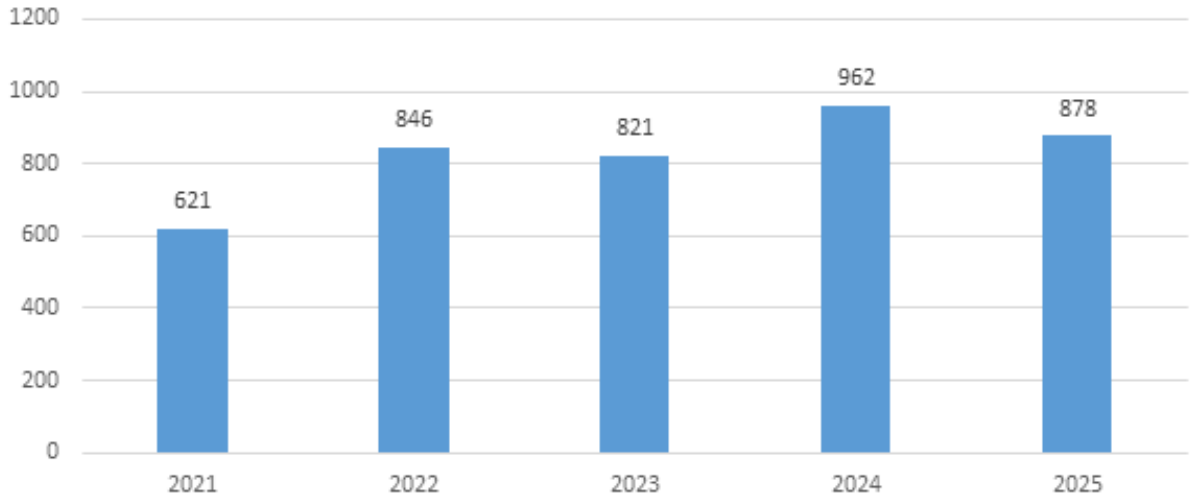
A significant development in 2025 was the successful implementation of the Electronic Point of Entry (ePOE) system on NIMS, which went live in St. John's Hospital on 15th January 2025. This marked a major transition from traditional paper-based incident reporting to a fully electronic system. The introduction of ePOE represents a key advancement in modernising incident management processes. During this time incident reporting remained stable with 878 incidents reported. This reflects a 29% increase in reporting over the past five years, which is a positive indicator of an open and transparent safety culture within the organisation. Increased reporting is recognised as a sign of improved staff confidence in the system, greater awareness of patient safety principles, and a commitment to continuous improvement.

**Incidents Reported 2023 – 2025**



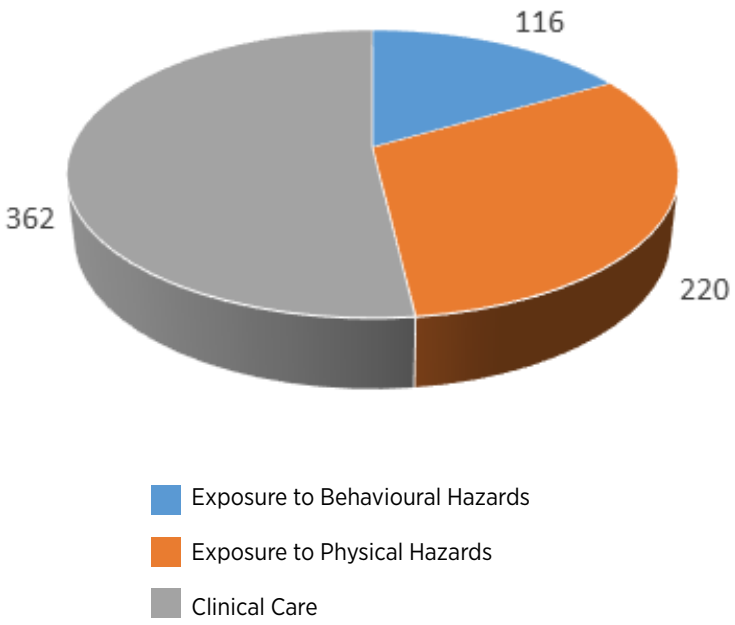

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2025 | 82 | 68 | 66 | 80 | 73 | 63 | 80 | 71 | 90 | 67 | 71 | 88 |
| 2024 | 90 | 69 | 89 | 55 | 71 | 79 | 81 | 112 | 81 | 84 | 81 | 70 |
| 2023 | 77 | 55 | 90 | 46 | 54 | 57 | 44 | 96 | 72 | 100 | 67 | 63 |

**Total Incidents Reported (2021 – 2025)**




The top three incidents reported relate to clinical care and care management, exposure to physical hazards which include slips, trips and falls while exposure to behavioural hazards were mainly reported by staff.

