



Children's Health Ireland

Sláinte Leanaí Éireann (SLÉ), Herberton, Siúlán San Séamas, Rialto, D08 HP97, Éire  
Children's Health Ireland (CHI), Herberton, St James's Walk, Rialto, D08 HP97 Ireland

Our Ref: PQ/3173/22

8<sup>th</sup> February 2022

**Deputy Denis Naughten**  
**Dáil Eireann**  
**Dublin 2**

**RE: *To ask the Minister for Health the hours during which the critical care retrieval service for children is currently available; the reason this does not operate on a 24/7 basis; the alternatives that are in place when this service is not available; if there are plans to extend this to a 24/7 service; and if he will make a statement on the matter.***

Dear Deputy Naughten

In answer to your recent PQ The retrieval service for children (IPATS) is a 7-day-week service operating between 10:00hrs until 20:00hrs. The reasons the service does not operate on a 24/7 basis are threefold; Firstly, funding to increase the service to 24/7-365 has been recently allocated. Up until this, the funding envelope has enabled daytime operations only. Secondly, there are substantial challenges in recruiting consultant Intensivists and Paediatric Anaesthesiologists with the requisite skill sets and job descriptions within our partner hospitals to provide the service. Thirdly, the grade between Consultant and PICU nurse, needs to be redefined, appointed and trained to provide a transport clinician with the requisite skill-set to operate on the IPATS ambulance without relying on continuous Consultant presence.

In the event that the IPATS team is unavailable or out of hours, the referring hospital is obliged to configure a transport team from its own resources. IPATS provide outreach education and educational resources to support peripheral units.

The target date for a 24/7-365 Service is the opening of the New Children's Hospital. Provisionally, this is Q3, 2024.

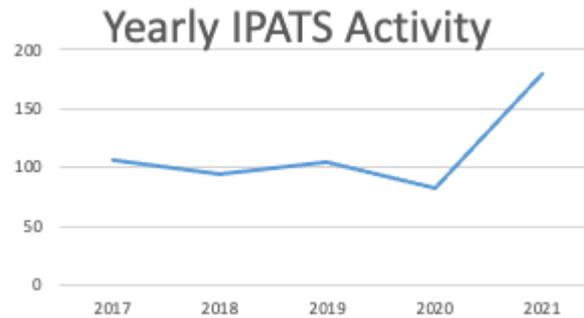
Explanatory Note:

Irish Paediatric Acute Transfer Service (IPATS) is a 7 day/week daytime service. Services are delivered in a partnership between Children's Health Ireland (CHI) and the National Ambulance Service (NAS). The IPATS team is staffed by a consultant, nurse, EMT/paramedic +/- a NCHD. The service is accessed by users via the 1800-ACCEPT phone line operated by the NAS. Infants and children (2.5kgs to 16 years old) are accepted for IPATS transfer between the hours of 10:00 and 17:00 to facilitate a target return-to-base by 20:00hrs. IPATS activity has increased exponentially (200%) in 2021.



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The IPATS service is heavily reliant on a consultant-delivered (80%) model. Unfortunately, due to staffing challenges, current IPATS operations are 60% reliant on locum consultants to deliver services. This is a consistent issue and will remain so for the short to medium term and preclude expansion to a 24/7 service until team configuration is re-modelled to be less reliant on consultants.

IPATS began in 2014 as a pilot 5 days a week service. Initial funding was for 2 consultants, 3 nurses and 3 NCHD's. EMT and Ambulance funding was incorporated into a separate package directly into the NAS. This proved sufficient for 5-days-a-week service as opposed to 7- day-a-week service for the following reasons: Two WTE consultant salaries were allocated into Temple St. PICU, but were also incorporated into PICU sessions in Temple St. The service began operations heavily reliant on consultant-delivered care. Yet, consultants could not simultaneously cover the PICU and the IPATS service. Therefore, there had to be separation of the PICU consultant and IPATS consultant roles on a roster without the requisite numbers of consultants to staff each roster independently. Rotating Paediatric and Anaesthetic NCHD's do not possess the skill sets to operate with remote supervision due to patient complexity. This reality therefore requires direct on-ambulance support from consultants or until NCHD had sufficient experience and training. The result is that the service is reliant on a handful of PICU consultants and locum consultants (anaesthesiologists). The combination of an onerous nature of PICU and IPATS clinical work led to two key PICU/IPATS consultants becoming unwell due to occupational injury and are on long term leave. This has increased the reliance on locum support.

Development and sustainability of the IPATS service must be based on staffing the service being less dependent on a handful of consultants for all service delivery. The key to this is to develop a tier of transport clinicians with skillsets between that of the IPATS nurse and the IPATS consultant, but higher than current NCHD skillset. This transport clinician can be a senior PICU fellow, a Paediatric Anaesthesiology Fellow or an Advanced Nurse Practitioner. With this model, with the bulk (75-80%) of IPATS retrievals being accommodated by the IPATS nurse with an IPATS senior NCHD or Advanced Practice Nurse (ANP). This will leave the retrieval consultant to be tasked for the highest complexity/acuity cases (approximately 25%), but also to train and manage the team.



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#### Key Steps to 24/7-365 Paediatric Retrieval:

1. Addition of 3 nursing WTE's to bring the compliment of funded nurses in CHI to 8. This will provide 2 tiers of IPATS nurses for a 24/7-365 service (Red Team) and a nurse-led 5-day a week complex child bi-directional transfer service (Blue Team).
2. Re-designation of 4 existing registrar salaries to become Fellowship positions and incorporated into vocational specialty training programs in Paediatric Intensive Care Medicine, and Paediatric Anaesthesiology.
3. Recruitment, appointment and training of three Advanced Nurse Practitioners into PICU/IPATS at CHI
4. Recruitment and appointment of 6 Consultants into the Specialties of PICM, Anaesthesia with sessional commitments in IPATS to equate to 3 WTE in IPATS. This must be based in a system which can also accommodate separate on-call rotas in the PICU, CICU and Anaesthesiology in the New Children's Hospital.
5. Appointment of IPATS consultants into CHI at Crumlin. To date, only appointments in CHI at Temple Street have been achieved.
6. Realignment of existing retrieval consultant sessional resources to reflect the intent of the funding into CHI (N=2WTE)

#### Resources

The addition of the 3 nursing posts is required to enable this plan in 2023. Existing resources from 2013 and the 2022 estimates are already allocated.

Separate resources are required for the NAS for additional EMT and one Critical Care Ambulances. Target Date: Third Quarter 2024.

Yours sincerely

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