

BSHS Scope of Services for Acute Hospitals (Statement of Purpose)

Policy ☒ SOP ☐ Guidelines ☐ Programme ☐

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Author & Title:	Hospital Quality & Risk Managers
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Review Date:	06 April 2027

SUMMARY OF CHANGES (from previous version)

Version/ Revision	Effective Date	Changes (list sections changes)	Change Author
5	21 July 2026	Section 8.0 Governance Arrangements - Board Members updated with recent changes Section 9.2: Description of Services: - Updated table	Liz Fox
4	07 April 2026	Section 7.0 Company Details: - Updated from Margaret McHugh to Liz Fox Section 8.0 Governance Arrangements: - Board Members updated with recent changes Section 9.1 Location of Hospitals: - Limerick Hospital address updated Section 9.2: Description of Services - Reviewed and updated across Hospitals	Liz Fox

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1.0 Policy Statement

Bon Secours Health System (BSHS) is a premier provider of private healthcare in Ireland and believes that it can best maintain a high level of service through a patient focus, continually striving to understand and exceed the expectations of our patients. This focus is enabled through effective communication systems, staff education, team building, process improvement and an empowered workforce. BSHS hospitals, with the Group Chief Executive Officer and service leaders, plan the type of care and services to be provided and ensures that those services are consistent with the Bon Secours Mission, Values, and the needs of the patients we serve. With over 4000 staff and 500+ leading consultants, BSHS treats over 450,000 patients a year, seeking to provide compassionate medical treatment to all those it serves

This policy statement is a reaffirmation of our commitment to a high level of ethical conduct and standards in conjunction with the mission and values of the Bon Secours Community.

2.0 Purpose

The purpose of this Statement of Purpose is to accurately describe the services provided by the Bon Secours Health System and the people for whom the service is provided. This statement of purpose outlines the name and address of the Service Provider, the legal status, the governance arrangements for the service, the types of service, the locations where these services are provided and the models of service delivery necessary to deliver high quality, safe and reliable health care across the Bon Secours Health System.

3.0 Scope

This policy is applicable to all consultants and staff working in BSHS.

The population utilising the health care services of BSHS ranges from children to the elderly patient. Today BSHS is the largest independent healthcare provider in Ireland, with a network of modern JCI-accredited hospitals located in Cork, Dublin, Galway, Limerick and Tralee, together with a nursing home in Cork. Our hospitals provide services that are available 365 days per year. All direct inpatient care services are operational 24 hours per day, 7 days per week.

All patients requiring high risk care and services not available within our organisations will be referred or transferred to a health care facility where these needs can be met. Each hospital has a defined scope of care which includes:

- Diagnoses and ages of patients served
- Procedures and services provided
- Goals and objectives for delivery of patient care.

4.0 Abbreviations and Key Definitions

- BSHS: Bon Secours Health System
- GP: General Practitioner
- HIQA: Health Information and Quality Authority

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5.0 Associated Documents and Legislation

- BSHS-GLD-PP-1- Governance, Leadership & Direction
- BSC-BP0007 - Organisational Plan for Patient Care & Services
- BSD-ORG 58 - Bon Secours Hospital Services
- BS Galway: PP Org 055 Patient Care and Services Policy
- BSL -BHP- 48 - Patient Care and Services Plan
- BST-HMT-PPG-41 - Patient Care and Services Plan
- BSHS-QS-PP-17 - Quality Improvement & Patient Safety Programme
- BSHS-QS-PP-15 Group Culture of Safety Programme
- BSHS COM CC 001 - Code of Conduct - Integrity in Action

6.0 Roles and Responsibilities

6.1. The BSHS governance structure ensures the structures are in place to support effective communication and co-ordination of care throughout the BSHS. The type of care and services provided across the BSHS is consistent with the mission and values of the BSHS.

6.1.1. The BSHS communicates via the Intranet, in contracts entered into, through G.P. meetings and conferences and in policy the services provided, the services not provided and that hospitals communicate this clearly to their referring doctors and through engagement with these stakeholders via the hospital G.P. Liaison Officers.

6.2. It is the responsibility of each Hospital Management Team to ensure:

- that the type of care and services to be provided are planned and meet the needs of the patients served.
- that those services are consistent with the Bon Secours Mission.
- communication with key stakeholders in the community, which include GPs to facilitate access to care and information about services available.
- provision of data and information on the quality of its services to stakeholders such as staff, patients, and their families.
- that services provided by each hospital are clearly outlined.
- that departmental service documents guide the provision of identified services.
- that departmental or service documents address the staff knowledge and skills needed to assess and to meet patient needs.
- coordination and/or integration of services within and with other departments and services.