**Top 3 Incidents in 2025 by Hazard Category**



The QRPS Department have continued to drive and support Open Disclosure across St. John's Hospital. The National Open Disclosure was launched in June 2025. Open Disclosure Policy was launched within the hospital with an information stand outside the canteen. An Open Disclosure awareness stand was held outside the canteen October 2025 to promote open disclosure themed week. Dr. Izhar Ahmed is the clinical champion for Open disclosure.

The ARI Committee designated 3rd December 2025 as the date for the inaugural Audit and Innovation Event. This event facilitated 12 presentations of recently completed audits by staff, as well as a poster display area exhibiting 17 audit and research posters from all areas of the hospital (clinical and non-clinical). The event was attended by over 100 staff members and representatives from the Patient Partnership Forum, with all enjoying the provided sponsored lunch. The RIU team also provided welcomed supports for the organisation and delivery of the event. All posters and presentations were adjudicated in their respective Best Presentation and Best Poster categories, with the prizes kindly provided and presented by Dr. Eithne Mulloy, retired ARI Committee Chairperson. Overall, there was very positive feedback received in relation to the presentations, the posters and the work of the organising Working Group. This event will be held annually in December with a mid-year Audit and Innovation Workshop planned for May 2026 to generate interest in audit and provide support for quality improvement /innovative projects.

A workshop was held in September 2025 to promote innovation in the workplace; 21 potential projects were identified. All relevant projects have progressed since with their sponsors or have been identified for internal follow-up.

The hospital has engaged an external fire company to provide Fire Marshall training and assist with fire evacuation drills in the hospital.

## Key Quality Risk & Patient Safety Plans for 2026

In line with the hospital's strategic focus on excellence in patient experience and operational efficiency, several key initiatives are planned for 2026.

To progress to the next phase of the introduction of an IT-based system for the storage and management of Policies, Procedures, Protocols, and Guidelines (PPPG). This will ensure staff have quick access to up-to-date, approved documents which support a regulatory compliance, efficient workflows, and effective training. It also improves document control, reduces risk, and ensures the hospital is always audit-ready.

To continue to raise awareness of the HSE Open Disclosure Policy 2025 launched on June 17th 2025. The QRPS department will continue to ensure the Implementation of the policy, supporting compliance by adherence to the checklist, while providing ongoing staff training to build confidence and consistency in applying and documenting the process. To provide training and support to designated persons and open disclosure champions.

To develop a communication training programme for staff across all disciplines to support the continuous improvement of the patient experience This initiative will focus on strengthening effective, compassionate, and consistent communication practices, with the goal of enhancing the overall hospital experience for service users and their families.

To promote the completion of the National Inpatient experience survey by patients in May 2026 to gain valuable insight from the service user.

Plan is to move to next level with Electronic Point of Entry (ePOE) system. The QPRS team will support department heads in effectively managing incidents by building the capability of managers and teams to analyse and learn from incident data creating reports.

These initiatives are designed to enhance safety, accountability and service quality while supporting staff and strengthening systems that deliver high-quality patient care.

# Radiology

## Introduction

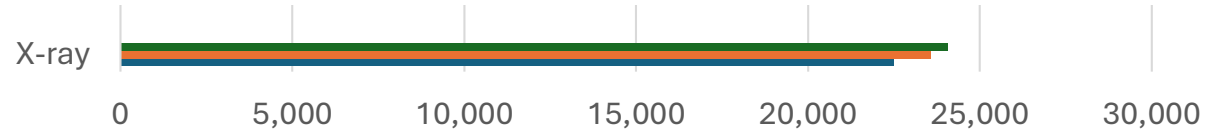
The Radiology Department at St. John's Hospital provides essential diagnostic support across the hospital, playing a pivotal role in multidisciplinary healthcare delivery and patient management. The department is committed to clinical excellence, patient safety, service innovation, and the promotion of positive health outcomes. Specifically, providing same-day CT scans for Dayward endoscopy patients facilitates rapid clinical decision-making and accelerates the commencement of follow-up treatments. The timely access for inpatients & MAU patients to imaging, significantly reduces delays in the care pathway, enables clinicians to streamline patient care and helps optimize the patients' length of stay in hospital.

