

Rannán na nOspidéal Ghéarmhíochaine
Aonad 1A, Áras Dargan, An Ceantar Theas, An Bóthar Míleata
Cill Mhaighneann, Baile Átha Cliath 8

Acute Hospitals Division
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Deputy Gerry Adams
Dáil Éireann
Leinster House
Dublin 2

05th July 2019

PQ: 26353/19* To ask the Minister for Health the number of theatres closed or which are working at less than full capacity due to the recruitment freeze and consultant shortages

PQ: 26354/19* To ask the Minister for Health the number of hospitals using rolling theatre closures to manage staff shortages

Dear Deputy Adams,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Questions, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

Response:

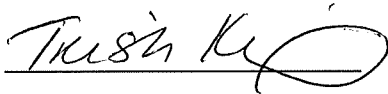
The Health Service is Ireland's largest employer and the service operates under continuous staffing and financial pressures. Currently there is a requirement for interim control measures to bring pay costs and WTE (whole time equivalent) levels down to affordable levels as early as possible in the year. The controls in place are on an interim basis to ensure that the HSE is demonstrating that it is living within the available resources provided to it by Government. This does mean that in some areas non-critical replacement posts will be paused however there is not a recruitment embargo/moratorium, in fact staff numbers are up since the start of the year. This information is available using the link below:

<https://www.hse.ie/eng/staff/resources/our-workforce/workforce-reporting/acute-services.html>

. There is on-going capacity to recruit new funded posts and also to replace critical clinical posts. There are specific areas where there are challenges recruiting staff.

The HSE does not have validated data on all aspects of your enquiry however available relevant information relating to theatre closures is provided and the definitions used in capturing theatre utilisation data. Please note that all attached information is issued as un-validated, as auditing resources are not available at this time. As you will appreciate, operating theatres fluctuate in response to changing demand; however data supplied overleaf refers to the week ending the 26th of May 2019.

I trust this answers your question to your satisfaction. Yours sincerely,



Trish King,
General Manager
Acute Operations

Theatre Utilisation

The information below relates to the week ending the 26th of May 2019. This data is compiled on a **test basis only**, full validation/ audit has not been carried out and there are not related KPIs in HSE NSP for 2019. The purpose of collecting data regarding theatre utilisation has been to ascertain theatre funded capacity and assess how many scheduled theatre sessions (half day/ night) are unused due to various issues. The collection template used is based on the following definitions/ assumptions

- Information is required in relation to operating theatres (including staffed emergency theatres), minor operations and procedure rooms which are currently operational.
- Details of rooms that were never commissioned /opened i.e. funding not approved or were decommissioned/ permanently closed are not required.
- Standard day = 2 sessions am + pm
- 24 hour theatre usually for emergency surgery= 4 sessions (2 day +2 night)
Endoscopy rooms incorporated within theatre suite are included (usually in smaller hospitals only) but not endoscopy rooms in separate Endoscopy Units to theatre suite.

The focus is monitoring significant time unused for these reasons therefore details on the following are not required/ included:

- Sessions /operations cancelled due to short term (within the week) staff shortages associated with annual leave/sick leave etc.
- Sessions/operations cancelled due to temporary shortage of beds e.g. operation cancelled due to shortage on bed on day of surgery.
- Sessions/ operations cancelled due to patients being deemed unfit for surgery.
- Details of Operating Theatres within Maternity Units used for caesarean sections etc.
- Details of sessions unused in one room as staff required to assist with emergency surgery in another room.

Type of Room (Operating Theatre / Minor Ops / Endoscopy) <i>Enter OT, MO or ES</i>	Number of rooms	No. of days unused	Days unused refurbishment / maintenance	Days unused Cost containment	Days unused staff shortages
Operating Theatre	198	15	0	0	15
Minor Theatre	20	0	0	0	0
Endoscopy	32	9	9	0	0
Total	250	24	9	0	15

Note: there are no recorded submissions for the following sites for this period

- St James's Hospital
- Portiuncula University Hospital
- Royal Victoria Eye and Ear Hospital
- South Infirmary Victoria University Hospital

Working Definitions used (agreed with National Clinical Programme for Surgery)

An operating theatre (OT) is a self-contained, aseptic room in which sterile and other surgical procedures can be carried out under general or regional anaesthesia; is normally equipped with an operating table, an anesthetic machine and adjustable illumination and whose size varies depending on the complexity of procedures and the equipment they require, varying from relatively small, such as for day surgery, to larger for complex procedures such as transplantation or open heart surgery.

A minor operations room (minor ops) (MO) is a self-contained, clean room in which low complexity sterile, and other surgical procedures can be carried out under local or regional anesthesia and is normally equipped with an operating table and adjustable illumination.

An endoscopy procedure room (ES) is a dedicated room where medical endoscopy is performed on patients on trolleys, commonly under sedation, with cameras used to visualize structures within the body such as the digestive, respiratory or genitourinary tracts.