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7.0 Company Details

Name	Bon Secours Health System Company Limited By Guarantee
Address	7 Riverwalk, Citywest Business Park, Dublin 24 Eircode D24 H2CE
Key personnel	- Alan Sharp, BSHS Group Chief Executive Officer - Liz Fox, Chief Quality & Patient Safety Officer
Website:	www.bonsecours.ie

7.1 Legal Status:

- Company Limited By Guarantee & Registered Charity
- Companies Registration Office Number: 198596
- Registered Charity number (RCN): 20027841
- Registered Office: Block 1 The Lee Clinic Lee Road Cork T23 KV2K

8.0 Governance Arrangements:

Bon Secours Health System is an Irish company limited by guarantee established in 1993 to carry on the healthcare ministry founded by the Sisters of Bon Secours in Ireland. Bon Secours Health System is a registered charity with Registered Charity Number (RCN) 20027841.

Bon Secours Health System is governed by its Board Of Directors, whose members are appointed by Bon Secours Ireland DAC (BSiCo), the sole voting member of Bon Secours Health System. The sole shareholder of BSiCo is Bon Secours Mercy Health, Inc. ("BSMH") The Board is supported by sub- committees, the Bon Secours Health System CEO and the Executive Team.

Board of Directors

Chairperson	Prof. Paddy Broe
Board Member (Deputy Chairperson)	Mary Dunne
Board Member	Sr. Eileen O'Connor
Board Member	Sr. Marie Ryan
Board Member	David Cannady
Board Member	Orla O'Gorman
Board Member	Prof. Paul Brennan
Board Member	David Holohan

Attendees at Board Meetings (non-Directors)

Board Attendee	Alan Sharp, Group Chief Executive Officer
Board Attendee	Deana Weir, Legal Counsel, BSHS Board Secretary
Board Attendee	Andrew McCarthy, Group Chief Sponsorship and Mission Officer
Board Attendee	David Scannell, Interim Chief Financial Officer

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The Board has established four main sub-committees, which support it in its governance of BSHS.

1. The Clinical Performance Committee (CPC) is in place to provide a lead on evidence-based practice (Quality Improvement and Risk Management), ensuring quality patient care at all times and to promote a corporate culture of best practice across the Group.
2. The Finance Committee is concerned with all matters relating to the financial affairs of Bon Secours Health System encompassing the areas of strategic financial planning, resource management, financial monitoring and policy.
3. The Governance, Nominations & Culture Committee is concerned with fulfilment by Board of its governance, legal, ethical, cultural and functional responsibilities, and additionally deals with senior management remuneration matters.
4. The Audit and Compliance Committee addresses the integrity of financial statements of the Company, Enterprise Risk Management and Compliance, and the adequacy of the organisations internal control risk management systems.

8.1 Person with overall responsibility and accountability for quality and safety of service

The Group Chief Executive Officer, Mr. Alan Sharp, has overall responsibility and accountability for the quality and safety of services provided across the BSHS.

9.0 Types of services provided

Today BSHS is the largest independent healthcare provider in Ireland, with a network of modern JCI- accredited hospitals and world-class medical treatment facilities. It provides elective medical and surgical services as outlined in the Scope of Services included in (g) below.

9.1 Locations of hospitals:

Hospital name	Hospital address	Chief Executive Officer
Bon Secours Hospital Cork	College Road, Cork T12 DV56	Harry Canning
Bon Secours Hospital Tralee	Strand Street, Tralee, Co. Kerry, V92 P663	TJ O'Connor
Bon Secours Hospital Galway	Renmore, Galway H91 KC7H	Henry Burrows
Bon Secours Hospital Dublin	Glasnevin, Dublin D09 YN97	Sharon Morrow
Bon Secours Hospital Limerick	Towlerton, Ballysimon, Limerick V94 9D36	Jason Kenny

9.2 Description of Services

BSHS Hospitals provide elective services in both medicine and surgery to patients with health insurance or those who wish to pay privately for services. BSHS hospitals do, with prior agreement, provide services to Health Service Executive (HSE) patient