Equipped with imaging modalities including; X-ray (including mobile x-ray machine), Computed Tomography (CT), Ultrasound, and mobile fluoroscopy (Image Intensifier servicing Dayward). The department serves a broad patient base, including Outpatients, Inpatients, General Practitioners, and specialized units such as the Injury Unit (IU) and Medical Assessment Unit (MAU).

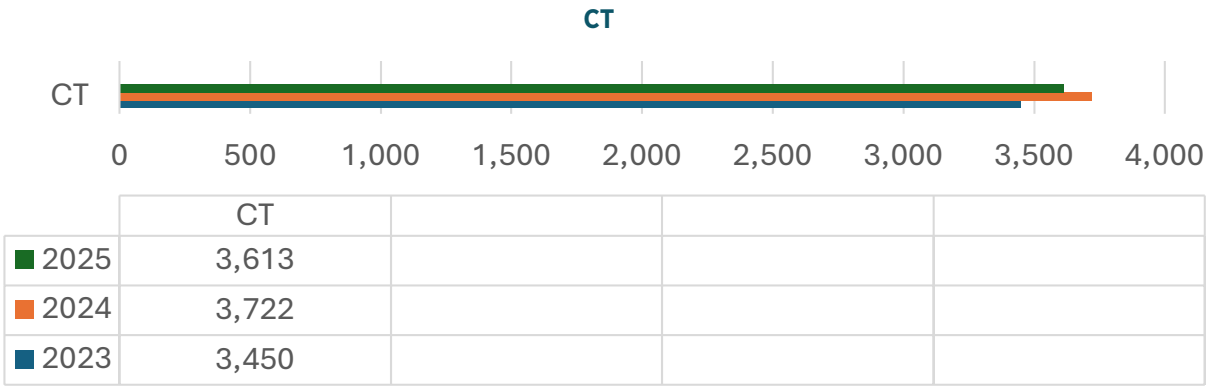
As a participant in the National Integrated Medical Imaging System (NIMIS), the department facilitates seamless inter-hospital image sharing via Stratus Image Share, which bridges the gap between our facility and private providers who do not use NIMIS for image store. This service prevents unnecessary re-imaging, upholding radiation safety standards while improving the patient experience through a more efficient transition of care.

Radiology reporting at St John's Hospital is supported by Medica Ireland, who provide comprehensive teleradiology reporting across all diagnostic modalities. Providing rapid reporting turnaround times and high-quality clinical governance, with the provision of a consultant radiologist who sits on the hospitals; Radiation safety Committee (RSC), Radiation Protection Unit (RPU) & Radiation Clinical Audit Committee.

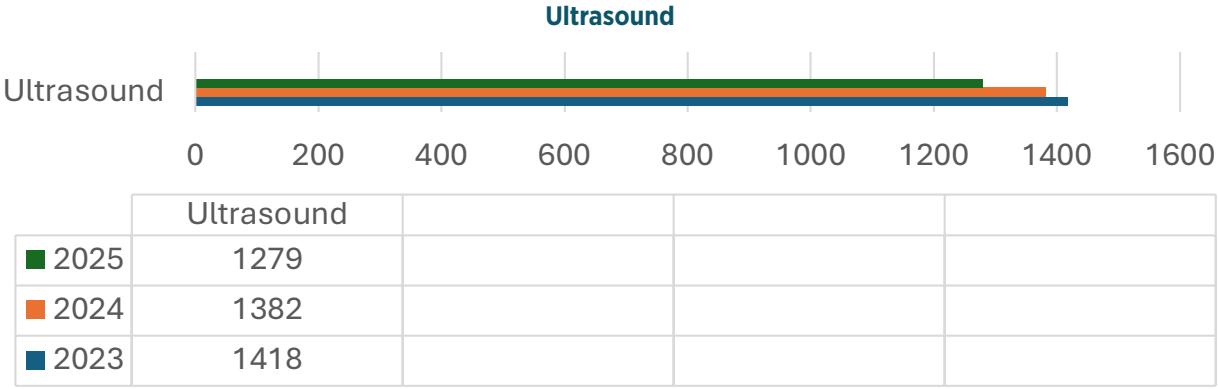
**General X-ray**




| | X-ray |
|---|---|
| 2025 | 24,080 |
| 2024 | 23,585 |
| 2023 | 22,512 |




| | CT |
|---|---|
| 2025 | 3,613 |
| 2024 | 3,722 |
| 2023 | 3,450 |




| | Ultrasound |
|---|---|
| 2025 | 1279 |
| 2024 | 1382 |
| 2023 | 1418 |

### Median Turnaround times

| TAT per Modality | Median TAT Ordered to Imaged | Median TAT Imaged to Reported | Median TAT ordered to Reported |
|---|---|---|---|
| CT | 0d 2hr 48mn | 0d 0hr 56mn | 0d 4hr 34mn |
| US | 45d 20hr 2mn | 0d 1hr 28mn | 47d 3hr 22mn |
| XR | 0d 0hr 56mn | 0d 1hr 29mn | 0d 19hr 22mn |