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BSHS Scope of Services	Cork	Dublin	Galway	Limerick	Tralee
Medical/Hospital Assessment Unit MAU/HAU	•	•	•	•	•
Surgical Assessment Unit	•				•
Bariatric Surgery	•				
Breast Surgery	•	•	•	•	•
Cardiology	•	•	•	•	•
In-patient Cardiology	•	•	•	•	•
Cardiac Catheterisation	•	•	•	•	•
Acute Chest Pain Service	•		•		•
Electrophysiology	•		•	•	
Cardio-Thoracic Surgery	•				
Colorectal Surgery	•	•	•	•	•
Dermatology	•	•	•	•	•
Dentistry/Oral Surgery	•	•		•	•
Ear Nose and Throat Surgery	•	•	•	•	•
Endocrinology	•	•			•
Endoscopy	•	•	•	•	•
Gastroenterology	•	•	•	•	•
General Medicine	•	•	•	•	•
General Surgery	•	•	•	•	•
Gynaecology	•	•	•	•	•
Gynaecological Oncology	•				
Urogynaecology	•	•	•	•	•
Haematology (general)	•				
Hair Restoration					•
Intensive Care	•				
Laboratory Services	•	•	•	•	•
Phlebotomy	•	•	•	•	•
Biochemistry	•	•	•	•	•
Haematology	•	•	•	•	•
Microbiology	•	•	•	•	•
Transfusion	•	•	•	•	•
Histopathology	•	•			•
Maxillary Facial Surgery	•	•	•	•	
Medicine for the Elderly	•	•	•		
Neurology	•	•	•		•
Neurophysiology	•			•	
Oncology	•	•			Visiting Consulting Room only
Ophthalmology	•	•	•	•	•
Orthopaedics	•	•	•	•	•
Paediatrics	•		• (Surgical)		• (Surgical)
Pain Medicine	•	•	•	•	•
Plastic Surgery	•	•	•	•	•

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Palliative Care	•	•			Visiting Consultants (Consults)
Radiology	•	•	•	•	•
CT	•	•	•	•	•
MRI	•	•	•	•	•
Ultrasound Scan	•	•	•	•	•
Interventional	•		•		
Rheumatology	•	•	•	•	•
Respiratory Medicine	•	•	•	•	•
Urology	•	•	•	•	•
Vascular Surgery	•	•	•	•	•
Sleep Studies	•	•	•		•

Services not provided at BSHS Hospitals
Unscheduled emergency presentations/trauma
Acute Psychiatric Services
Neurosurgery (with the exception of Spinal Surgery)
Obstetric and Neonatal Care – see appendix 1
Nephrology & Renal Dialysis
Solid Organ & Transplantation Services

9.3 Description of patient population

The population utilising the health care services of BSHS ranges from children to the elderly patient.

9.4 Models of Service Delivery

Services are consultant delivered and may include direct referrals for medical assessments and physiotherapy services. Admissions are referred by Consultants and General Practitioners (G.P) but must be admitted under the care of an identified BSHS consultant.

10.0 Standards of Patient Care

Patients receiving care at a BSHS hospital can expect the following:

- The right procedures, treatments, interventions, and care will be provided according to the established policies, procedures and protocols that have been developed to ensure patient safety.
- Efficacy and appropriateness of procedures, treatment, interventions and care provided will be demonstrated based on patient assessments, practice, desired outcomes, with respect for patient rights and confidentiality.

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- Systems and services for care delivery which will be designed, implemented and evaluated and demonstrated through:
 - An attitude of courtesy and respect.
 - A manner that best meets the individualised needs of the patient population.
 - Efficiency based on the needs of the patient
 - Multidisciplinary team collaboration, to ensure continuity of care to the greatest extent possible.
 - Efficient use of the organisation's financial and human resources.

11.0 Staffing Plans

Staffing plans for patient care service departments are developed based on the level and scope of care that needs to be provided, the frequency of the care to be provided, the skill mix required and a determination of the level of staff who can most appropriately provide the type of care needed.

12.0 Patient Care Performance Improvement Activities

All hospitals are responsible for participating in the organisation's Quality Improvement and Patient Safety Programme which includes but is not limited to:

- Identification of organisation and hospital priorities on an annual basis
- Identification of key performance indicators
- Compliance with the International Patient Safety Goals and Accreditation standards
- Ongoing training of staff
- Review of contracted services
- Mature reporting system
- Ongoing audit activities

13.0 Co-Ordination and Integration of Patient Care and Support Services

Patient care, treatment and services are planned and designed to respond to the needs of the patient population throughout the enterprise. The importance of a multidisciplinary team approach is recognised, where knowledge and skills of disciplines collaborate in achieving desired patient outcomes. Open lines of communication exist between all departments providing patient care, patient services, and support services.

Medical, Nursing and other healthcare professionals within each hospital coordinate their services to ensure the provision of uniform, safe care to patients.

14.0 Support Services

Hospital Management are responsible to ensure that direct patient care and services are maintained in an uninterrupted and continuous manner.