**US non-urgent referrals seen within 12 wks as per national vetting guidelines. Follow-up imaging scheduled to coincide with clinic appointments.*

## Strategic Priorities for 2026

### Sustainability and Operational Effectiveness:

To align with national climate action goals, the department will Champion Green. The aim to increase departmental sustainability initiatives, advocating for climate-conscious practices, and integrating environmental responsibility into daily clinical operations.

- NIMIS CRIS project expected to be rolled out to the Mid-West in 2026.
- In collaboration with St John's I.S. department develop a digital communication board between CT & MAU.
- Work directly with UCC to facilitate MSc radiography students with clinical placements and in doing so develop a practice tutor role.

# 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).

I mí Eanáir 2026, fuair an t-ospidéal gearán maidir leis an gcomharthíocht ann, ag cur in iúl nach raibh aon ábhar i nGaeilge le feiceáil agus go raibh botúin litrithe sa téacs Gaeilge a bhí ar taispeáint. Mar fhreagra air sin, tá an t-ospidéal ag plé go gníomhach leis an gceist agus ag obair chun aghaidh a thabhairt ar na hábhair imní sin. Áiríodh leis sin teagmháil a dhéanamh leis na soláthraithe seirbhíse páirceála ar an láthair chun a chinntiú go gcuirfí comharthíocht Ghaeilge ar fáil agus go mbeadh an téacs Gaeilge ar fad cruinn agus ar taispeáint i gceart.

## Plean Gnó do 2026:

Leanúint de bheith ag comhlíonadh cheanglais an Achta Teangacha Oifigiúla, agus béim á cur ar oibriú i dtreo fhoráil Alt 18 C 3(b).

# 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 Irish provided to the public by State bodies.

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

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

## The main goals of the Act are:

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

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

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

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

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

In January 2026, the hospital received a complaint regarding its signage, noting the absence of Irish language content and the presence of spelling errors I the Irish text displayed. In response, the hospital is actively engaging with the issue and working to address these concerns. This included liaising with the on-site parking service providers to ensure that Irish language signage is introduced and that all Irish text used is accurate and correctly displayed.

## Business Plan for 2026:

To continue to meet the requirements of the Official Languages Act with a focus on working towards S.18 C 3(b).

# Strategic Development

## Introduction Updated

As outlined in the hospital's Strategy document 2022-2027, the organisation aims to provide high quality, safe care to the community in the wider Mid-West region. The role of Strategic Development Lead was developed in 2025 to support and guide the decisions and priorities associated with this strategic roadmap.

The position drives hospital's growth by;

- identifying new opportunities
- managing key stakeholder relationships
- improving internal systems
- overseeing strategic initiatives like staff development and process improvement
- bridging strategic vision with actionable plans for sustainable success

The Strategic Development Lead works across departments and disciplines, focusing on long-term goals, innovation, and ensuring resources align with overall mission.

In 2025 this role took the lead on specific projects:

- Cost efficiencies around Stock Management (Theatre)
- Project Lead for Robotic Assisted Surgery (RAS) in St. John's Hospital
- Facilitating Staff Focus Group (Human Resource Dept.)

The position also leads on quality issues in the role of Interim Chair of the Audit Research and Innovation Committee. The purpose of the Audit Research and Innovation Committee is to develop and embed a culture of learning and improvement that is compassionate, just fair and open in the hospital. The outputs of this function were reported to the Board Risk, Quality & Safety (RQ&S) Committee. The role was also responsible for organising and delivering the Audit and Innovation Event in December 2025 which proved to be a very positive and successful occasion, presenting 12 audit projects and 17 posters, while being attended by over 100 staff.

Executive management input for the Medication Safety Working Group is provided through the Strategic Development Lead as well as delivering line management for the therapy professions of:

- Dietetics
- Occupational Therapy
- Medical Social Work

The functions of the Strategic Development Lead will continue to progress into 2026 by monitoring and providing input on resource efficiency strategies, innovation, audit and therapy service management, while working with all relevant strategic partners to facilitate hospital growth.

Ospidéal Naomh Eoin
St John's Hospital

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