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15.0 Frequency of Review

This policy document will be reviewed annually or more frequently if required by:

- Implementation of new services
- Discontinuation of existing services
- Change in location of services
- Change in the model of service delivery
- Transfer of services to another provider.

16.0 References

- Health Information and Quality Authority. (2024). *National Standards for Safer Better Healthcare*. Available at: <https://www.hiqa.ie/sites/default/files/2017-01/Safer-Better-Healthcare-Standards.pdf> [Accessed: 24 March 2026].
- The Joint Commission. (2024). *Joint Commission International Accreditation Standards for Hospitals: Including Standards for Academic Medical Center Hospitals*. 8th ed. Oak Brook, Illinois: Joint Commission Resources.
- National Guidance on Good Communication in Health and Social Care: Using Plain Language

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Appendix 1 BSHS Provision of Care to Pregnant Patients in Non-Obstetric Settings

The American College of Obstetricians and Gynaecologists – 2019

The American College of Obstetricians and Gynaecologists' Committee on Obstetric Practice (2019) acknowledges that the issue of non-obstetric surgery during pregnancy is an important concern for physicians who care for women. Because of the difficulty of conducting large-scale randomized clinical trials in this population, there are no data to allow for specific recommendations. It is important for a physician to obtain an obstetric consultation before performing non-obstetric surgery and some invasive procedures (e.g., cardiac catheterization or colonoscopy) because obstetricians are uniquely qualified to discuss aspects of maternal physiology and anatomy that may affect intraoperative maternal–fetal well-being.

The following recommendations represent the consensus of the American College of Obstetricians and Gynaecologists' Committee on Obstetric Practice (2019):

- A pregnant woman should never be denied medically necessary surgery or have that surgery delayed regardless of trimester because this can adversely affect the pregnant woman and her fetus.
- Elective surgery should be postponed until after delivery.
- Given the potential for preterm delivery with some non-obstetric procedures during pregnancy, corticosteroid administration for fetal benefit should be considered for patients with fetuses at viable premature gestational ages, and patients should be monitored in the perioperative period for signs or symptoms of preterm labour.
- Pregnant women undergoing non-obstetric surgery should be screened for venous thromboembolism risk and should have the appropriate perioperative prophylaxis administered.
- When non-obstetric surgery is planned, the primary obstetric care provider should be notified. If that health care provider is not at the institution where surgery is to be performed, another obstetric care provider with privileges at that institution should be involved.

If fetal monitoring is to be used, consider the following recommendations:

- Surgery should be done at an institution with neonatal and paediatric services.
- An obstetric care provider with caesarean delivery privileges should be readily available.
- A qualified individual should be readily available to interpret fetal heart rate patterns.

Balance of Risk for Pregnant Patients Receiving IV infusions

In circumstances where a pregnant woman has an underlying condition which requires the administration of a monoclonal antibody or other infusion therapies, their treating consultant, in consultation with the patient's obstetrician will agree the treatment protocol during the pregnancy and in the 42 days post partum to ensure that there is no danger of relapse to the mother during this time.

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Irish Maternity Early Warning System (IMEWS)

The Irish Maternity Early Warning System guideline (Department of Health, 2019) suggests IMEWS should be used for the hospital care of patients with a confirmed clinical pregnancy and for up to 42 days in the postnatal period irrespective of reason for presentation to hospital. A multidisciplinary education programme for doctors, nurses and relevant healthcare professionals is available on HSEland. The national guideline also recommends implementing a structured monitoring and audit plan, which includes regular audits of IMEWS compliance, training effectiveness, and patient outcomes to ensure ongoing quality improvement and patient safety. Insurance challenges – There is no indemnity in place that would allow for any primary obstetric related care or surgery.

Recommendations on the Provision of Care to Pregnant Patients in Non-Obstetric BSHS Settings:

- 1) Elective surgery should be postponed until after delivery.
- 2) A pregnant woman requiring medically necessary surgery should have same in an institution with obstetric neonatal and paediatric services.
- 3) Patients with conditions requiring regular infusion therapies – Treatment or modified treatment should continue if the risk of relapse outweighs any risk to the foetus.

References

American College of Obstetricians and Gynecologists (2019) 'Nonobstetric surgery during pregnancy', ACOG Committee Opinion No. 775. *Obstetrics & Gynecology*, 133, e285-286. Available at: <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/04/nonobstetric-surgery-during-pregnancy> [Accessed 08th May 2025].

Department of Health (2019) 'Irish Maternity Early Warning System (IMEWS) V2 National Clinical Guideline No. 4. Available at: <https://assets.gov.ie/35807/6f4f5017fd7a466bbb1b77041b19a03c.%204%20Full%20Report> [Accessed 08th May 2025]

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